SELF-ASSESSMENT WORKBOOK

National Guidelines for Palliative Care

Second Draft Edition

December 2015

Overview

The development of this Self-Assessment Workbook is funded by the Singapore Ministry of Health with the aim of supporting the quality improvement process and adoption of the National Guidelines for Palliative Care (NGPC). The guide should be used as a resource for the collection of important self-report data from service providers across the palliative care community.

We thank Palliative Care Australia for their generous sharing of experience and expertise in helping to develop this workbook.

Instruction for use

Using the Self-Assessment Workbook

This self-assessment workbook will assist palliative care providers in undertaking the assessment of their service. The workbook is divided into 12 sections representing 12 of the 13 National Guidelines that have indicators pertaining to services provided by Class C Providers. Guideline 1 is thus omitted. Class C Providers are those who care solely for patients with life-limiting illness. These include palliative care teams in private, restructured and community hospitals, inpatient hospices and hospice home care and hospice day care providers.

Each section has the following parts to help the service make its assessment:

1. The National Guideline (Number, title, and description)
2. Rationale of the guideline
3. Indicators
4. Corresponding quality measures for each indicator
5. Element rating
6. Data sources field

Using the Element Rating Scale

For each indicator's quality measure, the assessor is asked to rate their service's performance. Please use the following descriptions of each rating when determining the appropriate rating.

Never – means that this does not occur

Rarely – means that this occurs less than 25% of the time

Sometimes – means that this occurs between 25% to less than 50% of the time

Often – means that this occurs between 50% to less than 75% of the time

Almost Always – means that this occurs between 75% to less than 100% of the time

Always – means that this occurs all the time

Many of the quality measures contain multiple aspects. Thus the assessor should consider the team's performance against all aspects of measure. Ratings of "always" should only be applied when all aspects have been achieved. Where aspects are assessed differently, the overall element rating should reflect the lowest rated aspect.

Overview of Guidelines

Domain 1: Patient Care

Guideline 1 – Timely Identification: People approaching the end of life are identified in a timely manner.

Guideline 2 – Reducing Barriers to Care: Palliative care is available for all people based on clinical need, regardless of diagnosis, age, gender, financial means, ethnic and cultural background, and care setting.

Guideline 3 – Coordinated Care: Care is delivered in a coordinated manner that ensures continuity of care across settings and over time.

Guideline 4 – Holistic Assessment and On-going Care Planning: Holistic assessment and on-going care planning are implemented in an interdisciplinary manner to meet the changing needs and wishes of patients, caregivers, and families.

Guideline 5: Advance Care Planning: All patients at the end of life have access to Advance Care Planning (ACP).

Guideline 6: Patient-Centred Care: Patients receive care that is customized to their unique needs and preferences as informed by holistic assessments.

Guideline 7 – Care in the Last Days of Life: Care is taken to fulfil the needs of patients in the last days of life, as well as those of their caregivers and families.

Domain 2: Family and Caregiver Support

Guideline 8 – Caregiver Support: Caregivers of patients with life-limiting illness face significant stress in their roles, and their own practical and emotional needs need to be supported.

Guideline 9 – Bereavement Care: Family members affected by a death are offered timely bereavement support appropriate to their needs and preferences.

Domain 3: Staff and Volunteer Management

Guideline 10 – Qualified Staff and Volunteers: Care for those approaching the end of life is delivered by staff and volunteers (where applicable) with the appropriate qualifications and skill mix for the level of service offered, and who demonstrate ongoing participation in training and development.

Guideline 11 – Staff and Volunteer Self-Care: Staff and volunteers reflect on practice, maintain effective self-care strategies and have access to support in dealing with the psychological stress associated with working among the terminally ill and bereaved.

Domain 4: Safe Care

Guideline 12 – Access to and Use of Opioids: Patients at the end of life should have access to opioids for symptom control, with guidelines and processes in place to ensure safe and effective use.

Guideline 13 – Clinical Quality Improvement: The service is committed to improvement in clinical and management practices.

Guideline 2: Reducing Barriers to Care

Palliative care is available for all people based on clinical need, regardless of diagnosis, age, gender, financial means, ethnic and cultural background, and care setting.

Rationale: *All patients with life-limiting illnesses should be cared for by healthcare professionals using a palliative care approach. Patients with needs that exceed the resourced capabilities of the service provider should have access to palliative care services. Similarly, where patients require expertise or care outside the scope of the palliative care service, the ability to call upon other services or providers will enhance the care of the patient.*

Quality measures	Element Rating							Data Source (To specify)
	Never (0%)	Rarely (<25%)	Sometimes (25% – <50%)	Often (50% – <75%)	Almost Always (75% – <100%)	Always (100%)	Not Applicable	
2.1 The service provider triages and assigns priorities to all initial consult requests and ensures that care is delivered in a timely manner.								
Percentage (%) of new referrals seen/contacted/acknowledged within the time-frames stated below. *Numerator: Number of new referrals seen/contacted/acknowledged within stated time-frame.* *Denominator: Total number of new referrals.*								
2.1.1. New inpatient hospital referrals: patients or families should be seen within 1 working day.								
2.1.2. New home-care/day care referrals: patients or families should be contacted by a member of the clinical team within 2 working days of receiving the referral. It refers to the time period between admission date and first contact by service provider.								
2.1.3. New inpatient hospice referrals: referrals should be acknowledged within 2 working days. It refers to the time period between date of referral received and acknowledgment of the referral, be it accepted, rejected or pending further information.								
2.2 The patient and family have access to palliative care services 24 hours a day, seven days a week.								
Evidence of on-call system (register/roster) in place for palliative care.	Yes			No				

2.3 The service provider has protocols for responding to palliative care emergencies or urgent needs.			
Evidence of a response guideline in palliative care emergencies, including pain crisis, stridor, massive bleed, intractable seizures, new spinal cord compression, superior vena cava obstruction, high suicide risk.	Yes	No	
2.4 The service provider has formal links with specialists or providers in other fields to ensure access to expert advice and management of patients with specific needs in these areas.			
Evidence of list of visiting specialists in other fields or partner institutions who can be called upon when needed. The list should minimally include: ✓ Primary Referring Specialist ✓ Medical Oncologist ✓ Radiation Oncologist ✓ Pain Specialist ✓ Psychiatrist ✓ Others (as deemed necessary by individual organisations) This measure is not applicable to hospital settings	Yes	No	

Overall rating for Guideline 2: ☐ A (high priority) ☐ B (medium priority) ☐ C (low priority)

Summary notes of discussion that informed your overall rating:

Guideline 3: Coordinated Care

Care is delivered in a coordinated manner that ensures continuity of care across settings and over time.

Rationale: *Patients may require care from various service providers at different stages of the illness. Poor coordination includes ineffective communication between services, inflexible responses to changes in need over time and fragmented care across different disciplines. The lack of coordination of care and services may increase the stress experienced by patients and their families, and lead to unnecessary resource utilisation (e.g. laboratory investigations, emergency department visits, admissions). Better coordination of care increases quality of life.*

Quality measures	Element Rating							Data Source (To specify)
	Never (0%)	Rarely (<25%)	Sometimes (25% - <50%)	Often (50% - <75%)	Almost Always (75% - <100%)	Always (100%)	Not Applicable	
3.1 The patient, caregivers and family are provided with clear written instructions on how to seek help if needed at any time, including after office hours.								
Evidence of contact instructions available for patients, caregivers and family to seek help if needed, including after office hours. For examples: ✓ Patients who are discharged or on home leave from hospitals or inpatient hospices ✓ Home care patients ✓ Day care patients (This measure is not applicable to hospital consult services)	Yes			No				
3.2 During transfers between different care settings, necessary patient information is provided to the receiving service provider.								
Percentage (%) of memo/verbal handovers performed for expected/planned transfers. (Case Notes Audit) *Numerator:* Number of memos/verbal handovers completed. *Denominator:* Total number of patients within service transferred to other settings (for expected/planned transfers).								

3.3 A plan is in place for certification of death during and after office hours.			
Evidence of a protocol or patient information sheets/pamphlets available to guide certification of death during and after office hours.	Yes	No	

Overall rating for Guideline 3: ☐ A (high priority) ☐ B (medium priority) ☐ C (low priority)

Summary notes of discussion that informed your overall rating:

Guideline 4: Holistic Assessment and On-going Care Planning

Holistic assessment and on-going care planning are implemented in an interdisciplinary manner to meet the changing needs and wishes of patients, caregivers and families.

Rationale: *Patients approaching the end of life should receive an initial holistic assessment that covers their physical, psychological, social, spiritual and cultural needs and preferences. Identified needs and preferences can then be supported by members of the interdisciplinary team. Subsequent on-going assessment and care planning should be proactive and responsive to patients' changing needs.*

Quality measures	Element Rating							Data Source (To specify)
	Never (0%)	Rarely (<25%)	Sometimes (25% - <50%)	Often (50% - <75%)	Almost Always (75% - <100%)	Always (100%)	Not Applicable	
4.1 All patients identified as approaching the end of life undergo documented holistic assessments that cover the patient and family's physical, psychological, social, spiritual and cultural needs and preferences.								
4.1.1. Percentage (%) of patients screened for pain during _first clinical encounter/initial assessment_. (Case Notes Audit) *Numerator: Number of patients screened for pain during first clinical encounter/initial assessment.* *Denominator: Total number of patients seen for first clinical encounter/initial assessment.*								
4.1.2. Percentage (%) of patients screened for dyspnoea, nausea, vomiting, confusion and bowel problems during _first clinical encounter/initial assessment_. (Case Notes Audit) *Numerator: Number of patients screened for dyspnoea, nausea, vomiting, confusion and bowel problems during first clinical encounter/initial assessment.* *Denominator: Total number of patients seen for first clinical encounter/initial assessment.*								
4.1.3. Percentage (%) of patients with documented psychological, social, spiritual and cultural screening _by third clinical encounter_. Screening should minimally include: ✓ Psychological: mood/coping/anxiety/depression ✓ Social: genogram or case notes documentation of immediate family members and living								

arrangements ✓ Spiritual: religion ✓ Cultural: race and language **(Case Notes Audit)** *Numerator: Number of patients with documented psychological, social, spiritual and cultural screening by third encounter.* *Denominator: Total number of patients seen by third clinical encounter.*								

4.2 There is evidence of individualized care plans made after the holistic assessment of the needs of patients, caregivers and families.

Percentage (%) of patients with individualized documented care plans at the end of <u>*first clinical encounter/initial assessment*</u>. (Case Notes Audit) *Numerator: Number of patients with individualized documented care plans at the end of first clinical encounter/initial assessment.* *Denominator: Total number of patients seen for first clinical encounter/initial assessment.*								

4.3 Assessment and care-planning reflect and interdisciplinary approach.

Evidence of multi-disciplinary team meetings held <u>*at least fortnightly*</u> to discuss patient care.	Yes	No	

4.4 There is evidence of on-going assessment and care planning at appropriate intervals that documents changes in the patient and family's needs, and response to treatment over time.

Percentage (%) of moderate or severe pain episodes improved <u>*within 72 hours or by next visit*</u>. Moderate or severe pain is defined by a pain score of 4 and above. Improvement is defined by any reduction in pain. (Case Notes Audit) *Numerator: Number of moderate or severe pain episodes improved within 72 hours or by next visit.* *Denominator: Total number of moderate or severe pain episodes.*								

4.5 Regular assessment of physical symptoms, and psychological and spiritual needs is conducted with the use of assessment tools where appropriate.

4.5.1. Percentage (%) of patients assessed for pain <u>*every visit or at least every three days*</u>. (Case Notes Audit) *Numerator: Number of patients assessed for pain every visit or at least every three days.* *Denominator: Total number of patients with more than 1 clinical encounter.*								
4.5.2. Percentage (%) of patients assessed for dyspnoea, nausea, vomiting, confusion and bowel problems <u>*every visit or at least every three days.*</u> (Case Notes Audit) *Numerator: Number of patients assessed for dyspnoea, nausea, vomiting, confusion and bowel problems every visit or at least every three days.* *Denominator: Total number of patients with more than 1 clinical encounter.*								

4.5.3. Percentage (%) of patients and/or families assessed for psychosocial/spiritual needs *every visit or at least once a week*. Assessment tools used may include: ✓ ESAS (anxiety/depression/well-being) ✓ PCOC (overall problem severity score for psychological/spiritual/social) ✓ IPOS (anxiety/depression/feeling at peace) ✓ Other tools eg. Distress Thermometer (Case Notes Audit) *Numerator: Number of patients and/or families assessed for psychosocial/spiritual needs every visit or at least once a week.* *Denominator: Total number of patients and/or families with more than 1 clinical encounter.*									

4.6 There are mechanisms in place to identify and assess risks of self-harm.

4.6.1. Percentage (%) of patients assessed for suicide in patients who are assessed to be depressed. (Case Notes Audit) The screening/assessment can be done by asking the patient the following - "Have you thought about ending your life?" *Numerator: Number of patients assessed for suicide who are deemed to be depressed.* *Denominator: Total number of patients deemed to be depressed.*									
4.6.2. Evidence of a system in place to ensure that patients at high risk of suicide are referred to MSW or Psychiatrist within 24 hours.	Yes			No					

Overall rating for Guideline 4: ☐ A (high priority)   ☐ B (medium priority)   ☐ C (low priority)

Summary notes of discussion that informed your overall rating:

Guideline 5: Advance Care Planning

All patients at the end of life have access to Advance Care Planning (ACP).

Rationale: ACP helps to ensure that patients' wishes are respected in the event that they become incapable of participating in treatment decisions, and allows for treatment at the end-of-life to be consistent with the patients' preferences.

Quality measures	Element Rating							Data Source (To specify)
	Never (0%)	Rarely (<25%)	Sometimes (25% - <50%)	Often (50% - <75%)	Almost Always (75% - <100%)	Always (100%)	Not Applicable	
5.1 The service provider routinely conducts Advance Care Planning to ascertain and document patients' and families' preferences about treatment at the end-of-life, and fulfils these preferences as far as possible.								
5.1.1. Percentage (%) of patients with ACP discussion documented in case notes/electronic notes. The ACP discussion should minimally include resuscitation status, preferred place of care and preferred place of death. (Case Notes Audit) *Numerator: Number of patients with ACP discussion documented in case notes/electronic notes.* *Denominator: Total number of patients with life-limiting illness. (Excluding patients who are unable to complete the ACP discussion and those who do not wish to discuss)*								
5.1.2. Percentage (%) of patients with ACP discussion communicated to main spokesperson/family/next of kin. (Case Notes Audit) *Numerator: Number of patients with ACP discussion communicated to main spokesperson/family/next of kin.* *Denominator: Total number of patients with documented ACP discussion.*								
5.1.3. Percentage (%) of staff who are certified ACP facilitators. *Numerator: Number of doctors/nurses/MSWs who are certified ACP facilitators.* *Denominator: Total number of doctors/nurses/MSWs.*								
5.2 There are systems in place to monitor if patients' Advance Care Plans are honoured.								
Evidence that upon death, a review is done to assess if a patient's ACP is honoured.	Yes				No			

Overall rating for Guideline 5: ☐ **A** (high priority) ☐ **B** (medium priority) ☐ **C** (low priority)

Summary notes of discussion that informed your overall rating:

Guideline 6: Patient-Centred Care

Patients receive care that is customized to their unique needs and preferences as informed by holistic assessments.

Rationale: *Patients have unique needs and preferences, which may differ depending on their cultural background. The patient's quality of life is improved by care that is customized to their unique physical, emotional, cultural and spiritual needs.*

Quality measures	Element Rating							Data Source (To specify)
	Never (0%)	Rarely (<25%)	Sometimes (25% - <50%)	Often (50% - <75%)	Almost Always (75% - <100%)	Always (100%)	Not Applicable	
6.1 Spiritual support and therapy services (e.g. occupational, physical, and speech therapy) are made available to patients when needed. Where these competencies do not exist within the service provider, there should be defined links to access these services.								
Evidence of access to spiritual support, physical, occupational, and speech therapy services. Spiritual support includes support from religious leaders, counsellors, or MSWs.	Yes				No			
6.2 In the presence of complex ethical dilemmas beyond the resourced ability of service provider, there are policies and procedures to ensure access to ethics committees (or equivalent).								
Evidence of a referral system to an Ethics Consultant or Committee for complex ethical cases. For example, a medical and professional audit committee (MPAC) or equivalent, with terms of references to cover for difficult ethical cases.	Yes				No			

Overall rating for Guideline 6:   ☐ **A** (high priority)   ☐ **B** (medium priority)   ☐ **C** (low priority)

Summary notes of discussion that informed your overall rating:

Guideline 7: Care in the Last Days of Life

Care is taken to fulfil the needs of patients in the last days of life, as well as those of their caregivers and families.

Rationale: During the last hours and days of life, the unique needs of patients and families should be taken into consideration, the comfort of patients maximised and their dignity respected.

Quality measures	Element Rating							Data Source (To specify)
	Never (0%)	Rarely (<25%)	Sometimes (25% - <50%)	Often (50% - <75%)	Almost Always (75% - <100%)	Always (100%)	Not Applicable	
7.1 There is recognition and documentation of the patient's transition to the active dying phase, and communication to the patient, family and staff on the patient's imminent death.								
7.1.1. Percentage (%) of patients whose transition to the active dying phase is documented. Examples of documentation of transition: ✓ Transition to phase 4 in PCOC ✓ Initiation of a care plan for the dying (Case Notes Audit) *Numerator: Number of patients whose transition to the active dying phase is documented.* *Denominator: Total number of expected deaths.*								
7.1.2. Percentage (%) of patients whose transition to the active dying phase and imminent death is communicated to the patient (where applicable) & family as documented in case notes. (Case Notes Audit) *Numerator: Number of patients whose transition to the active dying phase is communicated to the patient (where applicable) & family as documented in case notes.* *Denominator: Total number of expected deaths*								

7.2 The family is educated on a timely basis on the signs and symptoms of imminent death in an age-appropriate, developmentally appropriate and culturally appropriate manner.			
Evidence of a system in place to provide families with information or resources regarding the signs and symptoms of imminent death.	Yes	No	

7.3 Symptoms at the end of life are assessed and controlled, with referral to palliative care services if necessary.

7.3.1. Percentage (%) of patients whose common symptoms (pain, dyspnoea, respiratory secretions/death rattle, terminal delirium, nausea/vomiting) are assessed in the active dying phase. (Case Notes Audit) *Numerator:* Number of patients whose common symptoms are assessed in the active dying phase. *Denominator:* Total number of expected deaths.		
7.3.2. Percentage (%) of patients whose pain is controlled at the last clinical encounter in the active dying phase. Control is defined as mild or nil pain. (Case Notes Audit) *Numerator:* Number of patients whose pain is controlled at the last clinical encounter in the active dying phase. *Denominator:* Total number of patients who had pain in the active dying phase.		
7.3.3. Percentage (%) of patients whose dyspnoea is controlled at the last clinical encounter in the active dying phase. Control is defined as mild or nil dyspnoea. (Case Notes Audit) *Numerator:* Number of patients whose dyspnoea is controlled at the last clinical encounter in the active dying phase. *Denominator:* Total number of patients who had dyspnoea in the active dying phase.		
7.3.4. Percentage (%) of patients for whom anticipatory prescribing is done, which may include medications for pain, dyspnoea, respiratory secretions/death rattle, terminal delirium, nausea/vomiting, where applicable. (Medication Chart Audit) *Numerator:* Number of patients for whom anticipatory prescribing is done. *Denominator:* Total number of expected deaths.		
7.3.5. Percentage (%) of patients whose bereaved families/caregivers report that physical symptoms were well-controlled in the last days of life. (Caregiver Survey) *Numerator:* Number of patients whose bereaved families/caregivers report that physical symptoms were well-controlled in the last days of life. *Denominator:* Total number of surveyed bereaved families/caregivers of patients who had expected deaths.		

7.4 There is evidence of a plan in place to maximize patient comfort during the active dying phase and to support the family and caregivers.

7.4.1. Evidence of a system in place to maximize patient's comfort during the active dying phase.	Yes	No	
7.4.2. Evidence of a system in place to support the family and caregivers during the patient's active dying phase.	Yes	No	

Overall rating for Guideline 7: ☐ A (high priority) ☐ B (medium priority) ☐ C (low priority)

Summary notes of discussion that informed your overall rating:

Guideline 8: Caregiver Support

Caregivers of patients with life-limiting illness face significant stress in their roles, and their own practical and emotional needs need to be supported.

Rationale: *Caregivers of patients with life-limiting illness face significant stress in their roles. Studies have shown that caregiving may negatively impact on caregivers' health and work. There are also practical and emotional needs which need to be supported in order for them to be able to provide care more effectively.*

Quality measures	Element Rating							Data Source (To specify)
	Never (0%)	Rarely (<25%)	Sometimes (25% - <50%)	Often (50% - <75%)	Almost Always (75% - <100%)	Always (100%)	Not Applicable	
8.1 The patient's primary caregiver is identified at the initial assessment, and his or her needs are assessed and addressed on an on-going basis.								
8.1.1. Percentage (%) of patients with primary caregiver identified at the initial assessment. (Case Notes Audit) *Numerator: Number of patients with primary caregiver identified at the initial assessment.* *Denominator: Total number of patients with caregivers.*								
8.1.2. Percentage (%) of survey respondents who report that the primary caregiver's needs were assessed and addressed in a timely manner. (Caregiver Survey) *Numerator: Number of survey respondents who report that the primary caregiver's needs were assessed and addressed in a timely manner.* *Denominator: Total number of survey respondents.*								
8.2 The primary caregiver is provided with education and training on their role, including strategies for self-care and coping with the demands of caregiving.								
Percentage (%) of survey respondents who report that caregiver training was available. (Caregiver Survey) *Numerator: Number of survey respondents who report that caregiver training was available.* *Denominator: Total number of survey respondents.*								

Overall rating for Guideline 8: ☐ A (high priority) ☐ B (medium priority) ☐ C (low priority)

Summary notes of discussion that informed your overall rating:

Guideline 9: Bereavement Care

Family members affected by a death are offered timely bereavement support appropriate to theirs needs and preferences.

Rationale: *There should be timely identification of complications in grief experienced by families before and after the patient's death. The provision of direct bereavement support, or referral of families to bereavement services should be based on the assessed needs of the families. Psychotherapeutic interventions have been found to benefit those who have marked difficulties adjusting to the loss.*

Quality measures	Element Rating							Data Source (To specify)
	Never (0%)	Rarely (<25%)	Sometimes (25% - <50%)	Often (50% - <75%)	Almost Always (75% - <100%)	Always (100%)	Not Applicable	
9.1 Appropriate information about practical death-related issues (e.g. funeral arrangements) should be available when requested.								
Percentage (%) of survey respondents who reported receiving informative materials on funeral services/arrangements upon death of their family member. (Caregiver Survey) *Numerator: Number of survey respondents who reported receiving informative materials on funeral services/arrangements upon death of their family member.* *Denominator: Total number of survey respondents.*								
9.2 Families and caregivers identified to be at risk of complicated grief are referred to bereavement support services.								
Evidence of a system in place to provide or refer family members and caregivers identified as having difficulty with bereavement for support (e.g. mortality rounds).	Yes			No				

Overall rating for Guideline 9: ☐ **A** (high priority) ☐ **B** (medium priority) ☐ **C** (low priority)

Summary notes of discussion that informed your overall rating:

Guideline 10: Qualified Staff and Volunteers

Care for those approaching the end of life is delivered by staff and volunteers (where applicable) with the appropriate qualifications and skill mix for the level of service offered, and who demonstrate on-going participation in training and development.

Rationale: *A competent and adequate workforce is key to the provision of quality care. There should be an adequate team of healthcare professionals with the appropriate training to meet the needs of patients at the end of life. As service providers may have different service models, they should customize staffing norms according to the roles and responsibilities of the staff. Volunteers may complement the healthcare team in the provision of care, and must receive the appropriate training to perform their duties effectively.*

Quality measures	Element Rating							Data Source (To specify)
	Never (0%)	Rarely (<25%)	Sometimes (25% - <50%)	Often (50% - <75%)	Almost Always (75% - <100%)	Always (100%)	Not Applicable	
10.1 All staff and volunteers demonstrate evidence of palliative care training appropriate to the level of care provided.								
10.1.1. Percentage (%) of staff (doctors/nurses/social workers/allied health workers) with palliative care training appropriate to the clinical role. Palliative Care training for Class C Providers: ✓ APN: Palliative medicine APN or APN with *1 year clinical experience in palliative medicine: Masters of Nursing (Adult Health) ✓ Staff Nurses: Certificate in Basic Palliative Care/ELNEC or equivalent. ✓ EN: Certificate in introductory Palliative Care or equivalent. ✓ Senior SN/NO/NC/NM: Specialist Diploma in Palliative Care/Advanced Diploma in Nursing (Palliative Care) or equivalent. ✓ Resident Physicians/Regular Locums/Clinical Associates: 3-day Postgraduate Course in Palliative Medicine (SHC)/GDPM/APHN Diploma (Flinders) or equivalent/Staff Registrar Scheme Diploma-SRS. ✓ Specialist: Registrar/Consultants – Advanced Speciality Training in Palliative Medicine or								

equivalent.								
✓ Social Workers: Basic Palliative Care Course for Social Workers (PCCSW) or equivalent. ✓ Allied Health Workers: Certificate in basic palliative care or equivalent. ✓ Regular Volunteers: Basic nursing skills, communications and counselling (Mandatory volunteer orientation and training programmes) or equivalent. *Numerator: Number of staff (doctors/nurses/social workers/allied health workers/volunteers (where applicable)) with palliative care training appropriate to the clinical role.* *Denominator: Total number of staff (doctors/nurses/social workers/allied health workers/volunteers (where applicable)) with the same clinical role.*								

10.1.2. Percentage (%) of volunteers who received palliative care training appropriate to the level of care provided. *Numerator: Number of volunteers who received basic palliative care training appropriate to the level of care they provided.* *Denominator: Total number of volunteers involved in clinical work for the past 1 year.*								

10.1.3. Evidence of a system in place to support staff and/or volunteers' supervision and training.	Yes	No

10.2 Palliative care teams consist of an interdisciplinary team of skilled palliative care professionals, including physicians, nurses and social workers and/or counsellors/pastoral staff. Where these competencies do not exist within a team, there should be clearly defined links to access these through a service level agreement or similar.

Evidence of interdisciplinary team activity (e.g. Multidisciplinary team meetings) consisting of physician(s), nurse(s), social worker(s), and/or counsellor/pastoral staff as a minimum requirement.	Yes	No

10.3 Staffing levels are adequate to deliver the care needed by patients.

Evidence that service has a workforce planning strategy.	Yes	No

10.4 Palliative care professionals are appropriately trained, credentialed and/or certified in their area of expertise.

Evidence of policies in place to recruit staff with recognized qualifications and provide training in area of work.	Yes	No

10.5 Where volunteers are part of the team, there is evidence of policies in place to ensure proper screening, recruitment and on-going training of volunteers.

10.5.1. Evidence of policies in place to guide volunteer recruitment and management.	Yes	No
10.5.2. Evidence of a volunteer management model/workgroup which reviews volunteer management and training.	Yes	No

Overall rating for Guideline 10: ☐ A (high priority)   ☐ B (medium priority)   ☐ C (low priority)

Summary notes of discussion that informed your overall rating:

Guideline 11: Staff and Volunteer Self-Care

Staff and volunteers reflect on practice, maintain effective self-care strategies and have access to support in dealing with the psychological stress associated with working among the terminally ill and bereaved.

Rationale: *The care of patients near the end of life and the support of their family members may have an emotional and spiritual toll on healthcare workers and volunteers. The ability to reflect on their practice and opportunities to express their feelings related to interactions with patients and their families should be encouraged as part of the culture of service providers caring for patients near the end-of-life.*

Quality measures	Element Rating							Data Source (To specify)
	Never (0%)	Rarely (<25%)	Sometimes (25% - <50%)	Often (50% - <75%)	Almost Always (75% - <100%)	Always (100%)	Not Applicable	
11.1 There are strategies in place to provide situational support, critical incident debriefing and response.								
Evidence of organization policy and/or procedure in the institution/organization to ensure situational support for providers/identify and respond to critical events.	Yes				No			
11.2 Education is provided to help staff and volunteers develop effective coping strategies.								
Evidence of initiatives to help staff/volunteers develop effective coping strategies. ✓ Orientation programs ✓ Supervision ✓ Review of training and developmental needs ✓ Professional development programs	Yes				No			
11.3 Staff have access to confidential employee assistance programs and/or counselling services.								
Evidence of policies and procedures to ensure that staff can access confidential employee assistance programs and/or counselling services.	Yes				No			

Overall rating for Guideline 11: ☐ A (high priority) ☐ B (medium priority) ☐ C (low priority)

Summary notes of discussion that informed your overall rating:

Guideline 12: Access to and Use of Opioids

Patients at the end of life should have access to opioids for symptom control, with guidelines and processes in place to ensure safe and effective use.

Rationale: *Opioids are commonly used medications in palliative care. While useful, there are also risks and unwanted effects associated with unregulated use. Education and guidelines are necessary to ensure optimal symptom control with minimal side effects.*

Quality measures	Element Rating							Data Source (To specify)
	Never (0%)	Rarely (<25%)	Sometimes (25% - <50%)	Often (50% - <75%)	Almost Always (75% - <100%)	Always (100%)	Not Applicable	
12.1 Service providers caring for patients at the end of life have access to opioids.								
12.1.1. Evidence that service provider has access to opioids including out-of-hours.	Yes				No			
12.1.2. Percentage of opioid medication orders that fulfil the specified turnaround time. Turnaround time is defined as the interval from the time a medication order is written (manually or electronically) to the time the medication is administered. Stat order: < 1 hour Routine order: < 4 hours (Medication Chart Audit- This measure is not applicable to home care settings) *Numerator: Number of opioid medication orders that fulfil the specified turnaround time.* *Denominator: Total number of opioid medication orders.*								
12.2 The use of opioids in the management of symptoms should be directed by evidence, driven by need, and administered under guidelines with appropriate monitoring.								
12.2.1. Evidence of organizational guidelines or SOPs for safe use of opioids.	Yes				No			
12.2.2. Evidence of a system in place to monitor for signs and symptoms of opioid toxicity for patients on opioid infusion on a regular and ongoing basis. The following should be monitored: ✓ Respiration rate ✓ Drowsiness level ✓ Presence of myoclonic jerks	Yes				No			

12.2.3. Evidence that service provider conducts ongoing review of medication error, at least half yearly.	Yes	No	
12.3 There is evidence of patient and caregiver education on the safe use of opioids.			
Evidence of availability of opioid education materials for patients and caregivers.	Yes	No	
12.4 There is adherence to the legal requirements of the Misuse of Drugs Act on the prescription, safe storage, dispensing, administration, disposal and report of errors in the use of opioids.			
12.4.1. Evidence of policies and procedures on receipt, safe storage, prescribing, dispensing, administration, disposal and report of errors on the use of opioids.	Yes	No	
12.4.2. Evidence of documentation on receipt, prescription, dispensing, administration and disposal of opioids according to established protocols.	Yes	No	
12.4.3. Evidence of a system in place for incident reporting of opioid related errors.	Yes	No	

Overall rating for Guideline 12: ☐ A (high priority) ☐ B (medium priority) ☐ C (low priority)

Summary notes of discussion that informed your overall rating:

Guideline 13: Clinical Quality Improvement

The service is committed to improvement in clinical and management practices.

Rationale: *Palliative care services are committed to a high quality of care and support for all patients and their families. Services should strive to benchmark quality through regular and systematic measurement, analysis, review, evaluation, goal setting and revision of care processes.*

Quality measures	Element Rating							Data Source (To specify)
	Never (0%)	Rarely (<25%)	Sometimes (25% - <50%)	Often (50% - <75%)	Almost Always (75% - <100%)	Always (100%)	Not Applicable	
13.1 Presence of a framework to guide a program of quality improvement that consists of: ▪ Evidence of dissemination and incorporation of quality improvement (QI) findings into practice ▪ Clinical and performance criteria consistent with professional standards ▪ An on-going, proactive program for identifying and reducing unanticipated adverse events and safety risks to patients.								
13.1.1. Evidence of quality improvement/assurance committee or person to review the quality of care.	Yes				No			
13.1.2. Percentage (%) of deceased patients with death reviews completed within 1 month of death. Death reviews for Class C Providers should include domains of symptom control, psychosocial issues and bereavement needs. *Numerator:* Number of deceased patients with death reviews completed within 1 month of death. *Denominator:* Total number of deceased patients.								
13.2 There is evidence of the implementation of quality improvement projects to support on-going service evaluation and development.								
Evidence of at least one Quality Improvement Project each year.	Yes				No			
13.3 There is evidence of on-going evaluation of patients' and families' satisfaction with care, and necessary measures to improve these.								
Evidence of routine use of a patient and family satisfaction survey.	Yes				No			

Overall rating for Guideline 13: ☐ A (high priority)   ☐ B (medium priority)   ☐ C (low priority)

Summary notes of discussion that informed your overall rating:

Summary of Overall Rating for all Standards

In this table below, transcribe the overall ratings from the previous pages in preparation for your Key Improvement Areas (KIAs) priority meeting.

Guideline	Priority Rating		
	High	Medium	Low
2: Reducing Barriers to Care			
3: Coordinated Care			
4: Holistic Assessment and On-going Care Planning			
5: Advance Care Planning			
6: Patient-Centred Care			
7: Care in the Last Days of Life			
8: Caregiver Support			
9: Bereavement Care			
10: Qualified Staff and Volunteers			
11: Staff and Volunteer Self-Care			
12: Access to and Use of Opioids			
13: Clinical Quality Improvement			

Key Improvement Areas identified in the Self-Assessment snapshot

What Guideline/s is this strategy relevant to?	What is the key improvement area?	What is the Priority for this improvement?	Proposed Timeline
e.g. 5 and 8 or just 5	*__What__ is your service planning to do to improve care?*	*High, medium, or low*	

Notes

Notes