

ELDAC Advance Care Planning and Palliative Care Organisational Audit (Version 2)

Instructions: The statements below are grouped by five organisational domains. Provide two ratings for each of the statements.

Repeat the audit yearly to monitor continuous quality improvement.

A. For each item rate how your service is currently meeting each statement using the four point scale.

B. Rate the priority of action (low, medium or high) required for your service to meet each statement. High priority action items may form the basis for a continuous improvement plan.

C. Where there are multiple high priority items, the working group will need to rank the items 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).

Date of Completion: DD/MM/YYYY	Date of Review: DD/MM/YYYY
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Domain		Rating for currently met				Priority for action
Clinical Care		1	2	3	4	
1.	There are 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.	There is 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.	Reviews of residents' advance care plans occur at least every 12 months and any changes are documented.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
4.	There is a process for identifying when residents require palliative care.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

Domain		Rating for currently met				Priority for action
Clinical Care		1	2	3	4	
5.	Tools are available to staff for assessing common symptoms in palliative care.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
6.	There is a process for conducting family meetings/case conferences about palliative and/or end of life care.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
7.	Care plans have capacity to include the palliative care needs of residents/families.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
8.	There is a process for conducting multidisciplinary team case conferences for people requiring palliative and/or end of life care.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
9.	There is a process for referring residents to other agencies (non-specialist palliative care) that can support residents who require palliative care.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
10.	There is a process for referring residents to specialist palliative care services.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
11.	Staff are able to assess and respond immediately to residents whose condition is deteriorating.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
12.	There is a routine review to assess the appropriateness of residents transferred to acute care.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

Domain		Rating for currently met				Priority for action
Clinical Care		1	2	3	4	
13.	There is a documented process for identifying when residents are in the last days/weeks of life.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
14.	Staff are able to provide care and effective symptom management for resident in the last days/weeks of life.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
15.	There is a process to proactively identify the bereavement needs of families.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
16.	There is a process to honour residents after their death (e.g. memorial service which involves other residents, families, and staff).	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

Domain		Rating for currently met				Priority for action
Education and Workforce Development		1	2	3	4	
17.	There is an advance care planning and palliative care working group that meets regularly.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
18.	There are 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.	There is 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

Domain		Rating for currently met				Priority for action
Education and Workforce Development		1	2	3	4	
20.	There is 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.	There are processes to identify staff self-care needs and resources to support staff.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
22.	Staff are educated in trauma-informed approaches to palliative care.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
23.	Staff are educated in diversity, inclusivity, and cultural safety to provide holistic palliative care.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

Domain		Rating for currently met				Priority for action
Policies and Procedures		1	2	3	4	
24.	There are policies/guidelines for advance care planning.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
25.	There are policies/guidelines for palliative and end of life care (e.g. administration of subcutaneous medications; withdrawing artificial nutrition and hydration).	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
26.	Equipment is suitable and there is enough equipment to support the delivery of quality palliative care.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

Domain		Rating for currently met				Priority for action
Policies and Procedures		1	2	3	4	
27.	There is a policy/procedure for verification of death.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

Domain		Rating for currently met				Priority for action
Information Systems		1	2	3	4	
28.	There is an option in the electronic records system to identify if people have an advance care plan/advance care directive.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
29.	There are palliative and end of life assessment tools in the electronic records system.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
30.	There are palliative and end of life care planning tools in the electronic records system.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

Domain		Rating for currently met				Priority for action
Continuous Improvement		1	2	3	4	
31.	There is a process for reviewing policies and procedures relevant to advance care planning.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High

Domain		Rating for currently met				Priority for action
Continuous Improvement		1	2	3	4	
32.	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
33.	There is a regular audit of residents' advance care plans and if their wishes were followed.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
34.	There is a regular review of residents' palliative and end of life care needs (see ELDAC After Death Audit).	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High
35.	The organisation regularly seeks input and feedback from residents/ families and uses the input and feedback to inform continuous improvements for palliative and end of life care.	No not yet	Somewhat	Mostly	Completely	Low
						Medium
						High