



May 2008: 2nd Edition

Standards make a difference

NSAP Project - Update

Welcome to the 2nd 'Standard' newsletter.

The past three months have been very busy for the NSAP National Project team. We have now conducted almost all of the National Quality Improvement Forums in partnership with State Palliative Care Associations, Departments of Health and PCOC representatives. These Forums provided an exciting opportunity to share information about Quality Improvement initiatives from a State and National perspective. The state and territory policy and quality presentations provided an overview of the significant work in policy and service development underway at a local level within each jurisdiction. Understanding the scope and direction of this work provides an important context for the development of the National Standards Assessment Program. Many thanks to all those presenters who contributed to the success of these workshops.

Forum participants were open and generous in sharing with the national project team their opinions and advice about quality improvement opportunities, and their collective wisdom regarding potential risks and challenges. A summary of the themes emerging from the Forums, along with some of the Questions and Answers from individual sessions, is provided in this issue of the 'Standard'.

The Quality Improvement Forums were overwhelmingly positively evaluated by participants – with some requesting more information particularly about NSAP. As a consequence of this feedback, the national project team will focus on enhancing opportunities for the palliative care community and other interested stakeholders to obtain information and contribute to the project.

The development of the assessment framework and documentation is now almost complete – with final drafts being presented to meetings of the Expert Working Group and National Reference Group in May.

The NSAP Framework has been informed by feedback and contributions of participants during the National Quality Improvement Forums. In particular the assessment framework has been informed by Forum feedback regarding the need to minimise duplication; improve the involvement of patient and carers perspectives and ensure maximum capacity for alignment with other quality and accreditation requirements.

Preparations are also underway for the commencement of the Program Pilot, due to commence at the end of July 2008. A number of services have already indicated their willingness to participate as pilot sites. A formal invitation for services to nominate to be involved in the pilot will shortly be mailed to all specialist palliative care services.

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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



Selection of pilot sites will ensure that the program is tested across a range of service types and locations.

The national project team look forward to working with services on this important initiative. You can contact us at nsap@palliativecare.org.au or by phone

at (02) 6232 4433. To ensure you receive updates and information as it becomes available, register your interest in the project at PCA Connect on the PCA website (www.palliativecare.org.au).

Sue Hanson
National Quality and Standards Director

Quality Improvement Forums

March 2008 saw the start of the national quality improvement forums titled *Working Together to Improve Quality in Palliative Care*. The forums are part of the communications and marketing strategy for NSAP. So far, over 200 people have attended forums in Melbourne, Geelong, Sydney, Adelaide, Darwin, Hobart, Perth and Canberra. The final form will be held in Brisbane in July.

The forums are an opportunity for both information sharing and feedback – with sessions on different aspects of quality improvement and an overview of NSAP and a discussion forum. During discussions, participants identified a range of issues and challenges for data collection, NSAP and palliative care. Key issues identified for each of these areas are:

Data collection

- Data should be fit for purpose; be meaningful for clinicians so that it can help drive quality improvement and help answer broader questions about quality.
- Data burden is an issue for services. There would be value in integrating various data and reporting systems, including arrangements to share data so that services don't need to provide the same data for different data sets. This will require buy-in at a jurisdictional level.
- IT infrastructure is varied with some infrastructure unable to support online data collection.

NSAP:

- NSAP needs to be designed so that it does not result in significant burden on services. It needs to be well integrated

with clinical practices and not a stand alone quality improvement initiative.

- NSAP needs to align well with accreditation and data collection initiatives.
- The design of NSAP needs to be flexible so that it is capable of accommodating different palliative care service delivery models and regional arrangements.
- Change management initiatives will be required to support successful implementation of NSAP.
- The Standards and NSAP shouldn't be used in a way that penalises services. The Standards are not compliance standards – that is, the Standards don't set minimum requirements but indicate that quality services are contingent on the Standards and their elements being in place.

For the palliative care sector:

- There is a need for a common understanding and agreement about language around palliative care. Educating the community regarding palliative care requires inclusive and consistent language.
- There is a need to ensure that structural and philosophical issues don't hamper the capacity of palliative care to deal with the large numbers of people with chronic and complex care needs.
- Early palliative care intervention needs to take a whole of system approach where everyone in the health care sector accepts that they have a responsibility for providing end of life care. This places a focus on understanding where and when specialist palliative care services can add value.

National Palliative Care Service Directory version 2 released

Palliative Care Australia released version 2 of the National Palliative Care Service directory on 26 May 2008. This update has responded to the feedback and suggestions from a range of people, most importantly our members and the community. The redeveloped NPCSD provides a more effective search and information source for the community and the sector with the following updates:

1. **Main screen** – has been expanded to meet the differing needs of the general community including patients and their families as well as the sector, including health professionals, government and services.
2. **Map** – will work as a supportive material for service location
3. **Searches** for specific type of service – specialist palliative care services, primary care / end of life services, community support services, professional associations, education providers
4. **Support** for the NSAP project – service profile has now been redesigned to collect on a trial basis service's assessment against the capability and resource matrix published in *A Guide to Palliative Care Service Development: A Population Based Approach*.

If you are a palliative care service, primary care end of life service, education provider or community service organisation, please log on to the directory to ensure your service is up to date and provide more details to assist members of the public and health care professionals in finding the service they require. If you are not yet listed in the directory and would like to register for a username and password please contact Ilona Drozd on Ilona@palliativecare.org.au or 02 6232 4433.

The standards in action – Mid-North Palliative Care

Mid-North Palliative Care, which provides palliative care services to people living in the Mid North region of South Australia, has used the 4th Edition Standards for Providing Quality Palliative Care for all Australians as the basis for their Referral and Care Planning Project. The project used the standards to develop referral pathways for palliative care clients in the mid-north region, and included developing memoranda of understanding with Royal Adelaide Hospital and rural services regarding service delivery arrangements and coordinated care.

Mid-North Palliative Care has found the standards to be an extremely useful tool for driving change and improving care

within their service. According to Nicola Champion, Port Pirie Cancer Support/ Palliative Care Coordinator, "Because the standards are not overly prescriptive, they allow people to be creative in how they achieve the intent of the standards. For a rural and regional health service with limited palliative care resources, this flexibility is important because it allows us to develop local solutions for our community."

One example Ms Champion gave of how this flexibility has allowed her service to interpret the standards according to local need, is in the provision of after hours support if required by patients and the primary caregiver (part of Standard 10). Ms Champion noted that it is important to recognise that the standard does not require each health unit to offer this support directly – but to have in place suitable strategies commensurate with their resources and the needs of the local

community. The solution developed by Mid-North Palliative Care is to have an agreed set of protocols in place, including with palliative care specialists at the Royal Adelaide Hospital.

As well as applying the standards specifically to the objectives of the Referral and Care Planning Project, Mid-North Palliative Care believes that there are broader benefits from standards that have been developed by the sector, for the sector. "Having agreed standards for the palliative care sector enables the sector as a whole to adopt a common language and to work towards achieving the same objectives, regardless of where the service is located. Nationally agreed standards also make it easier for clinicians to have conversations with managers about priorities and areas for service improvement" Ms Champion said.

The NSAP pilot – getting NSAP off the ground

The pilot phase of the NSAP is designed to test the self-assessment component of NSAP before it is rolled out on a national basis. In particular the pilot will consider the useability and effectiveness of the tools, IT systems and training which underpin NSAP.

The peer review component of NSAP will not be included in the pilot since peer review methodology is already well established through existing accreditation processes.

The pilot will adopt a community of practice approach, whereby pilot services will be encouraged to engage directly with each other to share ideas, find solutions to problems encountered, and build innovations during the pilot.

This 'communities of practice' approach will ensure that any problems and issues are addressed as they occur rather

than being first identified during the national roll-out. This will ensure that the NSAP pilot results in the best possible quality improvement outcomes for the pilot participant organisations. It is also consistent with the overall aim of the NSAP to build capacity within the palliative care sector for continuous quality improvement.

The NSAP project team will support the 'community of practice' by facilitating regular teleconferences, providing a 'help desk' to answer questions and issues as they arise, and, if feasible, establish an on-line forum.

Palliative care services which participate in the pilot version of NSAP will need to undertake to do the following:

- conduct self-assessment using the NSAP tools
- share the outcomes of the self-assessment with PCA
- actively participate in the evaluation of the pilot, and
- share the benefits and lessons learnt from the pilot with others, such as through the NSAP newsletter.

Quality Improvement Forums – Q and A

The quality improvement forums have provided participants with the opportunity to ask a wide variety of questions about NSAP. Following are a few of the questions that have been raised at the forums regarding NSAP and its relationship with other initiatives such as accreditation.

How will NSAP be integrated with accreditation so that services don't have to duplicate work?

NSAP provides a resource that will assist specialist palliative care services initially and later primary care services to assess themselves against palliative care specific standards. The outcomes of this self assessment process will provide evidence that can be used to demonstrate achievement of broader accreditation standards. To ensure this is a seamless process the NSAP assessment is being organised within a generic quality framework to align more closely with accreditation evidence requirements.

Will there be linkages between NSAP and Equip 4?

Yes – ACHS have already developed a document to map the linkages between the 4th edition Standards and Equip 4 and this is available on their web site. Services can use the evidence gathered for NSAP for Equip 4 and where a service meets the relevant standard, they will also meet the Equip 4 standards to the extent of the mapping done by ACHS.

What work is being done to compare the 4th edition Standards with standards in other jurisdictions or internationally and is there scope to reduce their complexity?

The NSAP project team is undertaking work to map the 4th edition Palliative Care Standards to similar international

Standards for palliative care. A key part of the development of the NSAP tools is to streamline the Standards by grouping like criteria under dimensions of quality. A small number of quality indicators will be developed for those dimensions of quality that relate to outcomes. By focussing on a small number of quality improvement indicators, NSAP will encourage services to focus their quality improvement efforts in areas which will make a difference to outcomes, rather than on the complexity of the 124 criteria under the Standards.

How can we balance the push for integrated and standardised accreditation across a region with sector specific Standards?

It is important that the NSAP project produce outcomes that align sector specific standards to national quality standards.

In this way the palliative care standards provide clinically meaningful interpretation of the national quality standards that will form the basis of accreditation.

Will NSAP remove the need for accreditation?

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 them 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.

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