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education for acute hospitals

Education and Resources for Hospital Accreditation

Comprehensive Care Standard and end-of-life care

2024

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About End-of-Life Essentials

The End-of-Life Essentials Project offers free peer-reviewed online education modules on health care at the end of life in acute hospitals for nurses, doctors and allied health professionals. The content of the modules has been developed from the ACSQHC National End-of-life Consensus Statement. A range of implementation tools are also available to assist managers and clinicians to implement a unified approach to strategies and processes which will inform end-of-life care.

Further information can be found at endoflifeessentials.com.au

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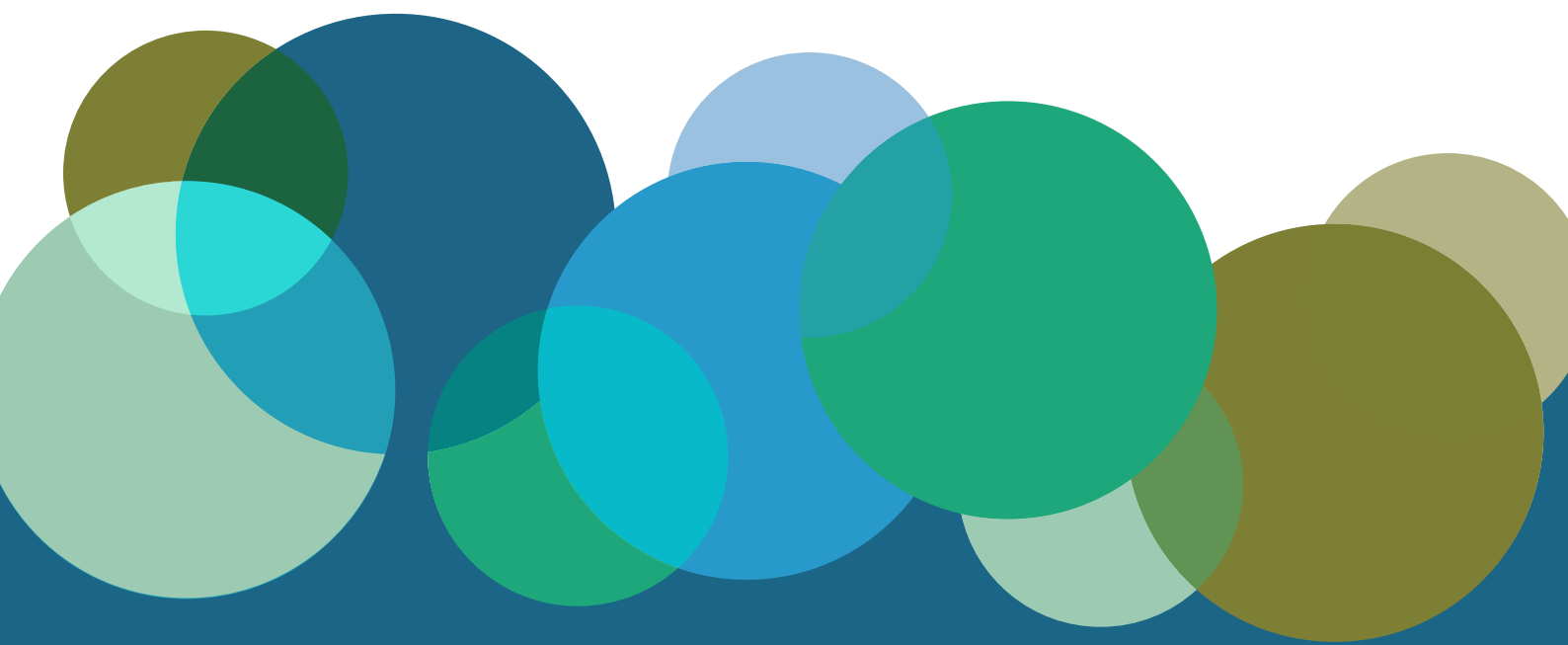
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Introduction

Purpose of the End-of-Life Essentials Guide

This resource for hospital accreditation expands on the mapping undertaken by the Commission of the Comprehensive Care Standard actions that focus on end-of-life care to the **National Consensus Statement: Essential elements for safe and high-quality end-of-life care (2023)** (Consensus Statement).

The Comprehensive Care Standard is part of the **NSQHS Standards (2021)** and relates to the delivery of comprehensive care for patients within a health service organisation.

The purpose of this guide is to assist hospitals executives, safety and quality managers and clinicians responsible for accreditation with implementing the six end-of-life care actions in the NSQHS Standards (2021).

Comprehensive care is the coordinated delivery of the total health care that a patient needs or wants.

The Comprehensive Care Standard includes six actions that focus on end-of-life care. These actions require health services to have systems and processes for caring for patients at the end of their lives, and for clinicians to use those systems and processes.

These six actions are linked to the 10 essential elements of the Consensus Statements outlined below.[1]

A. CARE PROCESSES
Delivering comprehensive end-of-life care

1. Recognising end of life
2. Person-centred communication and shared decision making
3. Multidisciplinary collaboration and coordination of care
4. Comprehensive care
5. Responding to concerns

B. ORGANISATIONAL PROCESSES
Supporting comprehensive end-of-life care

6. Leadership and governance
7. Support, education and training
8. Care setting
9. Evaluation, audit and feedback
10. Systems to support high-quality care

Introduction

Most people in Australia will visit an acute hospital in their last year of life. Many of them will die in hospital.

End-of-Life Essentials (EOLE) is a Commonwealth Funded project (from Flinders University) providing free evidence-based online education and implementation tools for doctors, nurses and allied health professionals to assist in informing and improving end-of-life care in hospitals.

End-of-life care is important for all and is now part of the NSQHS Standards (2021).

Figure 1: Development of EOLE Education and Resources

Background

EOLE has worked in collaboration with the Australian Commission on Safety and Quality in Health Care (the Commission) since the project commenced in 2015.

The Commission has a role in supporting health service organisations and clinicians to improve the safety and quality of end-of-life care, and ensuring that this care meets the needs and preferences of the person who is dying.

EOLE education and resources have been developed from the Commission's resources to help support the provision of high-quality end of life care within health services (see figure 1):

- **The NSQHS Standards (2021)[2]** which incorporates the Comprehensive Care Standard and end of life care actions.
- **The Consensus Statements**
  - The National Consensus Statement: Essential elements for safe and high quality end-of-life care - 2015[3]
  - The National Consensus Statement: Essential elements for safe and high quality paediatric end-of-life care - 2016[4]
  - The National Consensus Statement: Essential elements for safe and high quality end-of-life care - 2023[5]
- **The End-of-Life Care Audit Toolkit**
- **Delivering and supporting comprehensive end-of-life care user guide[6]**

Mapping to Comprehensive Care Standard - end-of-life care actions

Mapping the Comprehensive Care Standard actions that focus on end-of-life care to the Consensus Statement essential elements and End-of-Life Essentials education and resources

Comprehensive Care Standard action	Consensus Statement essential elements	End-of-Life Essentials recommended education and resources

5.15 The health service organisation has processes to identify patients who are at the end of life that are consistent with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*[6]
 	
Other Relevant NSQHS Standards
 	
Recognising and Responding to Acute Deterioration Standard
	• **1.1, 1.2** Recognising end of life
	
	• **2.1** Person- centred communication and shared decision making
	
	• **6.3** Leadership and governance
	
	• **8.2** Care Setting
		• **End-of-Life Essentials education module and Toolkit:**
		  ◦ Recognising the End of Life
		  ◦ Patient-centred communication and shared decision-making
		  ◦ End-of-Life Care for Diverse Communities
		  ◦ Meeting the Standards
		  ◦ Clinical Change Management
		
		• **End-of-Life Essentials Training Resources**
		  ◦ Death as a normal part of life
		  ◦ Recognising Dying
		
		• **The Supportive and Palliative Care Indicators Tool (SPICT)**[7]
		
		• **The Surprise Question**[8]
		  'Would you be surprised if this patient were to die in the next few months, weeks, days'?
		
		• **AKPS**[9]
		  Australian Modified Karnofsky Performance Score is a measure of the patient's overall performance status or ability to perform their activities of daily living.
		
		• **ECOG**[10]
		  The ECOG Scale of Performance Status describes a patient's level of functioning in terms of their ability to care for themself, daily activity, and physical ability.

Mapping the Comprehensive Care Standard actions that focus on end-of-life care to the Consensus Statement essential elements and End-of-Life Essentials education and resources

Comprehensive Care Standard action	Consensus Statement essential elements	End-of-Life Essentials recommended education and resources

5.16 The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	• **1.2** Recognising end of life
	
	• **5.5** Responding to concerns
	
	• **6.3** Leadership and Governance
	
	• **9.5** Evaluation, audit and feedback
	
	• **10.3** Systems to support high-quality care
		• **End-of-Life Essentials education module and Toolkit:**
		  • Teams and Continuity for the Patient
		  • Patient-centred communication and shared decision-making
		  • The Importance of Coordinating Patient Care
		  • End-of-Life Care for Diverse Communities
		  • Meeting the Standards
		  • Clinical Change Management
		
		• **End-of-Life Essentials Training Resources**
		
		List of available specialist palliative care services in each state and territory:
		
		• **Palliative Care South Australia.** Find a list of services local to your workplace. There is a section with information for **Health and Community Service Workers**.
		• **Palliative Care Victoria.** Use the **search function** to find a Palliative Care Service.
		• **Palliative Care New South Wales.** Access the NSW Palliative Care Directory of Services. There is a section with information for **Health Professionals**.
		• **Palliative Care ACT** has a Services Directory (DAISY) for **Healthcare Professionals**.
		• **Palliative Care Queensland** has a **Find a Service section**.
		• **Palliative Care Northern Territory** has a **Services Section**.
		• **Palliative Care Western Australia** has a Find Services directory.
		• **PalliConnect** connects the Tasmanian Community to key palliative care resources, referral points and support across all regions.

Other Relevant NSQHS Standards

Recognising and Responding to Acute Deterioration Standard

Clinical Governance Standard

Mapping the Comprehensive Care Standard actions that focus on end-of-life care to the Consensus Statement essential elements and End-of-Life Essentials education and resources

Comprehensive Care Standard action	Consensus Statement essential elements	End-of-Life Essentials recommended education and resources

5.17 The health service organisation has processes to ensure that current advance care plans:
a) Can be received from patients
b) Are documented in the patient's healthcare record
 	
Other Relevant NSQHS Standards
 	
Partnering with Consumers Standard
	• **2.1** Person-centred communication and shared decision making
	
	• **3.3** Multidisciplinary collaboration and coordination of care
	
	• **4.2, 4.6** Comprehensive Care
	
	• **6.3** Leadership and governance
	
	• **7.3** Support, education and training
	
	• **10.1, 10.4, 10.5** Systems to support high-quality care
		• **End-of-Life Essentials education module and Toolkit:**
		  ◦ Planning end-of-life care – Goals of Care
		  ◦ Patient-centred communication and shared decision-making
		  ◦ The Importance of Coordinating Patient Care
		  ◦ Meeting the Standards
		  ◦ Clinical Change Management
		
		• **End-of-Life Essentials Training Resources**
		
		• Advance Care Planning Australia's information on **Advance Care Planning** - determine shared 'Goals of Care'
		Audit of completion of advance care plans is valuable along with policies, actions and documentation of advance care plans. How will you know when change is an improvement in end-of-life care? What changes about managing advance care plans will drive improvement?

Mapping the Comprehensive Care Standard actions that focus on end-of-life care to the Consensus Statement essential elements and End-of-Life Essentials education and resources

Comprehensive Care Standard action	Consensus Statement essential elements	End-of-Life Essentials recommended education and resources
5.18 The health service organisation provides access to supervision and support for the workforce providing end-of-life care	• **5.6 , 5.9** Responding to concerns • **6.3** Leadership and governance • **7.1 -7.10** Support, education and training	• **End-of-Life Essentials education module and Toolkit:** ◦ Imminent Death – How to Respond ◦ Dying, a normal part of life ◦ Patient-Centred Communication and Shared Decision-Making ◦ The Importance of Coordinating Patient Care ◦ Meeting the Standards ◦ Clinical Change Management • **End-of-Life Essentials Training Resources** • Beyond employee assistance programs, consider these key strengthening factors in your organisation:[11] ◦ Leadership and having champions who can drive end-of-life care change management processes ◦ Clarity regarding all staff roles ◦ Trust, respect, value, and being valued within the teamwork setting ◦ Cultural readiness within the workplace that recognises that end-of-life care is core business.

Other Relevant NSQHS Standards

Recognising and Responding to Acute Deterioration Standard

Clinical Governance Standard

Mapping the Comprehensive Care Standard actions that focus on end-of-life care to the Consensus Statement essential elements and End-of-Life Essentials education and resources

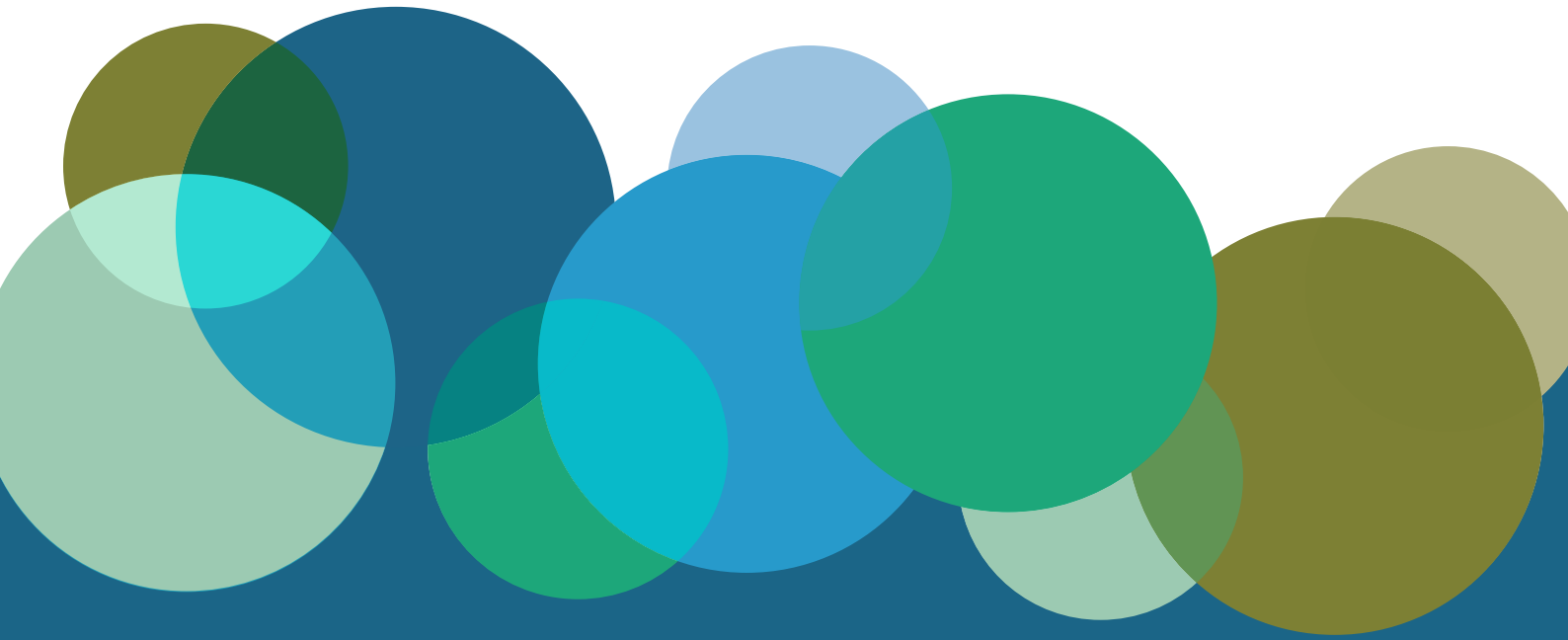| Comprehensive Care Standard action	Consensus Statement essential elements	End-of-Life Essentials recommended education and resources
5.19 The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care	• **5.4, 5.8** Responding to concerns • **6.2, 6.3** Leadership and governance • **9.1–9. 7** Evaluation, audit and feedback	• **End-of-Life Essentials education module and Toolkit:** ◦ Planning end-of-life care – Goals of Care ◦ Dying, a normal part of life ◦ Patient-Centred Communication and Shared Decision-Making ◦ Recognising the End of Life ◦ Teams and Continuity for the Patient ◦ Responding to Concerns ◦ Emergency Department End-of-Life Care ◦ Paediatric End-of-Life Care ◦ Chronic Complex Illness End-of-Life Care ◦ Imminent Death – How to Respond ◦ States of Mind Modules ◦ End-of-Life Care for Diverse Communities ◦ The Importance of Coordinating Patient Care ◦ Meeting the Standards ◦ Clinical Change Management • **End-of-Life Essentials Training Resources** • Make yourself aware of the Commission's **End-of-Life Care Audit toolkit**. Find the person in your organisation responsible for reporting on quality and safety issues and bring it to their attention. • **Death Review or audit.**[12][13][14] Consider how your institution assesses end-of-life care as audited against each patients' goals of care (e.g. asking what matters to the patient; providing evidence of shared decision-making).

Other Relevant NSQHS Standards

Recognising and Responding to Acute Deterioration Standard

Clinical Governance Standard

Mapping the Comprehensive Care Standard actions that focus on end-of-life care to the Consensus Statement essential elements and End-of-Life Essentials education and resources

Comprehensive Care Standard action	Consensus Statement essential elements	End-of-Life Essentials recommended education and resources
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 **Other Relevant NSQHS Standards** *Partnering with Consumers Standard* *Communicating for Safety Standard*	• **2.1 - 2.12** Person-centred communication and shared decision making • **3.1 - 3.5** Multidisciplinary collaboration and coordination of care • **4.1, 4.4, 4.7, 4.12** Comprehensive Care • **5.3** Responding to concerns • **7.4** Support, education and training	• **End-of-Life Essentials education module and Toolkit:** • Patient-Centred Communication and Shared Decision-Making • Planning end-of-life care – Goals of Care • Teams and Continuity for the Patient • End-of-Life Care for Diverse Communities • The Importance of Coordinating Patient Care • End-of-Life Essentials: **Resources to Adapt and Adopt in communicating about Death and Dying.** • **End-of-Life Essentials Training Resources** • Also consider the "Ask-Tell-Ask" techniques[15]: Types of actions may include: • **Ask** the patient or family member what his or her understanding of their illness is. Explore their hopes, fears and concerns. After you have heard, • **Tell** the patient or family 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.

Note: The Comprehensive Care Standard is a part of the National Safety and Quality Health Service Standards (second edition)

Resources

Useful Resources

- The **Education modules** and **My Toolkit** resources are freely available to access by any health care professional.

- The Comprehensive Care Standard End-of-Life Care Action Fact Sheets:

  - Preparing for Hospital Accreditation: Meeting Comprehensive Care Standard Action 5.15

  - Preparing for Hospital Accreditation: Meeting Comprehensive Care Standard Action 5.16

  - Preparing for Hospital Accreditation: Meeting Comprehensive Care Standard Action 5.17

  - Preparing for Hospital Accreditation: Meeting Comprehensive Care Standard Action 5.18

  - Preparing for Hospital Accreditation: Meeting Comprehensive Care Standard Action 5.19

  - Preparing for Hospital Accreditation: Meeting Comprehensive Care Standard Action 5.20

- Training Resources that are purpose built for short and targeted training sessions to support the delivery of end-of-life care, covering the following topics:
  - Death as a normal part of life
  - Recognising Dying
  - Imminent Death
  - Communication
  - Team Work
  - After a death

- There is a free to access **Video library** where experts in end-of-life care discuss the importance and benefits of the End-of-Life Essentials project, and clinical stories from their personal experience, including an Intensive Care perspective.

- Find End-of-Life Essentials **promotional material** that you can freely download – posters, factsheets, flyers, infographics.

- Join us in improving the safety and quality of end-of-life care in hospitals. Sign up to receive our monthly **newsletter,** read our **blog** and follow us on **Twitter/X, LinkedIn** and **Facebook** We are here to help.

- ACSQHC **End-of-Life Care web page.**

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Endnotes

1 Australian Commission on Safety and Quality in Health Care. National Consensus Statement: Essential elements for safe and high-quality end-of-life care. Sydney: ACSQHC; 2023

2 Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards. 2nd ed.* Sydney: ACSQHC;2017.

3 Australian Commission on Safety and Quality in Health Care. *National consensus statement: essential elements for safe and high quality end-of-life care.* Sydney: ACSQHC; 2015).

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5 Australian Commission on Safety and Quality in Health Care. National Consensus Statement: Essential elements for safe and high-quality end-of-life care. Sydney: ACSQHC; 2023

6 The National Consensus Statement: Essential elements for safe and high quality end-of-life care - 2015 Australian Commission on Safety and Quality in Health Care. Delivering and supporting comprehensive end-of-life care: a user guide. Sydney: ACSQHC; 2021.

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8 Downar et al. *The "surprise question" for predicting death in seriously ill patients: a systematic review and meta-analysis CMAJ*, 2017, Apr 3: 189(13):E484-493

9 Abernathy et al. *The Australia-modified Karnofsky Performance Status (AKPS) scale: a revised scale for contemporary palliative care clinical practice.* [ISRCTN81117481]. BMC Palliat Care 4, 7 (2005). https://doi.org/10.1186/1472-684X-4-7.

10 Oken et al. *Toxicity and response criteria of the Eastern Cooperative Oncology Group.* Am J Clin Oncol. 1982 Dec;5(6):649-55.

11 Clements D, Dault M, Priest A. *Effective teamwork in healthcare: research and reality.* Healthc Pap. 2007;7 Spec No:26-34.

12 Audigé, et al. *Treatment limitation and advance planning: Hospital-wide audit of paediatric death.* Journal of paediatrics and child health, 2020-06, Vol.56 (6), p.893-899

13 Thomas et al. *Stroke mortality audit using the Structured Judgement Review method.* Clinical Medicine; London Vol. 19, Iss. 2, (Mar 2019): 185-187.

14 Woodham et al. *Audit of parenteral nutrition use in palliative care patients* Clinical nutrition ESPEN, 2018, Vol.28, p.263-263

15 The "Ask-Tell-Ask" technique has been reproduced from the Department of Health, Western Australia. Advance CPR decision-making in the hospital setting: Teaching Resource. Perth: WA Cancer & Palliative Care Network, Department of Health, Western Australia 2015.