

ELDAC Advance Care Planning and Palliative Care Organisational Audit

Rate each question on how your service is (i) currently meeting the area identified using the four point scale and (ii) the priority of action (low, medium or high) the area requires. High priority action areas should form the basis for continuous improvement plan. Where there are multiple high priority areas, the working group will need to rank the areas in order of importance. Select an assortment of actions needing different timeframes to complete (e.g. combining some actions requiring extensive work and those where change can occur rapidly). Repeat the audit yearly.

Day / Month / Year	Day / Month / Year
Date of Completion:	Date of Review:

Domain		Rating for currently met				Priority for action
		1	2	3	4	
Clinical Care						
1.	Have regular conversations about decision making and advance care planning with residents/families at set times as well as when required	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
2.	Have a process for flagging, storing, retrieving and transferring to other services advance care plan/advance care directives	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
3.	Review of residents' advance care plans at least every 12 months and document changes	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
4.	Have a process for identifying when a resident requires palliative care	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

5.	Have tools for assessing common symptoms in palliative care	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
6.	Speak with families regularly to identify their needs at least every 3 months	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
7.	The care plan specifically includes reference to the palliative care needs of the resident/family	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
8.	Have the opportunity to conduct multidisciplinary team meetings for people requiring palliative care	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
9.	Have a process for referring residents to other agencies that can support residents who require palliative care	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
10.	Have a process for referring residents to specialist palliative care services	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
11.	Assess and respond immediately to a resident whose condition is deteriorating	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
12.	When residents are transferred to acute care, there is a routine review to assess the appropriateness of the transfer	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
13.	There is a documented process for identifying when a resident is in the last days/weeks of life and requiring end-of-life care	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

14.	Able to provide care and effective symptom management for residents in the last days/week of life	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
15.	There is a process to proactively identify the bereavement needs of families using a specific tool	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
16.	Have processes to honour a resident after their death (e.g. memorial service which involves other residents, family and staff)	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

Education and Workforce Development		1	2	3	4	
17.	Have an advance care planning and palliative care working group that meets regularly	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
18.	Have written and visual educational materials available to residents/families on advance care planning and palliative care	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
19.	Have an in-service education program for staff that includes advance care planning and palliative care education sessions at least every year	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
20.	Have an in-service education program for new staff as part of orientation that includes advance care planning and palliative care	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
21.	Have processes to identify staff self-care needs and resources to support staff	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

Policies and Procedures		1	2	3	4	
22.	Have a policy/guidelines for advance care planning	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
23.	Have a policy/guidelines for palliative and end-of-life care	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
24.	Have a policy/procedure for administration of subcutaneous medications	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
25.	Have a policy/procedure for withdrawing artificial nutrition and hydration	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
26.	Have a policy/procedure for verification of death	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

Information Systems		1	2	3	4	
27.	There is an option in the electronic records system to identify if a person has an advance care plan/advance care directive	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
28.	There are palliative and end-of-life assessment tools in the electronic records system	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
29.	There are palliative and end-of-life care planning tools in the electronic records system	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

Continuous Improvement		1	2	3	4	
30.	There is a process for reviewing policies and procedures relevant to advance care planning	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
31.	There is a process for reviewing policies and procedures relevant to palliative and end-of-life care	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
32.	There is a regular audit of residents advance care plans and if their wishes were followed (see Death Review Audit)	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
33.	There is a regular review of resident's palliative and end-of-life care needs (see Death Review Audit)	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High