



**Palliative  
Care  
Australia**

# Ensuring quality and safety of end-of-life care

## **Position statement**

*Palliative Care Australia is the national peak body established by the collective membership of eight state and territory palliative care organisations and the Australian and New Zealand Society of Palliative Medicine. Together the Palliative Care Australia members network to foster, influence and promote local and national endeavours to realise the vision of quality care at the end of life for all.<sup>1</sup>*

## **Palliative Care Australia believes**

- All people have the right to safe, compassionate and appropriate care as they approach the end of their lives.
- Quality care at the end of life is realised when strong networks exist between specialist palliative care providers, primary generalist, primary specialist, and support care providers and the community – working together to meet the needs of all people.
- Funding requests for all services, including community-developed services, should be subject to:
  - rigorous needs and cost-benefit analyses
  - assimilation with strategic plans at the regional, state/territory, and national levels
  - broad consultation.
- To meet the needs of people at the end of life, their carers and families, service providers should meet minimum staffing requirements, as per relevant state/territory and industry standards.
- All publicly and privately funded services providing care to people approaching the end-of-life, including community-developed and funded services, should:
  - meet the requirements of the national palliative care standards<sup>2</sup>
  - be formally accredited by a recognised accreditation body<sup>3</sup>
  - conform to the Australian Health Standards as proposed by the Australian Commission on Safety and Quality in Health Care (ACSQHC).<sup>4</sup>

## **Palliative Care Australia calls for**

- The introduction of mechanisms to ensure that publicly and privately funded services providing care to people as they approach the end-of-life, including community-developed and funded services, demonstrate that they meet broader health system and national palliative care standards.
- The requirement to meet national health care and palliative care standards is incorporated into all funding agreements for services providing care to people at the end-of-life, with regular reviews to ensure that these standards are met.
- Research into community attitudes and expectations with regard to access to services that provide end-of-life support to patients, carers or family members.

## **Background**

Services provided to people at the end of life have been developed utilising a wide range of funding, governance, organisational and operational models. The impact of these diverse approaches to service and health care delivery on patient experience and outcomes are not well known or understood.

On 22 July 2008, Australian Health Ministers endorsed the Australian Charter of Healthcare Rights,<sup>5</sup> and recommended its use nationwide. This Charter establishes the right of all Australians to care that is provided with professional care, skill and competence.

Palliative Care Australia's national palliative care standards<sup>6</sup> set out the expected elements of quality of care across a range of clinical care settings that span primary and specialist care. They are relevant for services that are provided in both community and inpatient settings.

There has been a trend towards the establishment of community-developed and funded hospice or palliative care services. These services have been developed to meet a specific need, often identified as a gap in access to existing publicly funded services. The motivations for individuals to come together to establish such a community-developed service are many, ranging from a strong community care ethic to disillusionment with the services that are currently provided. Although it is generally held that these individuals are well-intentioned, their motivations altruistic and that the care provided in some instances of a high standard, some concerns have been raised with regard to the quality of care provided by some of these services.

The National Standards Assessment Program provides a mechanism for services to self assess themselves against the national standards. This document is available for all, including specialist palliative care services and community-funded services.<sup>7</sup>

In addition, providers should meet minimum requirements for safe staffing of services provided to meet the needs of people at the end-of-life, their carers and families. Palliative Care Australia has developed a guide to resourcing palliative care services which should be used to determine safe and effective staffing levels for all services.<sup>8</sup>

Realising the shared aspiration of quality care at the end-of-life is a responsibility of everyone in the community.

Promoting and investing in community-led initiatives can strengthen community capacity to contribute to that shared commitment. The promotion and development of community capacity must however be balanced with the need to protect and preserve patient safety and quality of care.

Further work is required to explore the opportunities to engage communities in the development of appropriate models for the provision of support and care that meet the needs of people as they approach the end of their life, without creating safety or quality concerns.

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<sup>1</sup> The following definitions of end of life, end of life care and palliative care are used throughout this position paper. Source: Palliative Care Australia *Palliative and End of Life Care – Glossary of Terms Edition 1, 2008*

(<http://www.palliativecare.org.au/Portals/46/resources/PCA%20Glossary%20Final%20July%202008%20LR.PDF> ).

**End of life:** That part of life where a person is living with, and impaired by, an eventually fatal condition, even if the prognosis is ambiguous or unknown.

**End of life care:** End of life care combines the broad set of health and community services that care for the population at the end of their life. Quality end of life care is realised when strong networks exist between specialist palliative care providers, primary generalist providers, primary specialists, and support care providers and the community – working together to meet the needs of the people requiring care.

**Palliative care** is specialist care provided for all people living with, and dying from an eventually fatal condition and for whom the primary goal is quality of life.

<sup>2</sup> Palliative Care Australia May 2005, *Standards for Providing Quality Palliative Care for all Australians, 4<sup>th</sup> Edition*, <http://www.palliativecare.org.au/portals/46/resources/StandardsPalliativeCare.pdf>

<sup>3</sup> For example Australian Council on Healthcare Standards (ACHS), Quality Improvement Council (QIC), Australian General Practice Accreditation Limited (AGPAL)

<sup>4</sup> <http://www.safetyandquality.gov.au/>

<sup>5</sup> <http://www.health.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-01>

<sup>6</sup> Palliative Care Australia May 2005, op cit

<sup>7</sup> ibid

<sup>8</sup> Palliative Care Australia, February 2005 *A Guide to Palliative Care Service Development: A population based approach*, <http://www.palliativecare.org.au/Portals/46/resources/PalliativeCareServiceDevelopment.pdf>