# Interpreting the 10 Steps to Implementation of a Palliative Approach

| Step | Suggestions |
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| **1. Identify Key Staff in Your Facility** | Sometimes it is not possible for one person to be responsible for 'palliative care' in the facility. Get people from all shifts, designations and include someone from lifestyle and hotel services. This way, if one person leaves, there are others to pick up the reins and continue on.<br><br>It might not be appropriate to have a separate 'working group'. You might be better off giving specific tasks to different people and/ or running 'palliative care' as a standing agenda item in staff, clinical, quality and/ or MAC meetings. |
| **2. Identify and Engage Stakeholders** | Where possible, use existing meeting or group structures. Think about resident/ relative meetings, quality meetings, MAC meetings etc. Invite external stakeholders to join specific meetings or arrange for a catch up with your support services (such as GPs, pastoral care staff, pharmacists, allied health professionals, palliative care or in-reach team) |
| **3. Develop or Review Palliative Approach Policy and Procedures** | • Do you have a palliative care policy? Does it reflect a 'palliative approach' or just end of life care?<br>• Who reviews the policy and how frequently?<br>• Does it include the following:<br>- Advance Care Planning<br>- nutrition and hydration at end of life<br>- case conferencing<br>- use of End of Life Care Pathways (RACEOLCP) |
| **4. Develop or Review Policies and Procedures for Medications to Manage End of Life (Terminal) Symptoms** | • Review your policy.<br>• Consider who will administer medications after hours?<br>• How and by whom are resident symptoms assessed?<br>• Do you have an 'imprest' system of medications? How will you arrange for after hours medications if needed?<br>• Do your staff use syringe drivers to administer medication? If yes, do they complete education/ competencies? |
| **5. Review Clinical Assessment Tools and Procedural Forms** | • What is your policy on the insertion and management of subcutaneous cannula?<br>• How frequently are they checked/ changed?<br>• Who is responsible for this?<br>Consider the following (think policy, guidelines, assessments and other forms):<br>- pain assessments and charting, dyspnoea, nausea and vomiting, oral care, delirium<br>- medication assessments<br>- nutrition and hydration assessment and needs<br>- care plans that are reflective of the residents' current needs<br>- Advance Care Planning, spiritual or cultural needs, Powers of Attorney and contact details<br>- Are you using validated assessment tools or end of life pathways? Are your staff trained in their usage? |

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| - **Review Palliative Approach Key Processes** | • Does everyone know how and when to use these documents?<br>• Does every resident/ representative get offered the chance of an ACP and case conference? If they decline, is this documented?<br>• Does the facility have a clear understanding of the legal structure for identifying the person responsible for decision making?<br>• Is there a clear process for offering/ completing case conferences? Who gets invited?<br>• When and why do individuals get commenced on the RACEOLCP?<br>• ARE **you identifying and responding to deterioration?** |
| **6. Use the Palliative Approach Trajectories Framework to Assist Key Process Selection** | • Developing skill in determining prognosis<br>• Review the resident's condition regularly according to the current trajectory<br>- Trajectory A – review 6 monthly<br>- Trajectory B – review monthly<br>- Trajectory C – review daily |
| **7. Review Each Resident's Clinical Care** | Consider the following:<br>- pain, dyspnoea, delirium, nutrition and hydration, oral care<br>- Does the person have a care plan? Who evaluates the care plan and how frequently?<br>- Who contributes to the planning process (nurses, GP, In-reach team, palliative care services)?<br>- What care do you provide at your facility? Do all residents stay in the facility or are they transferred if they become too complex?<br>- What support services do you use and do staff know how to access these services e.g. palliative care services, residential in-reach teams? |
| **8. Review Staff Education and Training in a Palliative Approach** | • Does your schedule include the symptoms associated with dying?<br>- Pain, dyspnoea, delirium, nutrition and hydration, oral care – assessment and management.<br>- Does it include identifying deterioration and diagnosing dying?<br>Consider the following:<br>- use of our specific tools and documents<br>- use of local support services<br>- what to do if… Scenario based education<br>- communication skills, talking about death and dying, disease trajectories<br>- dealing with difficult families<br>- spiritual and cultural beliefs about dying<br>- what about grief and bereavement issues<br>- staff self-care strategies |
| **9. Conduct Audits as Part of Continuous Improvement and Quality Control** | • Establish a baseline<br>• What are we currently doing and what needs to be improved?<br>• Audit to identify opportunities for improvement, see if additional issues have been identified OR improvements have been made<br>• Consider deceased resident file audits … What do you do with the results? |