



April 2009 – 5th 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



Welcome

Welcome to the April edition of *The Standard*.

After a very intensive 16 weeks of activity, the national pilot was completed on 31 January 2009 and was followed by a post-pilot workshop in Melbourne on 5 February 2009. As we move into the next phase of NSAP, we should take the opportunity to reflect on the successes of the pilot and the richness of the improvement-focused actions that it has generated.

What the 31 pilot services shared was a common goal to improve the experience of palliative care for patients and families. They brought to the pilot enthusiasm and commitment to participate in a project that sought to develop resources to inform and support quality improvement action at a service level.

The NSAP team would like to acknowledge the significant contributions that these services made to the development of NSAP, the tools and resources. This edition of *The Standard* provides information on the pilot and pilot services.

At the completion of the NSAP self-assessment cycle, pilot services submitted a summary report of their multidisciplinary assessment outcomes and an improvement action plan based on their identified priority areas. What these reports overwhelmingly demonstrated is the overall high standard of care that services are currently delivering to patients and families. Even so, the NSAP assessments also identified opportunities for improvement – for individual services and collectively for the palliative care

sector. PCA looks forward to working with all services to develop improvement strategies that address these identified opportunities.

As national roll-out commences, the NSAP team will be undertaking a series of state-based workshops. These workshops aim to ensure the same high quality support provided to pilot services continues to be available to all services as they register and undertake their first cycle of the NSAP assessment. We look forward to meeting you at one of the NSAP workshops in your state.

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
Palliative Care Australia

National launch of NSAP

The Launch

Mr Andrew Stuart, the First Assistant Secretary of the Ageing and Aged Care Division in the Department of Health and Ageing officially launched NSAP at Old Parliament House Canberra on 11 March 2009. Key stakeholders in the palliative care and quality sectors, including members of the NSAP National Reference Group, attended the launch.

Mr Stuart noted that the development of NSAP to support self-assessment against the *Standards for providing quality palliative care for all Australians*



Andrew Stuart (DoHA) launching NSAP

(the national standards) marks an important milestone in the development and implementation of standards in palliative care in Australia. Specialist palliative care services will now be able to demonstrate their performance against the standards and compare their results with those of similar services.

In her comments at the launch President of Palliative Care Australia, Professor Margaret O'Connor noted that specialist palliative care services already delivered excellent care, but that this program will provide the sector with the tools to improve outcomes and experiences for patients and families. Professor O'Connor said, "When specialist palliative care services are empowered to improve the quality of care they provide, this has a flow-on effect for the realisation of quality in the provision of end of life care in the wider health sector".

The value of a self-assessment approach to improving quality was a recurring

theme throughout the evening. Pam Kennedy, the Executive Officer of Quality Improvement and Community Services Accreditation (QICSA) noted "... self assessment can be a strong driver for organisational development and change, and the achievement of better practice".

Pam highlighted the importance of focusing on meeting the various expectations for high quality care. These include community and consumer expectations and those of the sector, services and funders. The *Standards for Providing Quality Palliative Care for all Australians* have been constructed in such a way as to provide a quality framework that supports achieving all the wants, needs and expectations of the multiple stakeholders that Pam identified. The *Standards* have been developed with the involvement of those stakeholders and address societal and technical expectations in a balanced way. Pam advised that the national standards represent quality that is desirable to aspire to, and to work towards achieving.

"The way you as a sector have chosen to move forwards within an overarching quality framework, applying these standards, is to be commended. A voluntary, non-mandated model is more likely to improve outcomes and open up opportunities that might otherwise not emerge."

Pam Kennedy, QICSA

The final speaker on the evening was Michelle McClure, the Quality Manager at Silver Chain Hospice Care Services.

Silver Chain was one of the thirty-one pilot services. Michelle provided an insider's view of the NSAP experience. Michelle highlighted the many positive aspects of NSAP from a service perspective, as well as some of the challenges that services face. Michelle talked about the positive support provided by the NSAP team and the importance of the opportunity to network and discuss outcomes with other services.



Left to Right: National Reference Group delegates - Michelle McClure (Silver Chain), Helen Wearne (South East Palliative Care) and Eleanor Roderick (St John of God)

"For Silver Chain the process of self-assessment was done using an already existing interdisciplinary team. We met fortnightly to collate our evidence for three to four standards at a time. As with any healthy functioning team this generated some lively debate. Within the team it increased awareness of issues and gaps that existed for some of the members and the subsequent continuous improvement activities that could be undertaken."

Michelle McClure, Silver Chain Hospice Care Service

Mr Stuart thanked all those who have contributed to the success of NSAP especially noting the contribution of all the services who have participated in the pilot, the members of the NSAP Steering Committee, the National Reference Group, and the broader church of people who have contributed to the development of the national standards over the past decade.



Pam Kennedy (QICSA) and Sue Hanson

National roll-out of NSAP

The national roll-out of NSAP will be coordinated on a state-by-state basis to enable better support for services during their first assessment cycle. The NSAP team is currently meeting with state departments of health and palliative care association representatives to plan roll-out schedules and activities in your state. The NSAP team will communicate directly with services to inform them of sign-up and registration activities but will also continue to provide updates through *The Standard* newsletter.

State-based NSAP registration workshops

A series of workshops to provide information and support for services registering to undertake NSAP will be conducted from May 2009. These workshops will be conducted at state level and will provide information and tips on: forming a multidisciplinary team; undertaking the audits; and using evidence sources to support the self-assessment. More information on these workshops will be provided both directly to services and in future editions of *The Standard* newsletter.

Participating in NSAP

Participating in NSAP involves three stages:

Sign-up: Services interested in undertaking NSAP will need to sign-up to NSAP. This will provide services with access to the NSAP website and resources, which will assist them in preparing for the self-assessment.

Registration: Registration involves services indicating when they are commencing the self-assessment stage of NSAP. Services have 12 weeks from the indicated start-date to complete their self-assessment and submit their report.

Peer review: On completion of the self-assessment process, services will be invited to participate in the peer review

process. The peer review process is not compulsory, but is a highly recommended step in NSAP.

What's involved?

The NSAP process is a continuous quality improvement program based on the PDSA (plan-do-study-act) cycle. Services work through a number of steps whilst participating in NSAP. The key steps include:

Plan:

1. ensure support for NSAP at senior levels
2. assess the organisation's readiness to change
3. establish a multidisciplinary team (or identify an existing team)
4. identify and collate evidence and data (undertaking audits if necessary)

Do:

5. undertake a multidisciplinary self-assessment of current achievement against the *Standards*

Study:

6. analyse results and identify priority areas for improvement
7. develop a quality improvement action plan

Act:

8. implement the action plan

Services should formally assess themselves against the *Standards* every 2 years. This self-assessment should be aligned with the organisation's accreditation cycle.

More information

More information about the next steps in the national roll-out of NSAP will also be included in the next edition of *The Standard* newsletter.

If you would like more information about NSAP, and what is involved, please visit the website: <http://standards.palliativecare.org.au> or email nsap@palliativecare.org.au.

The NSAP pilot

The NSAP pilot has now been completed. Thirty-one services participated in the pilot, including services from levels 1, 2 and 3, and metropolitan, regional and remote locations. Many valuable lessons were learnt which have been incorporated into the final design of the NSAP processes and resources. As part of this process NSAP also received very positive feedback from participating services, and a great deal of advice and feedback that confirmed some of the design features of NSAP as well as other advice that will improve the program going into the national roll-out phase.

Key outcomes and findings included:

- The pilot process confirmed that NSAP allowed services with an existing quality improvement culture to incorporate the national standards into their quality improvement processes, provided them with tools to assess their quality improvement activities and ensured all staff were involved in quality improvement activities as part of their core business.
- The importance of the multidisciplinary team was reinforced through the process and a number of services took the opportunity afforded by NSAP to create a multidisciplinary team. Services also commented that the work of the palliative care team was better understood by some participants in the multidisciplinary self-assessment team following the assessment process.



- “The most valuable thing to come out of the project so far is having the team reflect upon the care. We do this using ACHS standards in the quality meeting, but these standards are more effective in a palliative care setting.”
- The importance of senior executive support was confirmed. An important lesson was that services need to have an appropriate executive manager to support the process – one that has the authority to allocate resources to the project.
- Services valued the opportunity to reflect on their practice, and having the audit tools and workbooks focused their reflection.
- Palliative Care Australia also learned more about how the national standards function for different service types. More information on this will become available as the pilot results are analysed further. It should be noted, however, that the pilot results only give an indication of actual results. Due to the relatively small number of services that participated all results should be viewed with caution.

Pilot site profile

In this edition we have a profile from Sandalwood Palliative Care Unit in Glengarry Private Hospital, Duncraig, WA.

The Sandalwood Palliative Care Unit opened in the Glengarry Private Hospital in May 2005. The multi-disciplinary team consists of one consultant, a clinical nurse specialist, nursing staff, allied health staff, patient carers and Cancer Council volunteers. The ten-bed private unit provides symptom control, terminal care, rehabilitation and respite predominantly to patients with malignancies (approximately 70%) and other adult patients with end stage disease. The average length of stay is 11 days. Patient catchment area is mainly from the northern suburbs of Perth.

As a relatively young unit the opportunity for Glengarry to participate in the NSAP self-assessment pilot was an exciting launch into the next stage of our quality improvement development. Though we established ourselves as an efficient unit, we wished to determine how well we were actually meeting the goals of our clients according to the national standards and in comparison to the greater palliative care community. A preliminary gap analysis against the national standards facilitated the process greatly. This assisted the team to become more familiar with

the national standards and also to identify areas for focus in future quality improvement projects. Participation in the NSAP process provided the tools for a more thorough assessment of our achievements with an organised, systematic approach to addressing all areas for review.

Ethics approval was not required as the NSAP tools utilised were determined to come under the umbrella of quality improvement. We found the patient interview and family evaluation of palliative care to be the most useful to us. They provided data on positive consumer feedback as well as highlighted future areas for improvement. The tools themselves were easy to administer and gave valuable first hand feedback from patients and families. The self-assessment process was easy to follow. Multi-disciplinary team meetings held to discuss each standard generated valuable brainstorming of project ideas for all team members to participate in.

The results were mostly as we expected. Some pleasant surprises were revealed and also some areas to focus on in the future. The timeline for our action plan is one year. We plan to reassess using NSAP within the next 12 months, so as not to lose momentum and to see how we are proceeding with our action plan. We hope to acknowledge more worthwhile achievements.

NSAP Q&A

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 (FEPC) 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 initial sign up, 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 roll-out.

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: When will I be able to access the NSAP website?

A: During the NSAP Pilot, the NSAP team developed a website especially for services participating in the pilot. This website has now been re-launched and is available to everyone. Sections of the website will still be restricted to those who have signed up to participate in NSAP and have received a username and password.

Through this website, services are able to access resources developed for each stage of NSAP. Services can also access the audit tools. A number of other mechanisms to make reporting easier are currently being investigated.

To access the NSAP website, please visit the Palliative Care Australia homepage (www.palliativecare.org.au) and select the NSAP logo.

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

A: At this time, NSAP is a voluntary national standards assessment program. Services may be required to demonstrate to their state or territory department of health that they meet the national industry standards (i.e. *Standards for providing quality palliative care for all Australians*, 4th Edition) and NSAP provides a consistent way for services to do that.

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. The NSAP process draws on all the information and evidence about service performance

that is available to a service. NSAP does not generate any new evidence.

Q: Will there be linkages between NSAP and accreditation?

A: Yes, the national standards have been linked to 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 national standards through NSAP. The national 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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