



June 2009 – 6<sup>th</sup> Edition

*Standards make a difference*

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## Contact us

If you have any questions about NSAP please contact the NSAP team by email [nsap@palliativecare.org.au](mailto:nsap@palliativecare.org.au) or on 02 6232 4433



## Welcome

Welcome to the June edition of *The Standard*.

This month marks an important milestone for the National Standards Assessment Program (NSAP) as formal roll-out in Queensland commences the national implementation of the program. Over the coming year, the remaining states and territories will be invited to undertake NSAP.

We have met with a number of state health departments and palliative care associations to ensure the national roll-out of NSAP fits within the schedule of planned state-based activities. Information and dates for other states will be posted on the NSAP website, available by clicking on the NSAP logo at [www.palliativecare.org.au](http://www.palliativecare.org.au), as they become available. You can also email the NSAP team at [nsap@palliativecare.org.au](mailto:nsap@palliativecare.org.au) if you would like further information on any aspect of the program.

In this edition of *The Standard* we look at building and nurturing a quality improvement culture within your service. Reviewing organisational preparedness is an important early step as services begin the self-assessment process of NSAP. Many well intentioned improvement initiatives fail because of insufficient attention to aspects of organisational culture. The NSAP team has also prepared some tips on surviving the NSAP self-assessment stage that we hope will put the process into perspective.

Gathering and sharing experience from the field has been a major goal for NSAP. In this edition we have included a profile from a Brisbane palliative care service that participated in the NSAP pilot, Mt Olivet Hospital. Mt Olivet describes its reasons for participating in the NSAP pilot self-assessment and outlines what was learned from the process.

### Information for Queensland services

NSAP invitation and information packs were mailed to services on **Friday 29 May 2009**.

Queensland specialist palliative care services that have not received an invitation and information pack from NSAP should make contact with the NSAP team to ensure they are included in the program.

A workshop to orient services to the NSAP process and supports will be provided for Queensland services on **Thursday 2 July 2009** in Brisbane.

Be sure that you have registered your service to attend. For more information call (02) 6163 8419.

I continue to look forward to working with you as we roll out this exciting national initiative for specialist palliative care services.

Palliative care services, government departments and state associations across Australia have invested considerable time and effort in the development of NSAP. We would like to take this opportunity to say thanks and acknowledge the ongoing support and investment, especially for those Queensland services just commencing the journey.

NSAP is based on a structured process of self-reflection and assessment that holds forth the promise of new insights and understanding about ourselves and the care we provide. It is a journey well worth the effort.

If you would like further information on NSAP, contact the NSAP project team at [nsap@palliativecare.org.au](mailto:nsap@palliativecare.org.au).

*Sue Hanson*  
National Quality & Standards Director  
Palliative Care Australia

## NSAP national roll-out schedule

The NSAP national roll-out is now in full swing. The NSAP team is currently in the process of meeting with state health departments and state palliative care associations to negotiate the most achievable roll-out schedule for each jurisdiction.

Planning is still taking place for some states but the following has been confirmed:

State	Sign up pack	Workshop	Registration
Queensland	1 June 2009	2 July 2009	20 July 2009
Paediatric Services	30 June 2009	29 July 2009	17 August 2009
New South Wales	13 July 2009	13 August 2009	31 August 2009

Information for Victoria, Western Australia, Tasmania, South Australia and the territories will be provided in later editions of *The Standard* as consultations with departments and the palliative care associations are finalised.

If you have any questions about roll-out in your region please contact the NSAP team at [nsap@palliativecare.org.au](mailto:nsap@palliativecare.org.au), or on (02) 6163 8419.

### Information for paediatric services

NSAP invitation and information packs were mailed to services on **Monday 22 June 2009**.

Paediatric palliative care services that have not received an invitation and information pack from NSAP should make contact with the NSAP team to ensure they are included in the program.

A workshop to orient paediatric palliative care services to the NSAP process and supports will take place in Adelaide on **Monday 27 July 2009**.

Be sure that you have registered your service to attend. For more information call (02) 6163 8419.

## Participating in NSAP – the NSAP stages

**The NSAP process involves five key stages.**

### Stage 1: Sign-up

Sign-up flags the intention of a service to participate in NSAP. During the sign-up stage, services nominate an NSAP liaison officer. The NSAP liaison officer is invited to attend an NSAP workshop to gain a clear understanding of the NSAP process.

Specialist palliative care services that are unsure of whether they are ready to commit to NSAP are still encouraged to attend the workshop in order to learn more about the process, find out about the experiences of pilot services and what help is available from the NSAP team.

During sign-up, services receive additional information that will help them prepare for the commencement of the self-assessment stage. The sign-up pack contains detailed information about what the self-assessment involves and what services need to do before they move to full registration and commence the self-assessment. Usually, the period between sign-up and full registration is between four and six weeks.

### Stage 2: Registration

Registration indicates the service is ready to move to the self-assessment phase. Upon registration the service is provided with full access to the NSAP materials and resources including the NSAP reporting functions. Registering is a simple process of advising the NSAP team. Registration commences the formal period of self-assessment.

### Stage 3: Self-assessment

The period of self-assessment can take up to 12 weeks, but most services should be able to complete the process in 8 to 10 weeks. The 12 week time frame for self-assessment ensures the multi-disciplinary team's commitment of time and effort is focused and most effective – and that there is an end in sight!

### Stage 4: Reporting

The service submits to NSAP a summary of the self-assessment outcomes and prioritised improvement actions. NSAP then provides the service with a report that maps the individual service outcomes with those of all other participating services.

De-identified, aggregated information submitted by participating services will be used to identify opportunities where a state or national strategic approach to quality improvement can support local actions and lead to enhanced improvement outcomes.

A map of improvement activities and initiatives being undertaken nationally will help reduce duplication of effort.

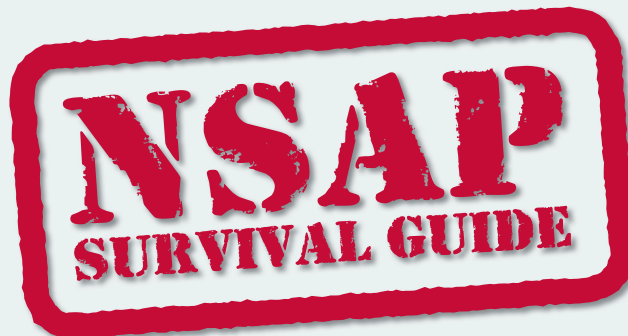
### Stage 5: Continuous improvement

Services should formally review themselves against the national standards using NSAP at least once every two years.

It is important to remember that improvement takes investment.

Most accreditation programs are based on simple improvement methods such as the Plan-Do-Study-Act (PDSA) cycles. The use of a common quality improvement approach will ensure that NSAP can be seamlessly aligned with organisational accreditation cycles – providing palliative care specific evidence aligned to broader health system quality domains.

If you have any questions about the NSAP process please do not hesitate to contact the NSAP team at [nsap@palliativecare.org.au](mailto:nsap@palliativecare.org.au) or (02) 6163 8419.



#### Tips from the front line

- **Remember NSAP is only a tool** to help you reflect on your practice as a team and identify opportunities for improvement.
- **NSAP is not an audit.** For many services the review and evidence questions need to be interpreted to accommodate the unique characteristics and challenges of your service. You should draw on all of the available evidence you have to answer the evidence questions in a way that contributes to understanding opportunities for improvement in your service.
- **Don't sweat the small stuff.** NSAP is not a 'measure' of your service. It is a tool to help you identify improvement opportunities. Identify how it can work for you and take advantage of those opportunities. They will grow as you become more familiar with the NSAP process.
- **Start where you are.** You cannot 'fail' NSAP. We do not all have access to the 'best' evidence or indeed all the resources we think we need. NSAP does not document failure – only opportunities for improvement. Every improvement journey begins with the first step.
- **Prepare to share.** Acknowledging and sharing the results of individual assessment and our experience of NSAP will provide validation and encouragement for ourselves and for others. It will also create greater opportunities for collaboration and shared learning across the sector. Sharing with your colleagues means that we can find common solutions to common problems.
- **Near enough is sometimes good enough - for now.** Aim to take small, realistic steps towards your ultimate goal. Many good initiatives fail at the coalface because they ask too much of people who have too little to work with.
- **Improvement is a process not an outcome.** We should begin as we hope to continue – gradual, incremental, achievable and realistic steps towards excellence. It is after all the journey not the destination that matters.

# Pilot site profile

Thirty-one services across Australia participated in the NSAP pilot program. Collectively their experience contributed to the refinement of NSAP and its resources and tools. We would like to acknowledge their contribution and share with you their experiences.

Carol Hope is the NSAP liaison officer at Mt. Olivet Kangaroo Point Brisbane and has provided the report on their experience below. Carol will also be speaking about her experience as the NSAP liaison officer at the NSAP workshop in Brisbane on 2 July 2009.

## Mt. Olivet Kangaroo Point Brisbane

Mt Olivet Hospital is a subacute Catholic health facility owned by the Sisters of Charity which is part of St. Vincent's & Holy Spirit Health Queensland. Mt Olivet Palliative Care Service is a major provider of palliative care for the Brisbane metropolitan area and includes: a 28-bed inpatient unit; community consultation service; the Children and Young People's Bereavement Centre; and research and education.

Mt Olivet Palliative Care Service volunteered to participate in the NSAP pilot program for a variety of reasons. The national palliative care standards set the quality benchmark for palliative care services in Australia. NSAP provides services with a palliative care specific framework for assessment and evaluation. NSAP also enables services to build a quality improvement action plan which is relevant to the sector.

Mount Olivet Palliative Care Service completed the NSAP pilot program in January 2009 and the quality improvement work from the action



plan has continued since then. The NSAP process itself was challenging but definitely worthwhile. The self-assessment stage required significant effort and input from the multi-disciplinary team which was often difficult to achieve. However, the outcome from the self-assessment

is a detailed action plan for quality improvement. The quality outcomes we have achieved since our participation in the NSAP pilot program have been phenomenal and this can only help us to achieve Palliative Care Australia's aim of quality palliative care for all Australians.

### Information for New South Wales services

NSAP invitation and information packs will be mailed out shortly to all NSW specialist palliative care services.

Any NSW specialist palliative care service that has not received an invitation and information pack from NSAP by **20 July 2009** should make contact with the NSAP team to ensure they are included in the program.

A workshop to orient NSW specialist palliative care services to the NSAP process and supports will take place in Sydney on **Thursday 13 August 2009**.

Be sure that you have registered your service to attend. For more information call (02) 6163 8419.

# NSAP focus on quality - Building a quality improvement culture

Improvement is the process of continually working to enhance the experience and outcomes for patients, their families and carers, to find new ways of providing services to meet the needs of those who depend on them and to enhance the working lives of the staff who provide care.

To make improvements we must all work to:

- develop ways to involve patients, families, carers and staff and understand their needs
- formulate approaches to measuring outcomes that are meaningful to staff and patients
- design safe processes of care to connect these needs and outcomes
- create working environments within which staff are provided with opportunities to jointly reflect on, learn and design improvements to the care they provide.

Organisations that achieve change are those that value innovation and provide the time and other resources needed to test and learn from experience. Improvement teams need to involve the right clinical, administrative and executive support to make change happen. Senior leaders and upper management need to provide support to establish the team, approve its goals and create organisation-wide support for the endeavour.

## Assessing standards: quality improvement cycles

Continuous quality improvement (CQI) is a planned way of improving quality of care, step-by-step over time. Quality improvement is a fundamental obligation for all health care organisations. Quality care at the end of life for all Australians is the shared vision of Palliative Care Australia and all health professionals and organisations who contribute to

the provision of that care. Successful quality improvement depends upon the following:

- an approach that is appropriate to the organisation – palliative care involves organisations big and small, well resourced and less so
- total organisational commitment to the process of continuous improvement – from the chief executive to the front line clinical and support staff
- an ongoing comprehensive multi-disciplinary assessment system that drives improvement activities. NSAP has been developed for this purpose.

## Implementing successful quality improvement initiatives

In 2001, the Australian Institute for Primary Care at La Trobe University published the results of a review of the published literature on quality initiatives.<sup>1</sup> The major finding from that review was that the key determinant of the success of a quality initiative is not the initiative itself but the nature of the organisation in which it is used. In other words, if your organisation's culture does not support CQI, then improvement activities, including NSAP, will not be as effective as they could be.

The La Trobe study identified the following general characteristics that are found in organisations that successfully adopt a CQI culture. We have discussed these characteristics in relation to NSAP.

- **Problem-solving approaches based on statistical analysis and relevant 'soft' data are used.**

*Using available data sets that have acceptance as indicators of quality, and 'soft' data such as patient and family interviews, reduces the likelihood that any one view dominates, and encourages a whole-of-organisation perspective of quality.*

When implementing NSAP, services are encouraged to use audit tools that provide evidence to support objective assessment against the national standards. The NSAP assessment should incorporate a range of data and information sources, including statistical data such as Palliative Care Outcomes Collaboration (PCOC) data or other clinical indicators, and 'soft' data such as quality project outcomes, policies and procedures and other business records.

- **The analytical processes of CQI focus on underlying organisational processes and systems rather than individual performance.**

*A CQI organisation accepts that human endeavours are not infallible and that error or barriers to quality can occur in even the best performing organisations. An organisation committed to CQI will ensure that supportive systems are in place to reduce barriers to quality, minimise the occurrence of error and monitor the quality of care on an ongoing basis.*

It is possible that NSAP will identify some areas in which quality needs to be improved. Adopting an organisational approach to improvement ensures that the solutions will focus on the clinical and administrative structures and processes used to deliver care and support individual practice. This has been demonstrated to be most effective in bringing about meaningful and sustained quality improvement.

- **Continuous improvement activities use multi-disciplinary teams.**

*Using multi-disciplinary teams ensures there is a balanced view when problems and issues are identified. Developing solutions to systems-based problems and issues requires the involvement of all who contribute to that system.*

<sup>1</sup> R Renhard, *The evidence for effectiveness for quality initiatives in human services. a critical review*, Australian Institute for Primary Care, Centre for Quality in Health and Community Services, La Trobe University, 2001.

The National Standards Assessment Program uses a multi-disciplinary team to undertake the self-assessment. The involvement of key members of the clinical and management team will enhance the process of assessment and solutions development.

- **Employees are empowered to identify problems and opportunities for improved care, and to take necessary action.**

*Empowering the multi-disciplinary team to examine their practice and develop improvement strategies through a structured and supported process has been demonstrated to be an effective mechanism for change.*

Self-assessment forms the basis of NSAP. However the focus is not only on assessment but requires that quality improvement priorities are identified, and that based on the assessment an organisational quality improvement action plan is developed.

- **There is a focus on internal and external consumers.**

*Many aspects of health care are intangible, (for example communication or carer support), but have a significant impact on the quality of the care. It is not possible to count, measure, inventory or quality test all of the aspects of health care or service in advance. Patient and/or carer experience is often the only means of verifying whether health care services meet quality standards.*

The NSAP guide provides details of a range of audit tools available to collect the views of patients and family members about the quality of the services received. Services may already be using tools or processes to collect patient or family evaluations of quality and these can be used as evidence in the process of self-assessment.

## Tips for encouraging and building a quality improvement culture in your service

### Harness the energy of clinical teams and create a desire for change

- address any departmental and organisational boundary issues and don't let them get in the way
- positively encourage quality improvement initiatives and multi-disciplinary team involvement in quality activities
- recognise and reward energy and provide resources to support and legitimise improvement

### Stop 'doing to' and create team ownership for improvement

- avoid management-directed quality improvement and encourage clinical team ownership of quality improvement initiatives
- focus on what patients and carers need and experience rather than on targets or benchmarks alone
- create a positive experience with small locally focused initiatives that can contribute to big picture projects (e.g. NSAP)
- let departments create their own plans for improvement and then support them

### Make 'improvement' a normal part of everyday work

- use real words that are understood and avoid jargon whenever possible
- maintain an 'everybody's business' approach to quality - don't divide/split improvement into separate jobs or departments as it then becomes someone else's responsibility
- create a link between improvement and what it means to patients, staff and carers
- recognise good ideas and ensure executive and management support



### The NSAP Team profile: Sue Hanson

Sue Hanson is Palliative Care Australia Director of Standards and Quality. As part of this role she leads NSAP as the project director. Sue has previously served as a member of the PCA Executive, as well as the Chair of the PCA Standards and Quality Committee. As part of this role Sue was instrumental in the development of the Standards. Sue has previously served as Director of Clinical Governance in the South Eastern Sydney Illawarra Area Health Service, and was a Clinical Professor at the University of Technology, Sydney.

## NSAP Q&A

### Q: I have heard NSAP has commenced—when can my service start?

A: Yes – the NSAP national roll-out commenced in Queensland in June 2009.

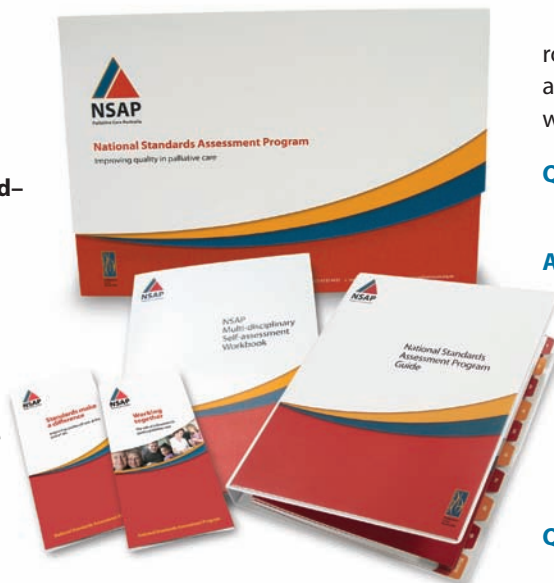
The NSAP team is scheduling the commencement date for each state in collaboration with state health departments and palliative care associations. If you are interested in participating contact the NSAP team at [nsap@palliativecare.org.au](mailto:nsap@palliativecare.org.au), or (02) 6163 8419, or complete the expression of interest on the NSAP website available by clicking on the NSAP logo at [www.palliativecare.org.au](http://www.palliativecare.org.au).

### Q: What about primary care and residential aged care services?

A: The current NSAP project is designed for specialist palliative care services. Primary care and aged care services are resourced differently and these differences are considered as part of the criteria in the national standards. For this reason, the current tools and resources are unsuitable for non-specialist palliative care services. NSAP modules for primary care and residential care services are planned for the future. As NSAP progresses, information will be provided through *The Standard* and the PCA e-bulletin.

### Q: What are the NSAP audit tools I hear about?

A: The NSAP audit tools are three tools that have been developed to assist services create evidence for use during the self-assessment process. The audit tools are not mandatory. If you already have audit tools in place that provide you with similar information, then continue to use them.



You will also receive other resources to assist you to undertake the NSAP self-assessment process, including a copy of the workbook for each member of the multi-disciplinary self-assessment team, and brochures about NSAP to assist communications with other staff and consumers.

Once you sign up to NSAP, you will be supplied with the National Standards Assessment Program Guide which includes a section outlining evidence sources and audit tool selection.

### Q: Can a paediatric palliative care service participate in NSAP?

A: Yes, paediatric palliative care services can participate in NSAP.

The needs and capabilities of paediatric palliative care are different from other specialist palliative care services. As a result, the NSAP team in consultation with the National Paediatric Palliative Care Reference Group has modified the NSAP self-assessment multi-disciplinary workbook to suit paediatric services.

Paediatric services will be invited to complete the NSAP self-assessment as a group so they can provide support and share their experiences with each other. The paediatric NSAP

roll-out is planned to begin in July 2009 and all paediatric palliative care services will be contacted prior to that time.

### Q: What is the state NSAP workshop and should I attend?

A: After sign-up, services will be invited to attend an NSAP induction workshop in their state.

During the workshop, you will receive further information and training, and the opportunity to discuss the process and ask any questions.

### Q: My state is about to begin NSAP but I haven't received any information?

A: If you think you may not have received information or have any questions contact the NSAP team at [nsap@palliativecare.org.au](mailto:nsap@palliativecare.org.au), on 02 6163 8419 or complete the sign-up form on the NSAP website available by clicking on the NSAP logo at [www.palliativecare.org.au](http://www.palliativecare.org.au).

### Q: How do I know the specialist palliative care service level of my service?

A: The NSAP sign-up form asks you to identify the specialist palliative care service level (SPCSL) of your service. To identify your SPCSL, you can:

- read PCA's *A guide to palliative care service development: a population based approach* which provides a generic outline of the profiles of specialist palliative care service levels. This document can be found at [www.palliativecare.org.au](http://www.palliativecare.org.au) under the 'policy' menu item – click on 'reference documents':
- visit the sign-up page of the NSAP website - this page includes details and a summary page to assist in service level identification
- if you are still unsure, contact the NSAP team and we will assist you to identify an indicative level for your service.

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**Palliative  
Care  
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**NSAP**  
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<b>SA</b>	<b>Palliative Care Council of South Australia</b> 202 Greenhill Road Eastwood SA 5063	<b>t:</b> 08 8291 4137 <b>f:</b> 08 8291 4122 <b>w:</b> <a href="http://www.pallcare.asn.au">www.pallcare.asn.au</a> <b>e:</b> <a href="mailto:pallcare@pallcare.asn.au">pallcare@pallcare.asn.au</a>
<b>TAS</b>	<b>Tasmanian Association for Hospice and Palliative Care</b> PO Box 834 Kingston TAS 7050	<b>t:</b> 03 6285 2514 <b>f:</b> 03 6239 6030 <b>w:</b> <a href="http://www.tas.palliativecare.org.au">www.tas.palliativecare.org.au</a> <b>e:</b> <a href="mailto:tahpc@intrepidonline.com.au">tahpc@intrepidonline.com.au</a>
<b>ACT</b>	<b>ACT Palliative Care Society</b> PO Box 88 Civic Square ACT 2608	<b>t:</b> 02 6273 9606 <b>f:</b> 02 6273 9590 <b>w:</b> <a href="http://www.pallcareact.org.au">www.pallcareact.org.au</a> <b>e:</b> <a href="mailto:office@pallcareact.org.au">office@pallcareact.org.au</a>
<b>NT</b>	<b>Palliative Care Northern Territory</b>	<b>t:</b> 08 8922 6769 <b>w:</b> <a href="http://www.nt.palliativecare.org.au">www.nt.palliativecare.org.au</a> <b>e:</b> <a href="mailto:pcnt@palliativecare.org.au">pcnt@palliativecare.org.au</a>
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