

# Comprehensive Care Standard Action 5.20

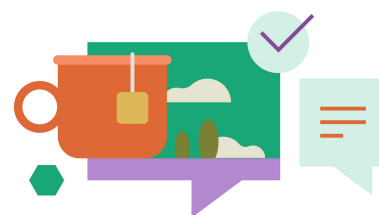
The [Comprehensive Care at the End of Life](#) actions form part of the National Safety and Quality Health Care Standards (2021).



## 5.20: Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care.

**How does your organisation support clinicians to practice collaborative decision-making with patients and families?**

Consider accessing the End-of-Life Essentials [Communication and Decision-Making Module](#) and [Toolkit](#) to support the delivery of end-of-life care across your organisation. The module highlights that “You can make a huge difference by giving patients and their families the chance to talk about and prepare for the end of life”. It is also important to recognise that “You are the therapeutic instrument in person-centred communication and collaborative decision-making. No matter what your role, no matter where you work, you can sharpen your skills to ensure that you are making a difference to a patient at the end of his or her life.”



The End-of-Life Essentials [Communication Training Resources](#) are available to support educators in delivering communication training in the context of an individual's response to understanding that life is limited, and discussion of changing goals of care. Consider the following seminar question: "Be honest – when clinically appropriate can you say the word 'dying' in conversations with patients (when they are dying)?"

End-of-Life Essentials have a suite of [Resources for you to Adapt and Adopt](#) when communicating about death and dying, including timing of discussions, how to discuss prognosis, and advance care planning. The End-of-Life Essentials ['The Patient's Perspective' Animation](#) highlights the importance of person-centred care, drawing on one patient's experience with a cancer diagnosis.



Also consider the “Ask-Tell-Ask” technique<sup>1</sup>:

- **Ask** the patient what his or her understanding of their illness is. Explore their hopes, fears and concerns. After you have heard,
- **Tell** the patient new information that adds to what they already know.
- Finally **Ask** them what they understand from what you have told them. Clarify their goals and expectations before any decision-making discussion.



The End-of-Life Essentials **End-of-Life Care for Diverse Communities Module** and **Toolkit** are designed to help strengthen practice around providing inclusive care. The Module equips staff with knowledge and skills around:

- understanding common issue for staff when delivering services for patients and families who are from diverse backgrounds.
- identifying potential barriers regarding access to end-of-life care within their hospital.
- building trust with patients and diminishing assumptions when delivering end-of-life care.

Access the End-of-Life Essentials **Meeting the Standards Module** and **Toolkit** to learn more about what you can do to deliver high-quality end-of-life care and prepare the organisation for accreditation, including:



- **Leadership** - Is providing quality care around dying and death recognised as a core service in your hospital? How?
- **Workforce capability** - ensuring that the knowledge, skills, and competence to enable staff can implement best end-of-life care.
- **Evaluation and audit** - How regularly are patients or bereaved carers asked about the levels of involvement in decision making about their care?

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insight**

Think about your hospital - How are clinicians supported to share decisions about end-of-life care with patients, carers and families?



1. The “Ask-Tell-Ask” technique has been reproduced from the Department of Health, Western Australia. [Advance CPR decision-making in the hospital setting: A facilitator's guide.](#) Perth: WA Cancer & Palliative Care Network, Department of Health, Western Australia 2015.