

Blueprint application and accreditation support: Methods

The project was designed to map current and relevant service standards and frameworks against the 10 Essential Components of the Palliative and End of Life Care Blueprint for Improvement (Blueprint). The intention is to support services with their application of the Blueprint and demonstrate its alignment to accreditation practice.

This document describes the mapping process used and the people involved.

Two members of the Palliative Care Network Executive Committee conducted a preliminary alignment of practice standards and relevant actions. This was reworked in 2020 by three members of the Executive Committee after the confirmation of the 5th edition of the *National Palliative Care Standards* and expanded to include generalist settings. A Working Group was organised by invitation to the Network. Members were asked to review and refine the alignment for practical application.

Standards were divided for review among the Working Group members and any proposed revisions were considered and confirmed by the whole group. The mapping was cross-checked and, once alignment was complete, matrixes were finalised for each standard as a quick reference of relevance with the 10 Essential Components of the Blueprint.

The working document was also reviewed by clinicians who determined the document to have relevance and usefulness for accreditation and application of the Blueprint. This will be included on the Blueprint website.

Seven standards and frameworks were mapped against the 10 Essential Components of the Blueprint; five national standards and two state-based, addressing the quality of palliative care from specialist and generalist services. Each of these standards are applicable during accreditation.

- Palliative Care Australia. *National Palliative Care Standards*, 5th Ed. 2018.
 - Developed to be used by **specialist palliative care services** to support the delivery of high-quality palliative care for the person receiving care, their family and carers.
- Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards*, 2nd Ed. 2017, updated May 2021.
 - Developed to protect the public from harm and improve **quality health service provision**.
 - These standards had already been mapped against the National Palliative Care Standards by Palliative Care Australia; this mapping was trusted and applied directly.
- Australian Commission on Safety and Quality in Health Care. *National Consensus Statement: Essential Elements for Safe and High-Quality end of life care (Adult and Paediatric)*. 2016.
 - Developed to describe the elements that are essential for delivering safe and high-quality end of life care in Australia **where acute care is provided**.
- The Royal Australian College of General Practitioners. *Standards for General Practices*, 5th Ed. 2020.
 - Developed “with the purpose of protecting patients from harm by improving the quality and safety of health services”, specifically **general practices**.

- Aged Care Quality and Safety Commission. *Guidance and Resources for providers to support the Aged Care Quality Standards*. 2021.
 - The standards “focus on outcomes for consumers and reflect the level of care and services the community can expect from organisations that provide **Commonwealth subsidised aged care services**”.
- NSW Ministry of Health. *NSW Health End of Life and Palliative Care Framework 2019-2024*. 2019.
 - A guide within the system that aims to improve access to end of life and palliative care while encouraging people to talk more openly about death and dying as a normal part of life.
- NSW Ministry of Health. *Clinical Principles for End of Life and Palliative Care*. 2021.
 - The guideline identifies the clinical principles and key actions to deliver high quality, accessible and appropriate end of life and palliative care in NSW.

Executive Committee Members

- Vanessa Evans, Agency for Clinical Innovation (final team)
- Janeane Harlum, South Western Sydney Local Health District (final team)
- Sarah Hertel Agency for Clinical Innovation (final team)
- Emily Saurman, University of Sydney (preliminary and final team)
- Rob Wilkins, Agency for Clinical Innovation (preliminary team)

Working Group Members

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- Ann Dadich, Western Sydney University
- Therese Hayden, Hunter New England Local Health District
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