Appendix 10: Palliative Care Service Self-Assessment (Evaluation Tool 3.1)

Item	P=Present; NP=Not present ***NB. Do not need to see evidence***	Rate the degree to which the statement is true of your service 0=Not at all 10=Fully implemented and effective	Rate priority for future action 0=Not at all - no action required 10=Undertake as a matter of urgency
Vision and Management Standards			
We have a vision for excellence in end of life care			
Our service objectives include a focus on end of life care			
Administrative executive staff support implementation of initiatives to improve care at end of life			
Medical staff support implementation of initiatives to improve care at end of life			
Management objectives include a focus on end of life care			
Education resources are designated to support development of competencies and practices in end of life care			
Excellent caregivers (both formal and informal) and caregiving examples are honoured and their stories made visible			
Practice Standards (procedures, policies, care protocol)			
The population we served is defined and communicated			
Confidentiality standards are clearly communicated			
Cultural / Religious guidelines are integrated			
Organ / tissue donation guidelines are implemented			
Comfort, care and palliative care standards are implemented. Includes guidelines for pain and symptom management, and hydration/ nutrition			
Complementary or integrative therapies are supported			
Space Standards			
Resident room is comfortable, homelike, supports family visiting, and confidentiality			
Family homelike or living room type space is available			
Visiting Standards			
Welcoming for Families			
Support for family ADL's available (eg shower, changing facilities)			
24 hour visiting for close friends / family as defined by ill person/family with respect of other patient care needs			
Families participate in care as desired			
Children are welcomed with supervision			
Pet visiting with supervision and respect of other patient care needs is welcomed			

Item	P=Present; NP=Not present	Rate the degree to which the statement is true of your service 0=Not at all 10=Fully implemented and effective	Rate priority for future action 0=Not at all - no action required 10=Undertake as a matter of urgency
Spiritual, Religious and Cultural Standards			
Support is available 24 hours a day			
Links/communication with community established			
Prayer and other spiritual / religious practices overtly available			
All staff are expected to integrate spiritual / cultural care within practice			
Support for aged care staff readily available			
Bereavement Support Standards			
Bereavement support groups offered			
Follow-up is available for 100% who have died			
Follow-up contact to address clinical questions initiated by doctors/ RNs within 2-4 weeks of death			
Memorial services conducted for staff and families			
Bereavement support 1:1 for families is available			
Bereavement support 1:1 for professionals is available			
Psychosocial and Emotional Standards			
Referral and support is available 24 hours			
Support available for professional caregivers			
Support groups for patient / families easily accessible			
Virtual support groups available (eg chat groups, telephone conference groups)			
Communications Standards			
Care preference, values, spiritual, emotional, and relationship needs as well as decisions routinely and accurately communicated and honoured			
Communication with doctor during the dying process occurs frequently			
Transfer of care occurs with communication of preferences, values, spiritual / emotional, and relationship needs and patient/ family care decisions			
Standards and expectations about excellent end-of-life care routinely communicated to community			
Communication with community spiritual care providers routine as well as specific			

Professional Experiential Education during Orientation and as Continuing Education

The following issues are addressed in initial and ongoing education and training programs provided to the leadership team, employed staff and visiting doctors.

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	Leadership team			***Employed staff***			***Visiting doctors***		
Organisation values and strategic objectives									
Ethics - End of life Care									
Practice standards									
Quality improvement standards									
Communication									
Grief and Bereavement									
Patient / Family support									
Professional caregiver / staff support									
Spiritual / religious / cultural standards									
Individual performance expectations									

Item	p=present NP=Not Present	Rate the degree to which the statement is true of your service 0=Not at all 10=Fully implemented	Rate priority for future action 0=Not at all - no action required 10=Undertakes as a matter of urgency
Quality improvement Standards			
Routine feedback from patients, family caregivers and bereaved family, and community partners is obtained			
Quality priorities include response to above			
Significant events are assessed for learning and quality improvement			
"Stories" are shared and used to teach about care and to set standards			
Research to continue developing new ways to improve care is developed or findings are applied to practice change initiatives			
Annual objectives and priorities include focus on end of life care			
Staff Support Standards (This area includes items to aged care staff as professional caregivers and as ill person, caregiver or bereaved family)			
There are systems and policies that support bereavement leave for those the person defines as close or family			
There are systems and policies that allow flexibility in work time during illness, caregiving and bereavement			
Aged care staff are supported in reaching out to fellow aged care staff with practical help			
Allocation of staffing resources provide time for aged care staff to "be with" the patient and family during the process of dying			
Aged care staff are supported to attend memorial / funeral service of residents			

This is the end of the assessment. Thank you for your time.