

## Specialist palliative care services

Criteria for levels 1, 2 and 3 specialist palliative care service describe the normative expectations for services, based on where they are positioned within the framework.

The framework describes three broad service categories for specialist palliative care services, and identifies these as levels 1 to 3. These categories - minimal (level 1), moderate (level 2) and maximal (level 3) - are points along a hypothetical continuum of resource availability and expected capability.

All specialist palliative care services are required to meet level 1 criteria for all Standards (ie Standards 1-13). Some services will have additional delegated roles conferred through the clinical services planning process at a regional or jurisdictional level (levels 2-3). These roles will generally be related to the provision of additional consultancy, leadership and research functions that provide sector wide benefit and that extend beyond the general expectation for contribution for health services and professionals. It would be expected that these additional functions would be supported with appropriate financial and human resources, and that formal relationships and agreements would be in place to enable the expectations to be achieved.

## Further Reading

These new *Standards for the Provision of Quality Palliative Care* should be read in conjunction with two recent policy documents developed by Palliative Care Australia (PCA):

*PCA (2005) A Guide to Palliative Care Service Development: a population based approach.* Canberra: PCA

*PCA (2003) Palliative Care Service Provision in Australia: a planning guide.* Canberra: PCA

*PCA (2005) Standards & Quality Fact Sheet Series.* Canberra: PCA

*PCA (2005) Standards & Quality Patients Rights & Responsibilities Brochure.* Canberra: PCA

These documents can be downloaded from PCA's website:  
[www.pallcare.org.au](http://www.pallcare.org.au)

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or



# Standards for Providing Quality Palliative Care for all Australians

## The Standards for providing quality palliative care (the Standards)

The Standards have been developed for use in a number of ways to support and enhance quality care for patients with a life limiting illness. Services and providers will be encouraged to adopt the Standards on a voluntary basis, and accreditation services will be asked to incorporate these Standards as part of their assessment of palliative care.

### Standard One

Care is based on a respect for the uniqueness of the patient, their caregiver/s and family. The patient, caregiver and family needs and wishes are acknowledged and guide decision-making and care planning.

### Standard Two

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.

### Standard Three

Ongoing and comprehensive assessment and care planning are undertaken to meet the needs and wishes of the patient, their caregiver/s and family.

### Standard Four

Care is coordinated to minimise burden on patient, their caregiver/s and family.

### Standard Five

The primary caregiver/s is provided with information, support and guidance in their role according to their needs and wishes.

### Standard Six

The unique needs of dying patients are considered, their comfort maximised and their dignity preserved.

### Standard Seven

The service has an appropriate philosophy, values, culture and structure for the provision of competent and compassionate palliative care.

### Standard Eight

Formal mechanisms are in place to ensure that the patient, their caregiver/s and family have access to bereavement counselling, information and support services.

### Standard Nine

Community capacity to respond to the needs of people who have a life limiting illness, their caregiver and family is built through effective collaboration and partnerships.

### Standard Ten

Access to palliative care is available for all people based on clinical need and is independent of diagnosis, age, cultural background or geography.

### Standard Eleven

The service is committed to quality improvement and research in clinical and management practices.

### Standard Twelve

Health professionals and volunteers are appropriately qualified for the level of service offered and demonstrate ongoing participation in continuing professional development.

### Standard Thirteen

Staff and volunteers reflect on practice and initiate and maintain effective self-care strategies.

## The role of standards

Standards are used to define the criteria for quality and are an essential component of a sector wide quality improvement system. Standards reflect the views of organisations or professional peer groups on the structures, processes and outcomes that represent current best practice.

Standards are also designed to position consumer expectation in relation to their care and assist them in understanding their rights and responsibilities. As consumer awareness of health care standards increases, brochures such as the PCA Standards & Quality Patient Rights and Responsibilities will be increasingly used.

## Role delineation and the Standards

The level and complexity of a patient's needs, as well as strengths and limitations of the patient, their caregiver/s and family will determine the level of care required. Palliative Care Australia has developed a framework which describes the interwoven roles of primary health care and specialist palliative care services defined by the level of resources available to them and by their expected capabilities. Each of the 13 Standards has criteria for primary care services and three levels of criteria for specialist palliative care services.

## Primary care services

The criteria for primary care services apply to all Residential Aged Care Facilities, medical, oncology and other wards/units/services in the acute care sector, general practice and generalist community services – in fact to all services that may provide care for people who have a life limiting illness. Criteria for primary care providers should be adopted by these services as part of their ongoing quality projects and linked with their respective accreditation processes.