How to complete the End of Life and Palliative Care Self-Assessment Tool

Purpose

The End of Life and Palliative Care (EoLPC) Self-Assessment Tool supports the implementation of the Clinical Principles for End of Life and Palliative Care guideline (the Guideline). The EoLPC Self-Assessment Tool reviews activity across the nine key actions identified in the Guideline.

The Guideline is applicable across all care settings including community settings, non-admitted settings, admitted settings, or other settings in which NSW Health services are providing care. It is relevant to all people (neonates, infants, children, adolescents, young adults, adults and older adults) who have a life-limiting illness or are identified as approaching the end of life.

Benefits of using the EoLPC Self-Assessment Tool

- Identify areas where the service or entity is excelling in implementing the key actions and those areas where there are opportunities for improvement.

- Determine the service or entity readiness to implement the key actions.

- Demonstrate that the service or entity meets the requirements for Evaluation and Quality Improvement Program (EQuIP6) accreditation and other relevant standards. The EoLPC Self-Assessment Tool contains elements of the Australian Commission on Safety and Quality in Health Care standards and resources, including the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*. The EoLPC Self-Assessment Tool also aligns with the *National Palliative Care Standards (5th edition)*, which is applicable to specialist palliative care services.

How to use the EoLPC Self-Assessment Tool

- The End of Life Care Committee or equivalent is responsible for overseeing the monitoring and evaluation of Guideline implementation, including using the self-assessment tool.

- **Define your service or entity.** The End of Life Care Committee or equivalent may wish to determine if this tool should be completed as a team, service, department, ward, division, stream, facility, network, local health district or specialty health network. This tool is not just for specialist end of life and palliative care service. Examples of services or entities that may wish to use this tool include a renal service, oncology ward, department of geriatric medicine or a palliative care team. This is important to define BEFORE completing the questions.

- Read and become familiar with the **key actions**.

- The comments field is provided to describe the rationale for responses and to outline any future plans for improvement.

- Hyperlinks to useful tools and resources have been embedded into the tool for each of the key actions questions. These may be helpful to review before responding to each question.

- Complete the EoLPC Self-Assessment Tool at regular intervals. Your service or entity can determine the interval (recommend annually).

- Some of the people that may participate in this process are suggested below. This list is not exhaustive and is provided as a guide only.
  - Head of department
  - Medical staff
  - Occupational therapists, physiotherapists, social workers and other allied health staff
  - Nursing staff
  - Nurse unit manager
  - Palliative care clinical nurse consultant
  - Patient safety and quality manager
  - Service manager

Preparation for the self-assessment

Your service or entity may choose to complete the self-assessment tool individually and then come together to discuss the results OR respond collectively to the questions. The MOST IMPORTANT part of the process is not your individual or collective results to these questions BUT the discussion held with your team discussing the rationale for your responses.

Tips

- Share the tool in advance and encourage members of the team to think about some or all of the questions before the meeting.

- Discuss the tool during an existing team meeting, for example, a regularly scheduled team meeting.

- Set up a series of shorter meetings and break up different elements of the tool to discuss at these meetings. This will allow sufficient time for discussion and contributions from all team members.

- Nominate a scribe to capture the responses and discussion points. This should be someone who is familiar with the terminology and work of the team.

- Nominate a facilitator to monitor time and make sure that everyone is encouraged to contribute.

Once you've completed the self-assessment

No risk management process is worthwhile unless there is corresponding action taken to address the issues identified. As such, it is important that your service or entity reviews responses and identifies potential gaps or weaknesses that the tool highlighted. Developing or implementing strategies to address these issues.

Responses to the tool should trigger the development of a clear action plan for service development and quality improvement in end of life and/or palliative care provision. An action plan should be developed by a multidisciplinary team, with health professionals from all levels of your service or entity.

When considering the responses, not all negative responses will necessarily require a resultant action. In determining what issues to address first (or at all), the service or entity needs to determine what is most important and what capacity or resources are available to address the issue. This approach helps to ensure a proportionate response so that the most important things get addressed first and limited resources are used to the best advantage.

Feedback from the process should be shared with local End of Life Committees or equivalent. Some issues that are identified may already be getting addressed at other levels of the organisation or by the NSW Ministry of Health. As such, it is advisable that you consult with your quality manager or clinical improvement or governance unit (or equivalent) to minimise duplication and ensure your efforts are optimised and coordinated.

Useful tools and resources

Various action planning and quality improvement tools can be found on the following sites:

- Agency for Clinical Innovation - *End of Life and Palliative Care:* **Blueprint for Improvement** website.

- Clinical Excellence Commission – **Quality Improvement Tools** and **End of Life program resources**