

## Establishment of Committee to support quality End-of-Life Care

One Victorian-based hospital had established committees to promote advance care planning, provide staff education, review end-of-life care practices and identify areas for improvement within the hospital. In 2018, the hospital executive decided to amalgamate the committees to reduce duplication, and established the Personalising End-of-Life Care Committee (the 'Committee') to look at the whole continuum of patient care.

### Overview

This Case Study explores the learnings of the hospital, covering the following areas:

- Goals of the Committee
- Purpose of the Committee
- Committee Representation and Members
- Factors supporting the operation of the Committee
- Barriers to the operation of the Committee
- Key Learnings and Outcomes
- Impact Committee has had on meeting the National Safety and Quality Health Service Standards (2nd edition)

### Advice for other Hospitals

1. **Allow time for accreditation preparation.** Review current processes and gaps; and create short, medium, and long-term achievable goals for quality improvement projects.
2. **Utilise a multidisciplinary approach** from acute, sub-acute and community services.
3. **Establish small committees.** Convene working groups with representatives from the overarching End-of-Life Care Committee and other key stakeholders to develop and evaluate improvement projects/activities.

### Goals of the Committee

The Committee is responsible for the oversight of the following activities:

- Advance Care Planning for patients at end-of-life
- Goals of Care for patients at end-of-life
- Futile and non-beneficial care
- End-of-life care
- The Victorian Medical Treatment Planning and Decisions Act (relates to Advance Care Planning and Consent to treatment for people who have lost their decision-making capability)

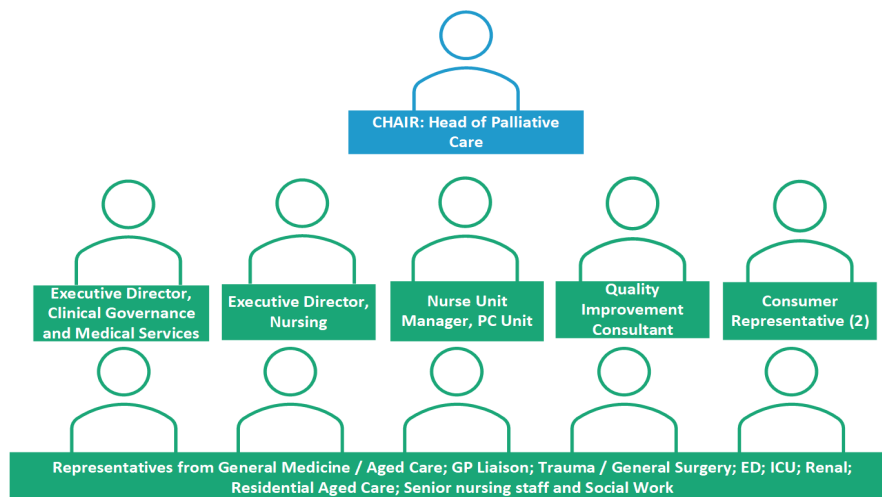
## Purpose of the Committee

The Committee established clear overarching goals to help manage expectations and to enable the Committee to hold itself accountable for its activities. The purpose of the Committee is to implement and ensure an effective, timely, best practice, person centred approach to:

1. Planning and discussing end-of-life related issues including optimising symptom management and communication skills.
2. Documenting, assessing and ensuring optimal use of advance care plans.
3. Facilitating personalised care at the end of life – aim to align with patient wishes and preferences.
4. Assessing potential futile treatments and available alternatives.
5. Clinical governance for hospital organ donation program.
6. Liaising with relevant National Standards Committees to ensure dissemination of learnings.

## Committee Representation and Membership

The Committee meets bi-monthly and contains broad representation across the hospital.



## Factors supporting the operation of the Committee

The successful operation of the Committee has been facilitated by having.

1. **Members with a keen interest** and/or expertise in end-of-life care.
2. **Representation across a variety of occupations** and specialties.
3. **Representation from both nursing, medical and executive/clinical governance** teams.
4. **Strong links** to the hospital's Quality Improvement Team.
5. **Consumer representation** and **GP link** to community providers.

## Barriers to the operation of the Committee

- Managing competing hospital priorities (e.g. implementation of the electronic medical record (EMR), and COVID-19).
- Restrictions in education / improvement activities to align with primary organisation priorities.

## Key Learnings and Outcomes

Through the operation of the Committee several changes have been made to hospital wide systems and processes, including:

1. **Development of Goals of Care Orders**, supporting shared decision making to establish patient goals of care and documenting into the EMR.
2. **Development and evaluation of an End-of-Life Care Pathway**/Observation Chart and Guidelines and documenting into the EMR.
3. **Documentation Audit** - audit of gaps in documentation processes with respect to the MTPD Act and advance care planning documents.
4. **Audit of Bereavement support processes across the organisation and implementation of a universal COVID-19 bereavement program.**
5. **Review of National standards** and accreditation preparation.
6. **Involvement in the education** of students and clinical staff (e.g. presenting at hospital grand rounds; delivering ward/department based education and education support to local GPs/ RACFs).

## Impact Committee has had on meeting the National Safety and Quality Health Service Standards (2nd Edition)

The Committee utilised the [NSQHS Accreditation Workbook](#) and [NSQHS Standards Monitoring Tool](#) to identify gaps in evidence and utilised a project logic to track compliance and develop improvement projects relevant to the various standards with short, medium and long term objectives.

