

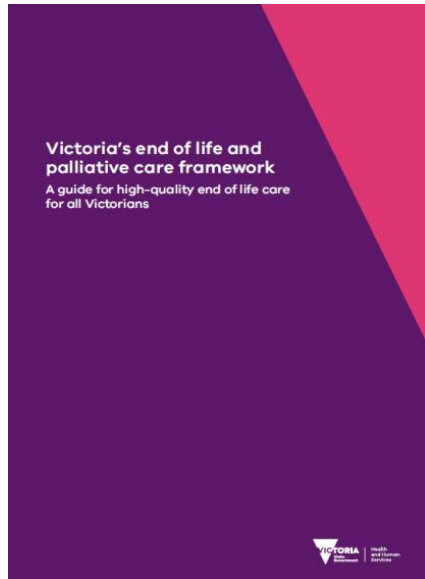
Overview

CARE PLAN

FOR THE DYING PERSON

VICTORIA

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



PROCESSES OF CARE

ORGANISATIONAL PREREQUISITES



DHHS

**Statements of
of
Priorities**

International Collaborative for Best Care for the Dying Person



RESOURCES

- Expert reference and consumer group input
- State-wide relevance – acute, sub-acute care setting – public, private
- Last days and hours of life focus
- People **recognised to be imminently dying** and **irrespective of specialist palliative care involvement**
- DHHS endorsed but not mandated

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CARE PLAN FOR THE DYING PERSON VICTORIA

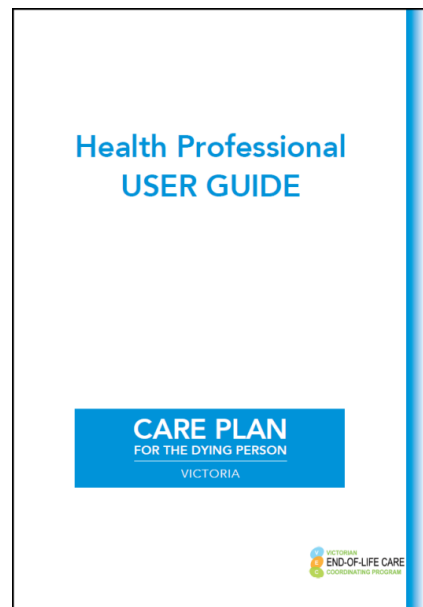
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CARE PLAN FOR THE DYING PERSON - VICTORIA

CARE PLAN FOR THE DYING PERSON
VICTORIA

Review date: 2015 Page 1 of 15

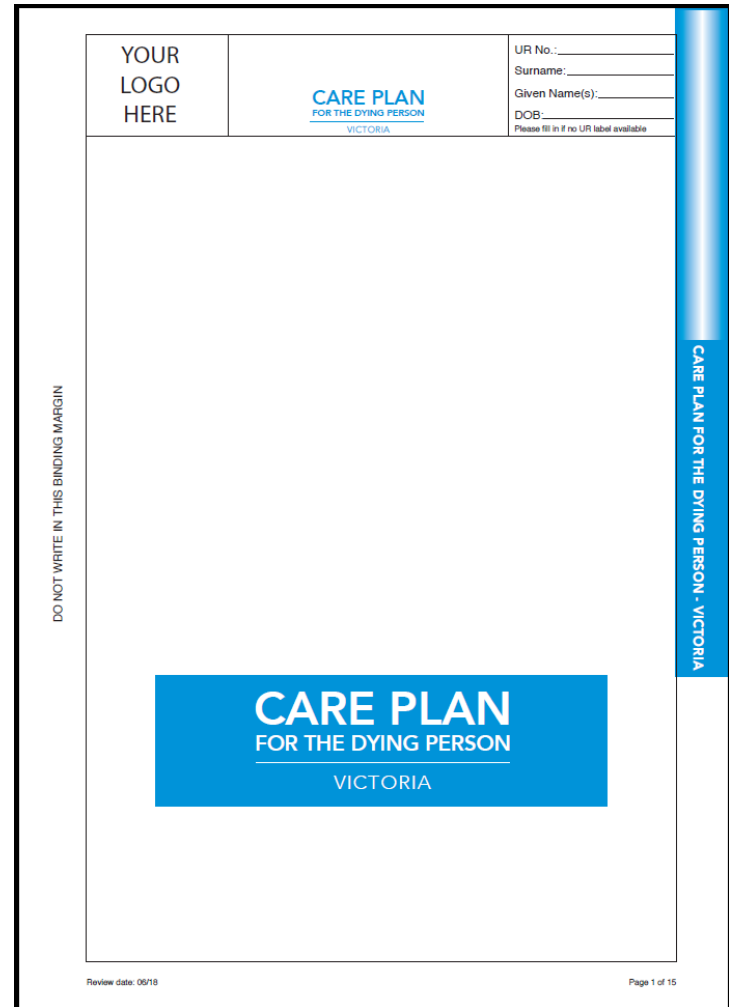


CARE PLAN KEY BENEFITS

- A tool designed specifically for Victorian healthcare and legislative requirements
- Meets Australian ¹ and International Quality Standards ₂
- Relevant to the acute and sub-acute care settings
 - Resuscitation and CODE BLUE/MET call planning
 - Organ/Tissue/Corneal donation
 - Advance care directives / plans
 - Coronial death
- Generalist focused +/- SPCS involvement
- Bereavement risk assessment
- Recognition of ‘the emotional work’ - staff support
- Evidence of care planning and delivery and it’s effectiveness is collated in one document

¹ Australian Commission on Safety and Quality in Health Care. National Consensus Statement: essential elements for safety and high-quality end-of-life care. Sydney: ACSQHC, 2015.

² The 10 Core Principles for Best Care for the Dying Person: International Collaborative for Best Care for the Dying Person 2014



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Review date: 06/18

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CARE PLAN OVERVIEW

Front pages : Health Professional Guidance	2 pgs
Section 1: Recognising Dying	1 pg
<ul style="list-style-type: none">- Authorisation to commence- Legal and relevant decision making	
Section 2: Medical Review of Care Needs	1 pg
Section 3: Planning Individualised Care	2 pgs
<ul style="list-style-type: none">- Psychosocial care interventions	
Section 4: Delivery of Care (inclusive 3 days)	6 pgs
<ul style="list-style-type: none">- 4.1 Ongoing Assessment- 4.2 Further Care Action Report- 4.3 Integrated Progress Notes	
Section 5: Care After Death	1 pg
Section 6: Care Plan Discontinued	1 pg

IMPLEMENTATION GOVERNANCE and GUIDING PRINCIPLES

Responsibility for the use of the CPDP-Vic as part of a continuous quality improvement program, sits within the governance of an organisation and must be underpinned by sound implementation planning inclusive of multidisciplinary education.

- *CPDP-Vic* is only commenced if there is agreement and acceptance that a person is imminently dying. If not, it is not commenced.
- *CPDP-Vic* is a legal document - individual Health Service organisational policies and procedures should be consulted and adhered to.
- As with all care plans, the information in the *CPDP-Vic* aims to support but does not replace clinical judgement.
- Implementing the *CPDP-Vic* is a complex intervention.

HEALTH SERVICE IMPLEMENTATION

CPDP-Vic Implementation Key Actions

Register and access the CPDP-Vic resources @ www.vec.org.au

- 1. Establish a compelling case for change**
Align implementation with health service organisational values and jurisdictional accreditation and quality requirements
- 2. Enlist influential leaders and champions**
Include executive, senior clinical and professional staff; identify enthusiastic/influential ward/unit based clinical champions
- 3. Determine governance arrangements**
Establish a committee; embed activities within existing health service quality/risk frameworks; address clinical form compliance
- 4. Establish goals**
Agree on desirable and achievable improvements in end-of-life care service provision within the health service
- 5. Analyse current issues**
Understand how care of the dying is currently managed in the health service; identify existing barriers and drivers
- 6. Develop the plan for change**
Allocate resources (people and material) to address identified barriers and facilitate implementation strategies
- 7. Develop the change package**
Develop policies and evaluation process; collect pre implementation data; develop hospital-wide awareness raising campaign
- 8. Pilot the change**
Identify high mortality unit(s) with change enthusiasm; directed multidisciplinary staff education; mentor clinical champions
- 9. Sustain & spread**
Evaluate impact; embed learnings in organisational governance structures, routines and job roles and continue phased roll out
- 10. Measure, evaluate and improve (Plan, Do, Study, Act Evaluation Cycle)**
Establish routine robust evaluation processes; report outcomes to key stakeholders; educate and enact change accordingly

- Website
 - online registration
 - resources / information / members only access
- Logo and clinical coding (HIMS) requirements
- Change request management

www.vec.org.au

- **Direct marketing**
 - Hospital executive (CEOs, Quality Managers)
 - DHHS (Palliative Care Consortia, Clinical Networks, Safer Care Vic)
 - Palliative care and other key stakeholders
- **Regional forums**
 - PC Consortia assistance
 - Implementers and influencers
- **VEC program**
 - Manager available for advice until Nov 2017
 - Sustainability PCCN, PEPA

MORE INFO

Program Manager

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PCCN Chair: A/Prof Mark Boughey