

## APPENDIX A: HCQ's Overview of Goal Areas: National Palliative Care Strategy 2010

Goal Area	Goal	Action areas	Measures of success
<p><b><i>Awareness and Understanding</i></b></p>	<p><b><u>Goal One</u></b></p> <p>To significantly improve the appreciation of dying and death as a normal part of the life continuum.</p>	<p>1. Develop a comprehensive, evidence based, multi-modal and targeted national public awareness strategy to promote death as a normal part of living and promote the services and options available for people nearing the end of life.</p>	<ul style="list-style-type: none"> <li>▪ Improvements in public awareness.</li> <li>▪ Improvements in integration between service sectors.</li> </ul>
	<p><b><u>Goal Two</u></b></p> <p>To enhance community and professional awareness of the scope of and benefits of timely and appropriate access to palliative care services.</p>	<p>2. Promote collaborative integration of health and human services and increase the visibility of end of life issues, palliative care and roles and responsibilities.</p> <p>3. Provide mechanisms to ensure palliative care providers across the continuum are aware of, and provide, culturally appropriate palliative care and end of life support including care preferences, spiritual requirements and bereavement expression.</p>	<ul style="list-style-type: none"> <li>▪ Uptake of Advance Care Planning.</li> <li>▪ Improvements in palliative care training.</li> </ul>

		<ol style="list-style-type: none"> <li>4. Support the national roll out of Advance Care Planning across all sectors (primary, acute, aged care) including addressing any barriers to uptake.</li> <li>5. Encourage the integration of palliative care training within all health undergraduate and relevant post-graduate curricula.</li> </ol>	
<p><b><i>Appropriateness and Effectiveness</i></b></p>	<p><b><u>Goal Three</u></b></p> <p>Appropriate and effective palliative care is available to all Australians based on need</p>	<ol style="list-style-type: none"> <li>1. Continue to support a continuous quality improvement approach to meet national standards for palliative care service provision and work with national standards bodies to incorporate appropriate standards.</li> <li>2. Support the evolution of innovative models of palliative care service provision.</li> <li>3. Support the development of integrated/coordinated models of palliative care service provision.</li> <li>4. Develop a national template with triggers for referral to specialist palliative care services that can be customised for their own setting.</li> <li>5. Support the national roll out of an integrated care pathway across all sectors (primary, acute, aged</li> </ol>	<ul style="list-style-type: none"> <li>▪ Outcome data and trends from relevant data collections.</li> <li>▪ Standards are intrinsic in the various health care standards and accreditation mechanisms.</li> <li>▪ An Australia-wide roll out of <ul style="list-style-type: none"> <li>○ end of life care pathway</li> <li>○ palliative care referral pathway.</li> </ul> </li> </ul>

		<p>care), including addressing any barriers to uptake.</p> <ol style="list-style-type: none"> <li>6. Incorporate specific references to palliative care and the end of life phase in all relevant national and state plans, frameworks and clinical guideline documents.</li> <li>7. Develop an appropriate mechanism to review national outcome data from relevant standards and accreditation processes to drive further improvements across specialist palliative care services.</li> <li>8. Support a national bereavement care framework collaboration. Undertake longitudinal research into bereavement in palliative care.</li> <li>9. Management of storage and release of the deceased body.</li> </ol>	<ul style="list-style-type: none"> <li>▪ Evidence in best practice bereavement practices within a palliative care setting.</li> </ul>
<p><b>Leadership and Governance</b></p>	<p><b><u>Goal Four</u></b></p> <p>To support the collaborative, proactive, effective governance of national palliative care strategies, resources and approaches</p>	<ol style="list-style-type: none"> <li>1. Strengthen the role of the Palliative Care Intergovernmental Forum (PCIF) by establishing a work plan and formal reporting responsibilities to the Australian Health Ministers Advisory Council (AHMAC).</li> <li>2. Ensure mechanisms for formal communication,</li> </ol>	<ul style="list-style-type: none"> <li>▪ The inclusion of PCIF in formal reporting requirements to AHMAC.</li> </ul>

		<p>engagement and linkages throughout the sector to address:</p> <ul style="list-style-type: none"> <li>○ Research collaboration, funding, priorities and dissemination of outcomes</li> <li>○ Clinical leadership</li> <li>○ Consumer engagement</li> <li>○ Leadership across all areas of health and human services for end of life issues</li> <li>○ Coordination between national program providers</li> <li>○ Priority setting and tracking of project funding with a focus on consolidating outcomes from previous projects</li> <li>○ National measurement of both palliative care service provision and quality, and the implementation and outcomes of this Strategy</li> <li>○ Workforce</li> <li>○ Palliative care in the health context</li> </ul>	<ul style="list-style-type: none"> <li>▪ The implementation and maintenance of formalised communication and engagement mechanisms.</li> <li>▪ The development and implementation of a formal PCIF workplan.</li> </ul>
<p><b>Capacity and Capability</b></p>	<p><b>Goal Five</b></p> <p>To build and enhance the capacity of all relevant sectors in health and human services to provide quality palliative care</p>	<p>1. Identify and recommend improved funding models that explicitly promote flexibility to meet the needs of the patient and their family. This may include:</p> <ul style="list-style-type: none"> <li>○ Funding based on assessed need</li> <li>○ Funded care packages, including rapid access / rapid response options</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adequate skilled workforce to meet the needs of people with palliative care needs in a variety of settings.</li> </ul>

		<ul style="list-style-type: none"> <li>○ Fund holding by appropriate providers, including aged care services, to be able to navigate and source appropriate care regardless of location, outside the aged care assessment process.</li> <li>2. Explore new and enhanced roles for aged care providers in palliative care.</li> <li>3. Undertake further research and ongoing monitoring of the relative cost of care and cost effectiveness of care models in the last year of life, particularly savings to be gained through appropriate hospital avoidance for clients approaching the end of their life.</li> <li>4. Undertake further work to identify, classify and cost specialist palliative care clients and their care.</li> <li>5. Provide enhanced, coordinated support for carers, volunteers, communities of carers and carer respite.</li> <li>6. Provide coordinated, flexible local care delivery for people at the end of life regardless of where they live and address any barriers.</li> <li>7. Further improve the skill and confidence of the generalist workforce to work with people with</li> </ul>	<ul style="list-style-type: none"> <li>▪ Greater evidence of more people being able to have a choice as to where they are cared for.</li> <li>▪ Availability of cost of care data.</li> <li>▪ Recommend improved funding models.</li> </ul>
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		<p>palliative care needs.</p> <ol style="list-style-type: none"> <li>8. Enhance online palliative care support and resources through the development of 'communities of interest'.</li> <li>9. Promote the existence of online palliative care resources to all health and human service providers with links to service specific and disease specific websites.</li> <li>10. Work with Health Workforce Australia to ensure adequate numbers of skilled palliative care specialist providers across all disciplines.</li> <li>11. Work with the Community Services and Health Industry Skills Council to include end of life and palliative care competencies in all care worker training packages.</li> <li>12. Enhance and legitimise the role of specialist consultancy services in providing direct clinical advice, education and training, advocacy for end of life issues and training places.</li> <li>13. Work with National eHealth Transition Authority and other relevant agencies to ensure that the capacity exists to record and track Advance Care</li> </ol>	
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		<p>Planning within electronic health records and appropriate systems.</p> <p>14. Work with private health insurers to develop sustainable models of quality palliative care in the private sector.</p> <p>15. Continue to develop the role of the general practitioner in palliative care through supportive approaches including:</p> <ul style="list-style-type: none"> <li>○ the development of those with a special interest</li> <li>○ the development of practice nurse roles in palliative care</li> <li>○ incorporation of Advance Care Planning in enhanced primary care planning</li> <li>○ appropriate support for general practitioners who are providing an active role in a client's palliative care, including providing telephone support and home visits</li> </ul>	
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The information in this table has been derived from the ***National Palliative Care Strategy: Supporting Australians to Live Well at the End of Life*** which can be accessed at <http://www.health.gov.au/internet/main/publishing.nsf/Content/palliativecare-strategy.htm>.