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PALLIATIVE CARE AGED CARE EVIDENCE

Modules-at-a-Glance Educator Guide

Yellow: Monitoring **Blue: Process** **Green: Evaluation**

Module	Key Learning Outcomes	Aged Care Quality Standards	Suggested Evidence in Practice Tasks
Introduction to palliative care and palliAGED	• Define palliative and end-of-life care. • Discuss the palliative and dying trajectory and identify opportunities to deliver best practice care. • Locate evidence-based resources to get you started in delivering excellent palliative care.	Standard 2 The Organisation 'The provider must provide aged care workers with training and supervision to enable them to effectively perform their roles' Standard 5 Clinical Care, Outcome 5.7 Palliative and End-of-Life Care 'The provider must recognise and address the needs, goals and preferences of individuals for palliative care and end-of-life care'.	Team capability record: keep an attendance / completion log and a short 'what changes will we make?' summary from a 10-minute huddle Resource pathway: upload / link the agreed palliative care resources into the service intranet/clinical manual and record where staff can find them Micro-audit: complete a quick baseline check (e.g. 'Is there a documented goals-of-care or EOL preference note for residents identified as palliative?').
Self-care	• Understand that self-care is about protecting yourself from stress and burnout. • Identify tips for your own self-care. • Recognise how your organisation could support you.	Standard 2 The Organisation 2.2a - The governing body must lead a culture of quality, safety and inclusion...prioritising the safety, health and wellbeing of aged care workers.	Use a regular workforce wellbeing check-in, document emerging risks or themes Display visible self-care and support pathways. Build question into supervision meetings Review workforce indicators (unplanned leave, turnover, incident reports linked to fatigue or stress) and document actions taken at management meetings.

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Person-centred care	• Describe person centred care. • Identify strategies for enhancing person centred care in practice.	Standard 1 – The Individual There is a strong focus on aged care providers delivering care that is: person-centred (Outcome 1.1), inclusive, safe, respectful and recognises the rights of older people.	Audit care plans for 'what matters to me' statements Incorporate person-centred prompts into daily handover notes Review consumer and family feedback related to dignity, respect and involvement in care planning.
Talking about dying	• Describe verbal cues that could initiate a conversation. • Practice conversation starters. • Identify steps to take once a conversation has happened.	Standard 5, Clinical Care 5.7.2 The provider supports the individual, supporters of the individual and other persons supporting the individual and substitute decision make to continue end-of-life planning conversations.	Track documented end-of-life goals of care conversations Use standardised conversation records or progress note template for end-of-life conversations and escalation pathways Review conversation quality and outcomes from case conferences or end-of-life care reviews e.g. ELDAC After Death Audit (2.40MB pdf).

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Recognising deterioration	• Recognising signs of deterioration. • Recognise the SPICT tool which identifies health deterioration. • Identify 'next steps' for deteriorating health.	Standard 1: The Individual 1.1 - Emphasize recognising deterioration as part of respecting the person's goals, preferences, and dignity Standard 3: The Care and Services 3.1 - Teach staff to document changes promptly and update care plans when deterioration is observed. 3.3 - timely communication with the team, family, and health professionals Standard 5: Clinical Care 5.7 - Recognise and address needs, goals, and preferences for palliative care. • Ensure pain and symptoms are actively managed • Support families and carers during the last days of life.	Monitor use of clinical observation tools e.g. SPICT, through audit of clinical documentation Embed clear escalation prompts into progress notes and handover processes Analyse incidents or delayed recognition cases to identify system improvements.

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Coordinated care	• Describe strategies for coordinated care. • Understand steps in organising a case conference. • Explain the role of the 'registered supporter' and 'care partner' in end-of-life coordinated care. • Locate tools for organising meetings and documenting outcomes.	Standard 3 - Care and Services 'The provider must actively engage… in developing and reviewing the individual's care and services plans through ongoing communication' Standard 5 - Clinical Care Outcome 5.7 - The provider must ensure that supporters of individuals and other persons supporting individuals are informed and supported, including during the last days of life.	Track case conference meetings for people approaching end-of-life, including attendance and frequency Use a standard case conference template, capturing attendance and follow up actions Review unplanned transfers, and continuity of care outcomes as part of routine quality improvement e.g. ELDAC After Death Audit (2.40MB pdf).
Care pathways	• Understand the difference between a care plan and a care pathway. • Describe the Queensland End of Life care pathway for residential aged care. • Be aware of residential aged care funding for palliative care, including end-of-life. • Identify when a national end-of-life funded pathway for Support At Home might be appropriate, and how this is initiated.	Outcome 5.7 Palliative and End-of-Life Care: 5.7.1 The provider has processes to recognise when the individual requires palliative care or is approaching the end of their life, supports them to prepare for the end-of-life and responds to their changing needs and preferences.	Monitor use of end-of-life care pathways through resident record audit Integrate care pathway stages into clinical documentation and handover tools Evaluation through periodic audit including escalation consistency.

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Pain management	• Describe the elements of good pain management. • Explain the team's role in pain management. • Identify common myths about morphine in end-of-life care.	Outcome 5.7 – Palliative Care and End-of-Life Care 5.7.3 The providers uses its processes from comprehensive care to plan and deliver palliative care that: a) priortises the comfort and dignity of the individual c) identifies and manages changes in pain and symptoms.	Monitor completion and frequency of pain assessment Standardise pain management documentation, including non-pharmacological strategies Review pain control outcomes (PRN use and GP/Pharmacist review).
Symptom management	• Describe common symptoms experienced in palliative care. • Understand the goal of symptom control.	Outcome 5.7 – Palliative Care and End-of-Life Care 5.7.3 The providers uses its processes from comprehensive care to plan and deliver palliative care that: a) priortises the comfort and dignity of the individual c) identifies and manages changes in pain and symptoms.	Track documentation of common end-of-life symptoms using symptom charts Implement symptom-focused handover prompts Conduct brief team debriefs after challenging symptom episodes and record outcomes.

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Care needs	• Describe care needs that arise in end-of-life care. • Identify strategies to manage care needs. • The role of the broader health care team and carers in end-of-life care.	Outcome 5.7 – Palliative Care and End-of-Life Care 5.7.4 The providers implements processes in the last days of life to: a) recognise that the individual is in the last days of life and respond to rapidly changing needs c) provide pressure care, oral care, eye care and bowel and bladder care e) minimise unnecessary transfer to hospital, where this is in line with the individuals preferences.	Monitor referrals for care needs within care plans Have a list of multidisciplinary team members easily accessible for referrals Review family and supporter feedback on coordination and responsiveness e.g. ELDAC After Death Audit (2.40MB pdf).

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