



February 2008: 1st Edition
Standards make a difference

Welcome from the CEO

I am delighted to welcome you to the first edition of the Standards Newsletter – the newsletter for the National Standards Assessment Program.

The National Standards Assessment Program (NSAP) is an exciting initiative funded by the Australian Government and led by Palliative Care Australia to develop tools to assist specialist palliative care services to evaluate their performance against the 4th Edition Standards for Providing Quality Palliative Care.

Standards matter – they ensure the provision of high quality, needs-based care at the end of life. But to do so, they need to be part of an overall quality improvement cycle, with services assessing where they are meeting the Standards well and identifying areas for improvement. NSAP will provide specialist palliative care services the capacity to self-assess against the Standards, and, if they choose, to have their assessment validated through peer review. NSAP therefore provides the opportunity and the tools for the palliative care community to take quality of service to a new level.

PCA will shortly be inviting stakeholders to attend quality improvement forums around Australia to discuss quality initiatives already underway and to get initial feedback about where NSAP fits within broader quality initiatives and policies in the palliative care and broader health care sector. Your involvement in the forums and in other opportunities to provide comments and feedback on quality and NSAP will be critical to ensure that NSAP is genuinely sector led and relevant. I encourage you to become involved in its design and implementation.

Once again welcome to the first Standards Newsletter and I look forward to working with the sector on this important quality improvement initiative.

The 4th Edition Standards – a brief history

The palliative care community has long been strongly committed to the provision of high quality, needs-based care at the end of life. The first edition of the Australian Palliative Care Standards was developed by Palliative Care Australia in 1994 in collaboration with the palliative care community. The original Standards represented a set of philosophical standards, reflective of the need at the time to clearly articulate and promote a vision for compassionate and appropriate end of life care.

Since that time there have been significant changes to the structure, organisation and delivery of palliative care services in Australia. The Standards have been reviewed several times to ensure that they keep pace with the development of palliative care services and other health service development work.

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Contact us

If you have any questions about NSAP please contact the NSAP team by email nsap@palliativecare.org.au or on 02 6232 4433



The 4th edition Standards are a completely revised edition of the 1999 version of the Standards and are the result of consultation with the palliative care sector and consumers, supported by the Department of Health and Ageing. The 4th edition Standards focus on establishing networks of care that allow patients to access appropriate and timely care consistent with their level of need.

PCA undertook workshops in 2006 to support awareness and implementation of the Standards as part of services' continuous quality improvement and accreditation activities.

Although the 4th Edition Standards have been around for a while now, it is useful to revisit them in this first newsletter as they underpin the development of NSAP. More

detailed information on the Standards, including the criteria for and intent behind each standard is contained in Standards for Providing Quality Palliative Care for All Australians which can be downloaded from the publications section of the PCA web site (www.palliativecare.org.au).

The 13 Standards

<p>Standard 1 Care is based on a respect of the uniqueness of the patient, their caregiver/s and family. The patient, caregiver/s and family needs and wishes are acknowledged and guide decision-making and care planning.</p>	<p>Standard 7 The service has an appropriate philosophy, values, culture and structure for the provision of competent and compassionate palliative care.</p>
<p>Standard 2 The holistic needs of the patient, their caregiver/s and family are acknowledged in the assessment and care planning processes, and strategies are developed to meet those needs in line with their wishes.</p>	<p>Standard 8 Formal mechanisms are in place to ensure that the patient, their caregiver/s and family have access to bereavement counselling, information and support services.</p>
<p>Standard 3 Ongoing and comprehensive assessment and care planning are undertaken to meet the needs and wishes of the patient, their caregiver/s and family.</p>	<p>Standard 9 Community capacity to respond to the needs of people who have life limiting illness, their caregiver/s and family is built through effective collaboration and partnerships.</p>
<p>Standard 4 Care is coordinated to minimise burden on patient, their caregiver/s and family.</p>	<p>Standard 10 Access to palliative care is available for all people based on clinical need and is independent of diagnosis, age, cultural background or geography.</p>
<p>Standard 5 The primary caregiver/s is provided with information, support and guidance in their role according to their needs and wishes</p>	<p>Standard 11 The service is committed to quality improvement and research in clinical management practices.</p>
<p>Standard 6 The unique needs of dying patients are considered, their comfort maximised and their dignity preserved.</p>	<p>Standard 12 Health professionals and volunteers are appropriately qualified for the level of service offered and demonstrate ongoing participation in continuing professional development.</p>
	<p>Standard 13 Staff and volunteers reflect on practice and initiate and maintain effective self-care strategies.</p>

Quality Improvement Forums

Specialist palliative care services and relevant stakeholders such as accreditation and data collection agencies and policy

providers are being invited to attend one of these forums which are being held in each capital city as well as Geelong.

PCA, in partnership with state and territory palliative care member organisations, is holding quality improvements forums in March-May 2008 to showcase current initiatives and policies that support quality improvement in the palliative care sector. The forums will also provide an overview of NSAP; information on how to become involved in the project, or to receive regular information and updates; and the opportunity to provide feedback about any issues or concerns with NSAP.

Quality Improvement forum timetable

Location	Date	Time
Melbourne	Monday 17 March	11.30 am – 4.30 pm
Geelong	Tuesday 18 March	11.30 am – 4.30 pm
Sydney	Thursday 27 March	11.30 am – 4.30 pm
Adelaide	Monday 7 April	11.30 am – 4.30 pm
Darwin	Thursday 1 May	11.30 am – 4.30 pm
Perth	Monday 12 May	11.30 am – 4.30 pm
Tasmania	TBC	11.30 am – 4.30 pm
Brisbane	TBC	11.30 am – 4.30 pm
Canberra	TBC	11.30 am – 4.30 pm

Continuous Quality Improvement and the National Standards Assessment Program (NSAP)

Continuous Quality Improvement (CQI) may sound, particularly to weary clinicians and service managers, like a management buzz word or jargon. It is, however quite simply a planned way of improving quality of care, step by step and over time. CQI activities assist us to elevate the overall standard of quality in palliative care across the board.

Quality improvement is fundamental for all health care organisations. Quality care at the end of life for all Australians is the shared vision of Palliative Care Australia and all those health professionals and organisations who contribute to the provision of that care. Successful quality improvement will depend upon the following:

- An approach that is appropriate to the organisation – palliative care involves organisations big and small, well resourced and less so.
- Total organisational commitment to the process of continuous improvement – from the Chief Executive to the front line clinical and support staff, and
- An on-going comprehensive multidisciplinary assessment system that drives improvement activities – NSAP.

Utilising a systemic method to go through the stages of improvement ensures that there is a focus on each stage in sequence, improving outcomes of efforts to improve quality. The best known of the quality improvement cycles was developed by Shewart (1986) – the PDSA cycle – Plan Do Study Act.

The National Standards Assessment Program will provide a standardised, PDSA based program that includes a comprehensive, multidisciplinary assessment utilising the National Palliative Care Standards.

What is PDSA?

PDSA represents as simple and logical approach to continuous quality improvement. The cycle is continuous and can be entered at any point.

- Step 1: PLAN** Plan what you are going to do. Make a plan to test the change.
- Step 2: DO** Carry out the plan, document problems and observations
- Step 3: STUDY** Did the plan work? Did you see what was expected?
- Step 4: ACT** If the plan was successful, implement more broadly, if not determine what modifications need to be made.

What is NSAP?

NSAP is a quality improvement tool for specialist palliative care services. It will have the capacity to incorporate primary care providers in later stages of development. Completing NSAP will enable a specialist palliative care service to evaluate its performance against the 4th edition Standards and to monitor and implement improvement strategies targeted to specific areas.

There are two stages of NSAP – self-assessment and peer review. The self assessment stage will provide a standardised process to review performance based on the 4th edition Standards. It will involve the collection and evaluation of evidence and the submission of an on-line self assessment report. A guide will lead services through the off-line review and assessment process and will

provide detailed information regarding the acceptable forms of evidence. The NSAP team will also provide support and guidance to services during the self-assessment process.

The self assessment process will be followed by a peer review process to review and validate the self assessment completed by the organisation. Peer reviewer(s) will submit the final validated assessment report on-line. Services will receive a copy of this report and once sufficient numbers of services have completed peer reviews will also be able to obtain access to a national benchmark report for their peer group so that they know where they stand compared to similar services.

Peer reviewers will be recruited from the palliative care sector, providing a further opportunity for sharing best practice within the sector.

NSAP – Questions and answers

Can services decide only to complete the self-assessment stage?

Yes. Progression to peer assessment is not automatic and will not be a requirement for registering for NSAP. However, organisations will be encouraged to proceed to peer review to ensure maximum benefit from the process.

Is NSAP an accreditation program?

No. NSAP is not an accreditation program. However, NSAP will be designed to be aligned with formal accreditation programs (eg. ACHS, QIC, QMS etc.). Evidence gathered and reviewed for the purposes of NSAP should enable services to demonstrate achievement of linked standards in formal accreditation processes.

Consultation with accreditation bodies is already underway to ensure that these objectives are achieved.

Won't NSAP duplicate the work of PCOC?

A specific aim of the project is to develop and establish industry recognised national performance data criteria in collaboration with other data collection and reporting bodies. NSAP will be designed to integrate with the existing data collection and reporting systems (e.g. PCOC and AIHW) to avoid duplication of data collection at the point of care and to add value to the data already available. PCA is working closely with PCOC and AIHW to ensure harmonisation of the data requirements and to ensure an enhanced reporting capacity for the sector.

What are the timeframes for implementation of NSAP?

The NSAP Project has been funded for a period of 3 years until May 2010 with interim assessment at the 18-month stage in November 2008.

NSAP is currently in the consultation and design phase, commencing with the quality improvement forums in March-April 2008. As well as extensive consultation with the sector, the NSAP project team will work closely with data collection and accreditation bodies to ensure that the objectives of alignment and no duplication are achieved.

The NSAP tools and processes will be piloted in the second phase of the project (commencing mid 2008). Following successful completion of the pilot and positive mid-point evaluation, the NSAP will be rolled out to specialist palliative care services. Staged roll-out will ensure services receive adequate support for self-assessment and peer review.

Using PCA Connect to keep in touch with NSAP

Palliative Care Australia has designed a new web-based subscription program so that everyone interested in news from the palliative care sector can receive updates in their own e-mail boxes. PCA Connect offers regular e-mail alerts related to national conferences and events, media releases, publications and resources and more. You can also register your interest in NSAP by using PCA Connect. Simply go to PCA Connect on the PCA web site (www.palliativecare.org.au) and tick the Standards Newsletter box to receive future editions of the Standards Newsletter by email or tick the NSAP Specialist Interest Group box to become involved in this group (which will be used as a sounding board during the design and implementation of NSAP).

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