The Standard Newsletter NSAP

December 2008 – 4th Edition

Standards make a difference

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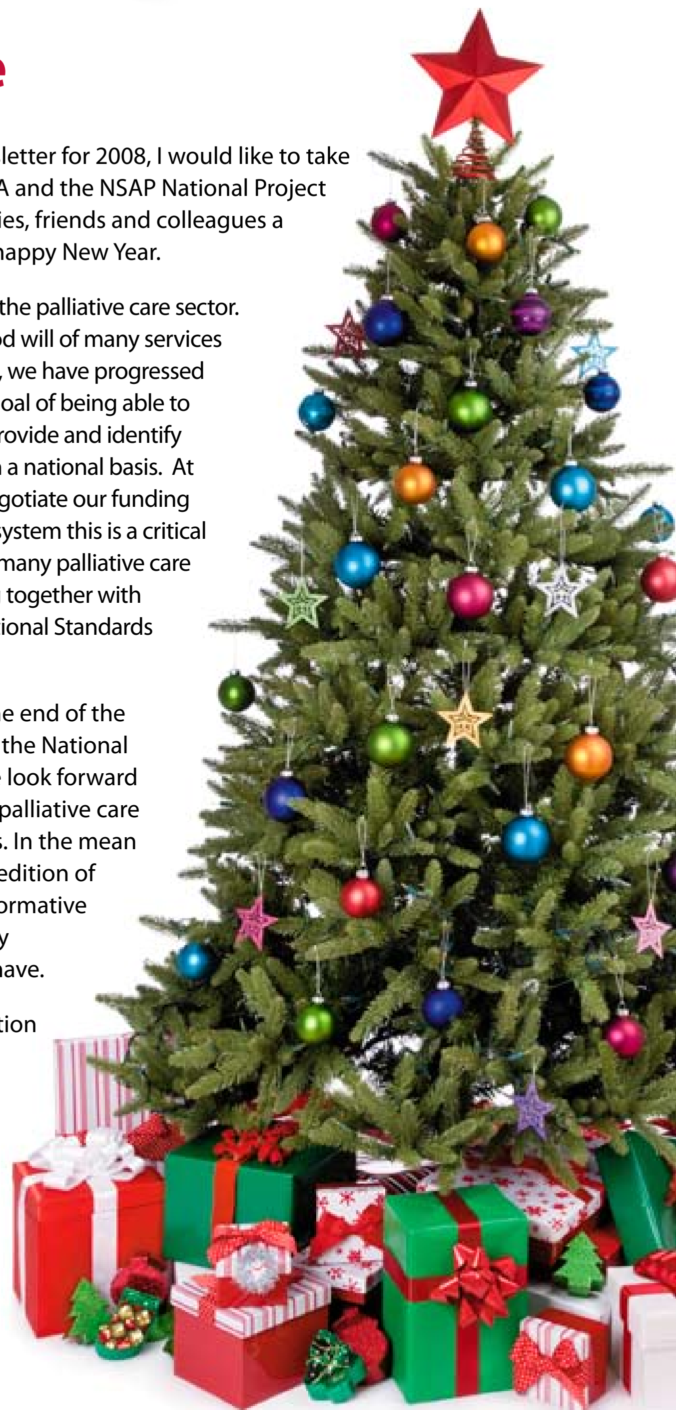
Contact us

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

NSAP update



As this is the last Standards newsletter for 2008, I would like to take this opportunity on behalf of PCA and the NSAP National Project Team to wish you and your families, friends and colleagues a Merry Christmas and a safe and happy New Year.

2009 is a year of great promise for the palliative care sector. Through the contribution and good will of many services and individuals across the country, we have progressed substantially towards our shared goal of being able to document the excellent care we provide and identify opportunities for improvement on a national basis. At a time when we may need to renegotiate our funding and position with the health care system this is a critical achievement. Many thanks to the many palliative care services that are currently working together with PCA to user test and refine the National Standards Assessment Program (NSAP).

The New Year will bring with it the end of the Pilot and the commencement of the National Rollout of NSAP in March and we look forward to full participation by specialist palliative care services over the next 18 months. In the mean time, we hope that you find this edition of The Standard interesting and informative and look forward to receiving any questions or feedback you may have.

If you would like further information on NSAP contact the NSAP national project team at **nsap@palliativecare.org.au.**

Sue Hanson
National Quality
& Standards Director
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This project is funded by the Australian Government Department of Health and Ageing under the National Palliative Care Program.

The NSAP Pilot

The NSAP Pilot is now well underway! The pilot phase is designed to test the self-assessment component of NSAP before it is rolled out on a national scale. Pilot sites will undertake the self-assessment component to ensure usability and effectiveness of the tools that underpin NSAP. The results of the self-assessment will be shared with PCA and other pilot sites to allow a thorough evaluation and review to take place. Pilot sites are also encouraged to adopt a community of practice approach, engaging together as a network to support each other, share ideas and problem solve.

During the Pilot, services formed a multi-disciplinary self-assessment team that will work through each of the 'NSAP steps' to assess themselves against the PCA Standards for improving quality Palliative Care for all Australians. To assist services in their self-assessment, the NSAP team has identified a suite of audit tools that may be helpful in undertaking the self-assessment. These audit tools include a Documentation audit, a Patient Interview audit and a Family Evaluation of Palliative Care audit. These tools are not mandatory and services can utilise any available data to support their self-assessment against the Standards.

Currently, most pilot services have finished their audits and are working through the multi-disciplinary self-assessment against the Standards. They are providing valuable feedback that is being incorporated into the development of the final tools and resources that will be used in the National Rollout.

At the conclusion of the Pilot at the end of January 2009, both the NSAP process and resources (the audit tools and workbooks) will be evaluated and reviewed based on feedback from pilot services. The final versions of these will be made available from March 2009 to all specialist palliative care services who wish to participate in the National Standards Assessment Program.

The NSAP Peer Review

The purpose of the peer review process is to validate the self-assessment undertaken by the services. It is not an independent review and assessment process. The NSAP peer reviewer will work with the service's NSAP multi-disciplinary self-assessment team to review and validate the evidence used in the self-assessment process and the rating for each Standard.

Peer review provides an opportunity to incorporate an expert 'outsider' perspective to the self-assessment process. The peer reviewers will work with services to endorse the self-assessment rating and to confirm that the process undertaken by the service meets the program requirements.

Peer reviewers have the opportunity to provide a mentor-type support to palliative care services undertaking the self-assessment process and more broadly will enable the sharing of effective quality improvements across the sector.

At the end of the peer review process, the peer reviewer(s) will submit a final validated assessment report online and the service will receive a national benchmark report for their peer group.

Peer review is an important, although not compulsory, component of NSAP. A service may decide that they do not wish to move to the peer review stage – and this is acceptable. For example, a service may wish to complete one or more cycles of self-assessment and implement changes to improve aspects of the structure, process or outcomes of their service delivery before moving on to the peer review. However, there are benefits of undertaking peer review and services are encouraged to consider taking this step.

Benefits of peer review:

- Peer reviewers will be recruited from the palliative care sector and will be recognised as industry leaders. Peer reviewers will therefore have a mentoring role and can provide information on how other services have addressed similar issues.
- Services who participate in peer review will receive benchmarked reports, which will enable them to compare their current level of achievement of the Standards with other services in their peer group (that is, services with similar structures and resources).
- Evidence gathered and reviewed by a peer reviewer for the purposes of NSAP will enable services to demonstrate achievement of linked Standards in formal accreditation processes.
- Services who participate in peer review can promote that they meet the Standards, and that this has been externally validated.

Profiles from pilot sites

In this edition we have a profile of Peel Community Palliative Care in Pinjarra, WA and Calvary Mater Hospital in Newcastle, NSW. We asked services to provide an overview of their service, why they are participating in the NSAP Pilot, how NSAP has been useful to their service and what they have discovered so far.

Peel Community Palliative Care, Pinjarra WA

The Peel Community Palliative Care Team at the Murray District Hospital Pinjarra, Western Australia, provides community palliative care to approximately 230 patients and their families each year. Since its inception, the Peel Consultative Style model of palliative care has focused on quality. The team of nurses is supported by chaplains and 15 volunteers and relies on excellent networks with the General Practitioners and Hospitals within the Peel region. This model's effectiveness in improvement of pain and symptoms was awarded a Quality Initiative Award by ACHS in 2004. Since then the team has continued involvement with ACHS and benchmark their practice outcomes with the Palliative Care Outcomes Collaboration.

As a learning organisation striving for continuous quality improvement, this team was eager to participate in the NSAP pilot and assess themselves against the Standards for Improving Quality in Palliative Care. The Palliative Care Standards describe more clearly the goals of the service in caring for dying people and their family, than the individualistic medical model of ACHS and other hospital accreditation programs. Self-assessing against standards particular to the aims of the service is satisfying and meaningful to the team.

Getting the multi-disciplinary team around the table to commence the self-assessment process was easy once a date and time was agreed. The members were enthusiastic but took time to understand the process and requirements of the self-assessment. Prior to the meeting the enormity of resources that were already demonstrating outcomes were gathered, and the NSAP leaders, Gill Abbiss (Clinical Nurse Manager) and Fran Paverd (Registered Nurse) summarised these outcomes into the database in preparation for the meeting.

The greatest difficulty has been clarifying the need for ethics approval to gather the patient and family data as part of the tools of this pilot. The team is eager to participate and test the usefulness the tools provided with the NSAP program, however the obstacle of ethics remains an issue. After a number of differing resolutions and completing an ethics approval, Gill will present the proposal at the next ethics committee meeting. Fortunately, this process has not interrupted the dynamic team who has moved forward with the information they already have available to them, choosing to self-assess against standards not affected by the data they will gain from the survey. In this way they will continue to meet their targets, keep their multi-disciplinary meetings moving forward and not lose momentum.

Department of Palliative Care, Calvary Mater Newcastle

Palliative Care in Hunter New England area is based at the Calvary Mater Newcastle (Level 3 Service) with Level 1/2 services in 12 other locations. Staff at Calvary Mater Newcastle consists of a full multi-disciplinary team - nurses, medical officers, occupational therapists, pastoral care, social worker, physiotherapist and administrative staff.

90% of patients referred to Calvary Mater have a diagnosis of malignancy and the remainder are patients with chronic respiratory failure, chronic renal failure, amyotrophic later sclerosis, and congestive cardiac failure. Patients are 60% male, 40% female and the average age is 74 yrs with the youngest patient only 5 years and the oldest 101. There are approximately 500 patients admitted to the Hospice (20 bed unit) annually. The average length of stay of is 13 days with 25% being discharged home again.

At any one time there are 200 patients being visited in their homes by the Outreach Team. The service has a comprehensive Day Hospice program, a bereavement program, a very busy educational program and a far-reaching consultative service to all hospitals and patients in the outer regions. Some isolated areas in the northern part of the state are staffed by dedicated specialist palliative care nurses based in Community Health Centres. Many regions are under staffed as a result of inadequate funding and this will require intensive efforts in the years ahead to adequately address.

There are two sites involved in NSAP - Calvary Mater Newcastle and Cessnock/Singleton. The project required an ethics application. Staff at these sites decided the extra effort required to do the project would increase the staffs' knowledge about the individual services and make the work of continuing quality improvement more familiar and therefore less daunting in the future. We saw it as a 'win-win' situation. We liked the idea that this would become a routine part of our work in the future and therefore lose its power over us as clinicians!

To date we have performed a chart audit and are working through the NSAP/EQuIP items steadily. We are about to start the patient and bereaved family member interviews. There have been a few surprises - some good and some requiring us to lift our game in the future.

NSAP Q&A

Q: I'm not in the pilot but want to do NSAP

A: Great! Unfortunately, services won't be able to start NSAP until after the pilot is finished and resource development is finalised. We anticipate the national rollout of NSAP to commence in early March 2009. Details on how to 'sign-up' will be provided in future editions of The Standard newsletter.

Q: Will my service have to get ethics approval before participating in NSAP?

A: Not necessarily. We are finding it is mostly the use of the NSAP Patient Interview and/or the Family Evaluation of Palliative Care that requires ethics approval. If your service is not using these audit tools, or is using alternative audit tools (such as FamCare), you may not need to get ethics approval. Read through the information provided in the ethics package, which will be provided following registration, and consult with your ethics committee if you are not sure.

Ethics approval has already been obtained by services in the Pilot and this should expedite the process during National Rollout.

If you do need to get ethics approval for the FEPC or Patient Interview audit tools, it is still possible to begin the NSAP self-assessment process. Focus on the areas and Standards that do not require the audit tools or ethics approval, until your ethics approval has come through.

Q: What's this I hear about the NSAP website?

A: The NSAP team has developed a website especially for services participating in NSAP. During the pilot, the website will only be accessible to pilot services who have been issued with a login to access secure services on the website. Following the pilot, all services participating in NSAP will be able to access a website that will be developed based on the pilot sites' feedback and experience.

Services available on the website include:

- A discussion board for services to post messages about their experiences and issues
- The ability to see who else is currently online and participate in live 'chat' via the discussion board
- A user controlled table, which can be updated to reflect services' characteristics
- Electronic copies of the NSAP resources as well as additional resources that may be useful
- A feedback section.

Q: Will NSAP become compulsory for specialist palliative care services?

A: At this time, the NSAP is a voluntary national standards assessment program. In the future it is likely that services will be required to demonstrate to their state or territory Department of Health that they meet the national industry standards (i.e. National Palliative Care Standards 4th Edition) and NSAP provides a consistent way for services to do that.

Q: How will NSAP work for consultative palliative care services?

A: We recognise that consultative palliative care services may have difficulty assessing themselves against some of the Standards. Through consultation with a small group of consultative palliative care services, we have discovered that some of the Evidence Questions and NSAP processes may need to be modified to account for the different service structure and norms of practice in consultative palliative care services. The national NSAP project team is working through this process to ensure that NSAP works for all services.

Q: Will NSAP lock services into using particular tools or evidence sources?

A: No, services will not be locked into using particular tools. The NSAP Guide provides services with a list of possible evidence sources, however this list isn't compulsory or necessarily exhaustive as services may have other evidence available to them.

Q: Will there be linkages between NSAP and accreditation?

A: Yes, NSAP has linkages with a number of accreditation programs. NSAP does not replace accreditation and does not remove the need for a service to undergo accreditation. Rather NSAP provides a resource to the

palliative care sector that will enable it to engage in quality improvement activities that align with accreditation requirements. NSAP will support the production of evidence for the purposes of accreditation and provides a useful resource to promote both continuous quality improvement and accreditation in the sector.

Evidence gathered and reviewed for the purposes of NSAP will enable services to demonstrate achievement of linked standards in formal accreditation processes. Similarly, evidence gathered for the purposes of accreditation may be used to demonstrate achievement of the Palliative Care Standards through NSAP.

The Palliative Care Standards have been mapped against the ACHS and QIC accreditation criteria. This information is available for members on the accreditation service website.

Q: Will NSAP replace PCOC?

A: No. NSAP does not collect and report service level activity or patient data. NSAP has been developed and will continue to be refined, in consultation with PCOC and the AIHW. In time, we hope that these processes will enable services to collect less rather than more information and that data collected for AIHW or PCOC will simplify the NSAP process, just as NSAP will assist in the PCOC and AIHW processes.

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