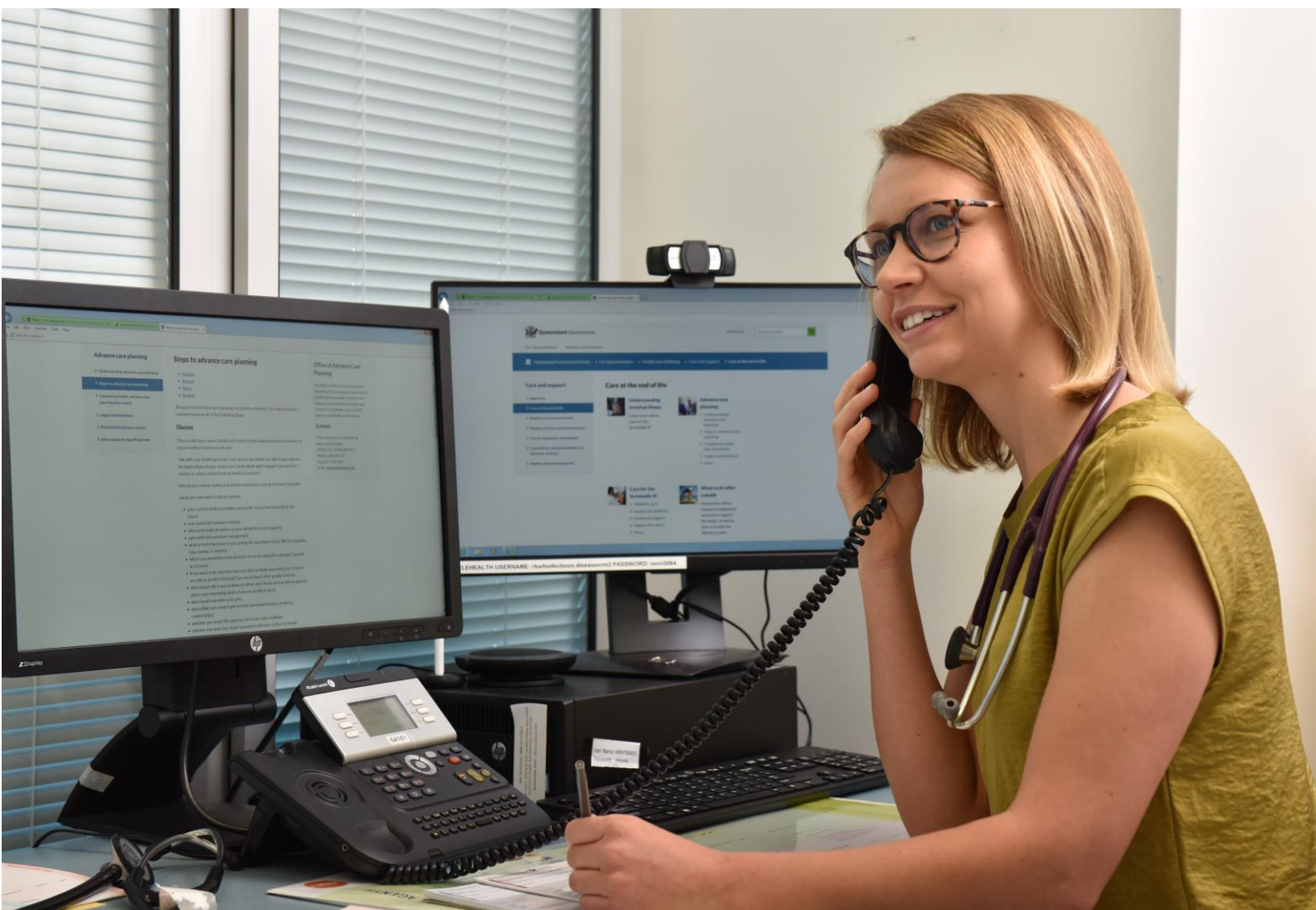


Care at end of life: Education and training framework

August 2019



Education and Training Framework

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Overview

Background

In May 2015, the Minister for Health and Minister for Ambulance Services launched the *Statewide strategy for end of life care 2015* and in October 2015 the associated *Care at the End of Life Implementation Plan 2015-2025* was endorsed by the Department Leadership Team.

The Strategy and Implementation Plan are based on four key service directions, the first of which is to increase knowledge of care at the end of life. Specifically:

Knowledge of care at the end of life throughout Queensland (QLD) public health organisations **is expanded** and includes awareness of the benefits of advance care planning, the delivery of care at the end of life and the availability of supporting services and resources.

This strategic direction underpins the need to increase the knowledge and skills of Queensland's healthcare workforce by ensuring access to educational opportunities and training resources in end of life care service delivery for all health professionals, including medical, nursing and allied health.

To help achieve this, each Hospital and Health Service (HHS) is expected to deliver two measurable outcomes as indicated in the *Care at the End of Life Implementation Plan 2015-2025*:

1. An education and training strategy for care at the end of life is endorsed and implemented at HHS level.
2. The training strategy is rolled out across all HHS services, the proportion of staff receiving training increases over time and is documented.

Purpose of this Framework

The purpose of the *Care at end of life: Education and training framework* is to support HHSs to develop a localised education and training strategy, as specified above. It is one component of a coordinated approach to improving care at the end of life for all Queenslanders.

This Framework is intended to assist with development of a localised *HHS Care at End of Life Education & Training Strategy* for a wide audience, including the Queensland Health workforce; volunteers; health consumers; patients, their families and carers; community members; government and non-government partner organisations; and educational organisations that train students who will go on to work in the health and social care sectors. These groups will each have different education, training and continuing professional development needs.

Consistent terminology and principles

Terminology and principles associated with care at end of life is applied in various ways throughout literature and key policy documents. To assist with ensuring a consistent statewide approach to terminology, please see [Appendix 1](#) for suggested definitions, care providers, care locations and principles that can be used when developing a *HHS Care at End of Life Education & Training Strategy*.

These suggestions are not mandatory, but using common terminology, principles, linkages and structures will help us toward a more consistent and less confusing statewide approach to providing integrated information, education and training on care at end of life.

Framework overview

The *Care at end of life: Education and Training Framework* has four sections, in alignment with the Clinical Excellence Queensland [Project Management Framework](#)¹ (CEQ PMF) methodology, which is a four-phase approach to change management and continuous quality improvement. In the first instance the HHS should use their locally endorsed PMF methodology; otherwise, the CEQ PMF is available to guide their strategy implementation. Please see [Appendix 4](#) for a summary of the framework.

Table 1: Section overview

Section	Objective
1: Initiate	Establish the concept and prepare the environment
2: Plan	Conduct an analysis of care at end of life clinician and community education and training needs, gaps and opportunities
	Identify target audiences for the <i>HHS Care at End of Life Education & Training Strategy</i>
	Develop an evaluation methodology
	Develop the <i>HHS Care at End of Life Education & Training Strategy</i>
3: Deliver	Implement the <i>HHS Care at End of Life Education & Training Strategy</i> using a range of evidence-based resources and delivery methods
4: Sustain	Evaluate the outcomes and impact of the <i>HHS Care at End of Life Education & Training Strategy</i>
	Report progress of strategy implementation to key stakeholders
	Embed into organisational education and training processes

¹ Clinical Excellence Division. (2018). Project Management Framework. *Clinical Excellence Division Project Management Framework*. (P. a. Office, Ed.) Brisbane, Queensland, Australia: State of Queensland. Retrieved September 25, 2018, from https://qheps.health.qld.gov.au/__data/assets/pdf_file/0022/2184124/0.1-CED-Project-Management-Framework.pdf

Section 1: Initiate

Establish the concept and prepare the environment

Objective: To establish the concept locally and prepare the environment for implementation of a *HHS Care at End of Life Education & Training Strategy*.

Although the *Care at the End of Life Implementation Plan 2015-2025* proposes the delivery of a HHS care at end of life education and training strategy, the concept will require endorsement by an authorising person or group, for instance, via the executive of a branch, office or HHS, or through the local Care at End of Life Committee. It is suggested that HHS develop their own internal process for presenting ideas to their authorising person or group. It can be as simple as an email, or through a more formal concept submission which provides:

- an outline of the scope of the work to be undertaken
- the proposed resources required
- the anticipated outcomes and benefits of the project.

Local endorsement of the Strategy

In Queensland Health, all public hospitals, day procedure services, healthcare centres, residential aged care facilities and mental health services are required to implement [the National Safety and Quality Health Service \(NSQHS\) Standards](#). This is carried out through **accreditation**. Linking the development of a *HHS Care at End of Life Education & Training Strategy* with accreditation requirements can assist with gaining endorsement and local uptake of this activity.

Relevant accreditation Standards that are addressed by developing and implementing a *HHS Care at End of Life Education & Training Strategy* include:



Standard 1 – [Clinical Governance](#)



Standard 2 – [Partnering with Consumers](#)



Standard 5 – [Comprehensive Care](#)



Standard 6 – [Communicating for Safety](#)



Standard 8 – [Recognising and Responding to Acute Deterioration](#)

Other strategies that can support seeking endorsement for this activity include:

- engaging with local Health Service Planning teams to obtain relevant data, e.g. service delivery, financing, key performance indicators, morbidity and mortality rates, regional demographics
- identifying key stakeholders (internal, external, cross-sectoral) who can help to facilitate implementation of an *HHS Care at End of Life Education & Training Strategy* and engage them in the process
- talking to your business coordinator about the process for applying for funding, if required
- demonstrating how the *HHS Care at End of Life Education & Training Strategy* aligns and supports policies, procedures, plans and strategies, including:
 - [Statewide strategy for end-of-life care 2015](#)
 - *HHS Care at the End of Life Implementation Plan 2015-2025*
 - [National consensus statement: Essential elements for safe and high-quality end-of-life care](#)

and [National consensus statement: Essential elements for safe and high-quality paediatric end-of-life care](#)

- [Palliative Care Service Development Guidelines 2018](#)
- [National Palliative Care Standards 2018](#)
- [National Palliative Care Strategy 2018](#)
- [Department of Health strategic plan 2016–2020 \(2018 update\)](#)
- [My health, Queensland's future: Advancing health 2026](#)
- [Advancing health service delivery through workforce: A strategy for Queensland 2017-2026](#)
- HHS strategic and operational plans.

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Section 2: Plan

Objective: After receiving approval to proceed, this phase establishes how the *HHS Care at End of Life Education & Training Strategy* will be delivered, managed and evaluated.

Develop the *HHS Care at End of Life Education & Training Strategy*

The *HHS Care at End of Life Education & Training Strategy* should be developed to address the gaps and opportunities for specific target audiences identified in a needs analysis. A recommended outline of the Strategy is provided in [Appendix 2](#).

Strategic objectives

It is suggested that the *HHS Care at End of Life Education & Training Strategy* is underpinned by four strategic objectives:

Objective 1: Person-centered care

- Patients, their carer/s and family work in partnership with healthcare providers through shared decision-making.
- Care seeks to meet the needs of the patient, their carers and/or family in a respectful, culturally safe way through appropriate clinical intervention and sensitive, non-judgmental, empathetic communication.

Objective 2: Leadership, governance and innovation

- A governance structure exists that supports staff to seek new, flexible, scalable and sustainable ways to improve the care provided to patients, their carer/s and family at the end of life, and ensures the HHS is responsive to statewide, national and international policy and innovation.

Objective 3: Education, training and research

- Staff are supported to provide quality care to patients approaching the end of life, as well as families and carers, through education and training that improves knowledge and skills.
- A research culture exists where evidence-based practice supports enhanced service delivery and innovation.

Objective 4: Community engagement and strategic partnerships

- Improve support and continuity of care for patients, their carer/s and family through maximising community awareness and facilitating seamless transitions for patients.
- Collaboration within the HHS care network, and the interface with other government and non-government agencies will strengthen partnerships and improve care coordination.

These objectives can be used for [reporting](#) purposes to demonstrate achievements, opportunities and the need to embed care at end of life education and training as a core HHS activity.

Undertake a needs analysis

Conducting a needs analysis of current care at end of life clinician and community education and training within the HHS is a key task. The process is critical to identifying staff education gaps, increasing participant commitment to knowledge development, gaining management support and establishing data for monitoring and evaluation. It is recommended that this process is undertaken in collaboration with clinical educators and other local stakeholders involved in the delivery of education and training.

Questions to ask

Questions to consider when conducting a needs analysis include²:

- Who requires knowledge – disciplines, number of staff in each discipline and settings
- What settings will be included – e.g. hospital, community, aged care, outpatients, primary care
- What is/are the knowledge and skill gap/s and why do these gaps exist?
- What topics should be covered?
- What are the desired learning outcomes?
- What training is needed to achieve these outcomes?
- What learning delivery method/s are most beneficial and appropriate? (Refer to [Table 3: Delivery methods](#) for a summary of learning interventions)
- Do preferences for time and location of education and training exist among audiences?

Identification of education and training administration processes

Determine how staff education on other topics is managed within the HHS:

- Does one area manage all the education needs of staff or is it broken down by discipline?
- Are there specific clinical educators or other stakeholders who could be engaged to identify, deliver, promote and govern educational opportunities and resources?
- Does the HHS have a specialist palliative care team that already provides some education or can assist with developing an annual program of education?
- Is there an opportunity to obtain executive support to embed care at end of life education into staff orientation?
- Are there any NGOs within the HHS that provide education on care at end of life?

Clinical Services Capability Framework

The [Clinical Services Capability Framework \(CSCF\)](#) for public and licensed private health facilities outlines minimum requirements for the safe provision of health services in Queensland public and private acute and sub-acute health facilities. Within the CSCF, clinical services are categorised into up to [six capability levels](#), with Level 1 managing the least complex patients and Level 6 managing the highest level of patient complexity.

Each HHS has CSCF levels that determines the capability of the public facilities within the region. The CSCF levels of your HHS can be explored further on the [Queensland Health CSCF website](#).

Palliative care is one of the services that is subject to a CSCF level. It is suggested that review of the CSCF palliative care levels of your HHS could be used to inform your training needs analysis, as well as incorporated into your *HHS Care at End of Life Education & Training Strategy*.

² Turner D, 2018, 'Training Needs Analysis (TNA): The Key to Effective Nursing Education', viewed 29 March 2018 at <https://www.ausmedcorporate.com/training-needs-analysis/>

Evaluation and reporting

During the planning stage, consideration should be given to how you will evaluate and report on the implementation of your *HHS Care at End of Life Education & Training Strategy*.

Evaluation is a critical component of effectively and objectively measuring the success of projects and interventions. The outcomes of effective evaluations can be used to:

- enhance understanding about the impact a project may have, as well as assess whether the project is achieving its objectives
- improve decision-making in relation to the development of future interventions
- assist with assessing the appropriateness and value for money of projects to influence decisions on resource allocation and drive continuous improvement
- demonstrate outcomes achieved to key stakeholders.

It is recommended that an evaluation plan be determined in the planning phase. Project evaluation should be linked with key performance indicators and performance measures, and early incorporation of *evaluation thinking* into development of your *HHS Care at End of Life Education & Training Strategy* will enhance its effectiveness, efficiency and appropriateness. It also increases the use of evaluation findings throughout the project life cycle.

Evaluation activities in the planning phase

This checklist of evaluation activities that could be carried out during the planning phase is adapted from the Clinical Excellence Queensland [Evaluation Planning Methodology](#)³.

Planning the evaluation

- Identify the needs of key stakeholders
- Define the aims and objectives of the evaluation process
- Define the evaluation questions
- Choose an appropriate evaluation type
- Specify criteria for measuring success
- Choose appropriate data collection methods
- Choose data analysis techniques
- Decide how to report on evaluation findings and results
- Determine any risks to the evaluation process
- Determine when evaluation should occur
- Decide who will conduct the evaluation and required resources
- Commence collecting pre-intervention data, if appropriate.

Refer to [Section 4: Sustain](#) for more information about evaluation and reporting methods.

³ Clinical Excellence Queensland 2019, *Evaluation Checklist*, Brisbane, Queensland, Australia: State of Queensland. Retrieved May 29, 2019, available at https://qheps.health.qld.gov.au/__data/assets/word_doc/0030/1808049/evaluation-checklist.docx

Identify target audiences and their education requirements

The provision of quality care at the end of life is a commitment made to all Queenslanders. The level and complexity of a person's need, as well as those of their family and carers, will determine the appropriate level of service response⁴.

The following workforce capability matrix is proposed to determine target audiences and their corresponding education requirements, based on assumed prior knowledge, needs and experience with care at the end of life. Levels one to three are drawn from Palliative Care Australia's *National Palliative Care Standards (5th Edition, 2018)*⁵. Community levels A and B have been added to reflect relevant populations that may need to be considered outside of the healthcare workforce.

Table 2: Workforce and community capability matrix

Level	Population needs	Capability	Workforce/community profile
Level 3: Specialist palliative care	People living with a life-limiting illness whose needs include straightforward and predictable, intermediate and fluctuating, or complex and persistent; including families and carers of these people.	<p>Management of complex and persistent symptoms that are not effectively controlled by standard therapies; including palliative sedation therapy, palliative radiotherapy, percutaneous endoscopic gastrostomy and other nutritional approaches.</p> <p>Provision of after-hours access including telephone advice, nursing and medical support. Education, counselling and support for resolving complex issues, impact of palliative management options, and decision-making relating to non-beneficial treatment.</p> <p>Assessment and management of complex psychosocial care needs for the person living with a life-limiting illness, their family and carers.</p> <p>Active implementation of advance care planning; responsiveness to the person's wishes including the withdrawal of life sustaining treatment; mediation and conflict resolution between the person, their family and carers. Education, training and consultancy support to Levels 1 & 2 services. Leadership role in palliative care research including with academic centres.</p>	<p>Multidisciplinary team including medical practitioners, nurses, nurse practitioners and allied health professionals, most of whom will have specialist qualifications, extensive experience and/or skills in palliative care. Medical practitioners, senior nursing and allied health may provide consultative services.</p> <p>An extensive range of allied health disciplines will be available including occupational therapy, physiotherapy, speech therapy, social workers, psychologists, pharmacists, Indigenous Health Workers, grief and bereavement counsellors, art and music therapists, spiritual care and pastoral care workers.</p> <p>Personal care workers who provide support in the person's home or other residential care home.</p>
Level 2: Specialist palliative care	People living with a life-limiting illness whose needs range from straightforward and predictable to intermediate and fluctuating; including families and carers of	<p>Provide palliative care for the person, carer and family whose needs exceed the capability of the persons normal treating physician.</p> <p>Provides assessment and care of more complex pain and distressing symptoms.</p> <p>Provides counselling, assessment and management of psychosocial care needs for the person living with a life-limiting illness, family and carers.</p> <p>Active implementation of advance care planning. Provision of education,</p>	<p>Multidisciplinary team including medical practitioners, senior nurses, nurse practitioners and allied health professionals with skills and experience in palliative care; some will have specialist qualifications related to palliative care.</p> <p>Alternatively, have access to a specialist palliative medical physician on a visiting medical officer basis and/or through formally agreed consultative arrangements. Allied health</p>

⁴ Palliative Care Australia 2018, *National Palliative Care Standards 5th Edition*, p 10. Accessed 8 March 2019 at https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2018/02/PalliativeCare-National-Standards-2018_web-3.pdf

	these people.	training and consultancy support to Level 1 service.	professionals and personal care workers have undertaken training or are skilled to support the needs of people living with a life-limiting illness.
Level 1: Palliative Care	People living with a life-limiting illness whose needs are straightforward and predictable; including carers and/or family members of these people.	<p>Ongoing clinical management and care coordination including assessment, triage and referral for the person with uncomplicated needs. Uses a palliative approach.</p> <p>Has formal links with a Specialist Palliative Care provider for purposes of referral, consultation and access to specialist care as necessary.</p> <p>Health professionals involved in providing Level 3 care at end of life do not work in palliative care.</p>	<p>Medical practitioners with knowledge and experience in care at the end of life who provide medical care to the person living with a life-limiting illness, may be a GP, physician, geriatrician, paediatrician, renal specialist, oncologist or other medical professional.</p> <p>Nurse practitioners working in aged care. Nurse navigators working across the community-acute interface who need palliative care knowledge when managing chronic diseases. Nurses who work in community settings including general practices, people's homes and residential care. Personal care workers who provide support in the person's home or other residential care home.</p> <p>Access to allied health professionals as required.</p>
Community Level B: Support care providers	May range from people living with a life-limiting illness or not currently living with a life-limiting illness—as a patient, carer and/or family member.	<p>This group may benefit from education to:</p> <ul style="list-style-type: none"> • build awareness and a common language about care at end of life, and help 'normalise' and encourage public discussion about death and dying • become aware of available care at the end of life and advance care planning tools and services • become motivated to plan their end-of-life care and carry out advance care planning for themselves or with loved ones. <p>Other training and education regarding the importance of respectful communication with patients, carers and families, documentation of advance care plans, grief, loss and bereavement could be of interest to this group.</p>	Assistants in nursing, operational and administration staff, volunteers, non-clinical therapists, students, community organisations and informal carers and/or family members comprise this group.
Community Level A: General public	Not currently living with a life-limiting illness as a patient, carer or family member.	<p>This group may benefit from education to:</p> <ul style="list-style-type: none"> • build awareness and a common language about care at end of life, and help 'normalise' and encourage public discussion about death and dying • become aware of available care at the end of life and advance care planning tools and services • become motivated to plan their end-of-life care and carry out advance care planning for themselves or with loved ones. 	<p>Healthcare consumers, community members including patients and their carers and/or family members, community organisations and key local stakeholder groups.</p> <p>Communities with specific needs, for example people from Aboriginal and Torres Strait Islander and culturally, linguistically and spiritually diverse backgrounds; older people; people living with disability; children and young people etc.</p>

Section 3: Deliver

Objective: To implement the *HHS Care at End of Life Education & Training Strategy*.

In accordance with the [Statewide strategy for end-of-life care 2015](#), work at this phase is aimed towards recognition that all staff who work with people at the end of life, as well as their carers/family members and the broader community, are able to receive targeted, evidence-based information and learning opportunities, within an agreed *HHS Care at End of Life Education & Training Strategy*.

Education and training resources

A significant amount of end of life education, information and continuing professional development resources exist to support delivery of your *HHS Care at End of Life Education & Training Strategy*. A list of these resources has been collated in [Appendix 3](#). It is suggested that centrally available, existing resources are utilised where they exist, rather than developing new educational materials. The table groups resources in alignment with the [workforce and community capability matrix](#). You may also consider using resources and training that are available locally.

Delivery methods

No single method of education, continuous professional development or training is likely to result in improved quality of care. Each HHS should implement a range of interventions that when used appropriately together, may lead to substantial improvements in the care provided.

Table 3: Delivery methods

Workplace learning	Self-directed learning	
<ul style="list-style-type: none"> • Coaching from others • Case studies/presentations • Clinical audit • Reflective practice • Self-assessment • Peer review and discussions with colleagues • Supervising staff or students • Involvement in wider-work of employer (e.g. participation in/representation on a committee) • Acting up in more senior positions • Work shadowing • Secondments/locums/job rotation • Site/department visits • Ward rounds • Journal club and study groups/special interest groups • In-service training • Developing pathways, protocols, guidelines, policy etc. • Participating in performance development • Low-fidelity simulation sessions such as role play • Staff orientation training • Situational analysis of significant events • Project work or project management • Quality assurance activities • Clinical and professional mentoring 	<ul style="list-style-type: none"> • Reading journals/articles • Conducting evidence-based reviews/literature searches • Reviewing/editorial of books/articles/professional documents • Computer reminders (eg prompts to do tasks, screen savers) • Voluntary work • Evidence-based validated online modules 	
	Formal / educational	<ul style="list-style-type: none"> • Courses and Workshops • Undertaking research, Writing articles or papers • Attending conferences, seminars, forums etc • Distance learning/online learning • Courses accredited by professional body • Planning or running a course • Delivering training
	Professional activity	<ul style="list-style-type: none"> • Organisation/participation in journal clubs/specialist interest groups • Lecturing or teaching • Being a mentor, resource person or assessor • Participating in or chairing a committee/working party • Giving presentations at conferences • Supervising research • Clinical supervision of colleagues • Membership with professional body

Section 4: Sustain

Objective: To ensure implementation of education and training is sustainable, recognised and embedded into local activity, specifically through evaluation and reporting.

Evaluation

The goals for education, continuous professional development and training for each level proposed in workforce capability matrix will vary due to differing levels of prior knowledge, experience with care at end of life and required knowledge.

Strategic objectives and outcome measures

The suggested strategic objectives can form the basis for measuring outcomes of education and training interventions. Keeping a record of each of the outcome measures suggested in the table below can assist with reporting to the project sponsor, governance group and key stakeholders.

Table 4: Measuring strategy outcomes

Strategic objective	Outcome measures
Person-centered care	<p>Education and training materials are available relating to:</p> <ul style="list-style-type: none"> - Advance care planning - Care of the dying person - Caring for people with communication difficulties - Caring for people with cognitive and/or intellectual impairment - Clinical care - Communication skills - Decision-making capacity - Disease-specific symptom assessment - Evidence-based symptom management - Identification of the person approaching the end of life - Legal issues - Ethical issues - Culturally safe care
Leadership, governance and innovation	<p>Education and training needs analysis is conducted</p> <p>National and statewide resources and professional development approaches utilised in local initiatives</p> <p>Completion of professional development</p>
Education, training and research	<p>Training completion rates reported/evaluated e.g. number of attendees, number of completed modules etc</p> <p>Improvement in confidence, knowledge and skill in delivering quality care at end of life</p> <p>Integration of new skills and knowledge into professional practice</p> <p>Improvements in organisational policy or practice</p> <p>Training evaluation feedback or results reviewed and used for future planning</p>
Community engagement and strategic partnerships	<p>Innovative use of arts, engagement and/or public health approaches and events</p> <p>Attendance at community events</p> <p>Feedback from community events</p> <p>Education and training needs analysis for patient, family, carers and community conducted</p>

Impact measures

Measuring the impact of the *HHS Care at End of Life Education & Training Strategy* helps to identify whether it was effective in achieving its objectives and determines the positive and negative changes that have resulted from implementation, and how education and training activities can be improved in the future.

Impact evaluation measures changes in knowledge, attitudes and behaviour at individual, organisation and community levels. Impact evaluation can identify changes such as^{6 7}:

- the target groups' awareness, knowledge, skills and actions
- attitudes, norms and clinician/community participation
- public policies, organisational policies and practices, legislation, standards and regulations, budgetary adjustments
- environmental aspects
- social support structures
- the provision of community services.

Simple methods for conducting impact evaluations include:

- pre- and post- training surveys or interviews
- self-administered surveys with clinicians and consumers
- face-to-face or telephone interviews.

Reporting

Project reporting is a formalised means of communicating the status of the *HHS Care at End of Life Education & Training Strategy* to the project sponsor, governance group and key stakeholders. It provides a progress update against the [objectives](#) outlined in the planning phase. Regular reporting is important to ensure achievements are communicated, and issues are identified and action to address them has been taken⁸.

Reporting can include:

- a monthly status report to the project sponsor or HHS executive
- a regular status report at Care at EOL Committee meetings
- overall annual monitoring of Statewide strategy for end-of-life care 2015 implementation conducted by the Care at End of Life Project Team
- presenting outcomes to the HHS Board
- promoting achievements through local media internal or external to Queensland Health.

⁶

⁷ <https://www.health.qld.gov.au/stayonyourfeet/toolkits/phase4/impact-tools>

⁸ <https://gheps.health.qld.gov.au/clinical-excellence/project-management-framework/evaluation,-reporting,-communication-and-governance>

Reporting framework

Based on the suggested strategic objectives, a reporting framework could be incorporated into your *HHS Care at End of Life Education & Training Strategy*. This is not compulsory, but using consistent outcome and process measures across the state can enable an accurate picture of statewide improvements.

Table 5: Reporting framework

Objective	Suggested reportable indicators	Status
Person-centered care	<p>Education and training materials are available relating to:</p> <ul style="list-style-type: none"> - Advance care planning - Care of the dying person - Caring for people with a communication impairment - Caring for people with a cognitive and /or intellectual impairment - Clinical care - Communication skills - Culturally safe care - Decision-making capacity - Disease-specific symptom assessment - Evidence-based symptom management - Identification of the person approaching the end of life - Legal issues - Ethical issues <p>Professional development supports the delivery of high-quality care at end of life</p>	<p>Achieved</p> <p>In progress</p> <p>Partially achieved</p> <p>Not achieved</p>
Leadership, governance and innovation	<p>An education and training needs analysis informs development of resources and approaches</p> <p>Clinical supervision and support is available for health professionals providing care to people at the end of life, their families and carers</p> <p>Education and training on care at end of life topics is integrated into staff orientation programs</p> <p>National and statewide policy and innovation relevant to the HHS context are implemented and their short- and long-term impacts are evaluated</p> <p>Educational materials are available that address legal issues relating to clinical care at end of life, decision-making and advance care planning</p> <p>Educational materials are available for recognising and managing moral distress and burnout</p> <p>Clinical experts are utilised to deliver ongoing educational programs</p> <p>Education and training opportunities are promoted to HHS staff</p>	
Education, training and research	<p>An education and training needs analysis informs development of resources and approaches</p> <p>Innovative methods of delivering information, education and training to patients, families, carers and the community are utilised, including via telehealth models</p> <p>Innovative methods of delivering professional development to healthcare staff are utilised</p> <p>Clinical experts are utilised to deliver ongoing educational programs</p> <p>Education and training on care at end of life topics is integrated into staff orientation programs</p> <p>Education and training outcomes are monitored</p> <p>Education and training opportunities are promoted to HHS staff</p>	
Community engagement and strategic partnerships	<p>An education and training needs analysis informs development of resources and approaches</p> <p>Innovative methods of delivering information, education and training to patients, families, carers and the community are utilised</p> <p>Innovative methods of delivering professional development to healthcare staff are utilised</p> <p>Education and training outcomes are monitored</p>	

Appendix 1

Suggested terminology

End of life care refers to healthcare services aimed at meeting the health needs of people (including infants and children) whose life expectancy is anticipated to be shortened as a result of known life-limiting conditions, and where the intent of care may have shifted from life prolongation to a focus on quality of life.

Definitions

Care at the end of life encompasses care inclusive of the following:

- **Palliative care** is an approach that improves the quality of life of patients, their carer/s and family members facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.^{9 10}
- **Specialist palliative care** (see below)
- **Complementary care** which provides self-help and support to the patient and their family and carers and includes charitable and other volunteer care as well as non-clinical therapies e.g. massage therapy.¹¹
- **End of life care** includes physical, spiritual and psychosocial assessment, and care and treatment delivered by health professionals and ancillary staff. It also includes support of families and carers, and care of the patient's body after their death. People are 'approaching the end of life' when they are likely to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with:
 - advanced, progressive, incurable conditions
 - general frailty and co-existing conditions that mean that they are expected to die within 12 months
 - existing conditions, if they are at risk of dying from a sudden acute crisis in their condition
 - life-threatening acute conditions caused by sudden catastrophic events.¹²

Care providers

Care at the end of life is delivered through the collaboration of specialist and generalist palliative care providers with other supportive care providers, patient's family and other carers. Care providers include¹³:

- **Support care providers** including assistants in nursing, healthcare workers, volunteers, non-clinical therapists and family members.
- **Non-specialist palliative care** providers including primary health care and healthcare professionals in acute hospital, and healthcare workers with knowledge of basic palliative care principles.
- **Specialist palliative care** includes services provided by multidisciplinary clinicians who have advanced training in palliative care. The role of specialist palliative and supportive care services

⁹ Palliative Care Australia 2018, *National Palliative Care Standards 5th Edition*, p 5. Accessed 8 March 2019.

¹⁰ World Health Organisation (n.d.) Definition of Palliative Care. Available at www.who.int/cancer/palliative/definition/en, accessed 8 March 2019.

¹¹ Queensland Health. (2015). Statewide strategy for end-of-life care. Brisbane: State of Queensland. Retrieved 8 March 2019, from <http://www.health.qld.gov.au/systemgovernance/strategic-directions/plans/health-service/>

¹² Australian Government 2018, National Palliative Care Strategy. Canberra: Australia. Accessed 8 July 2019 at

[https://www.health.gov.au/internet/main/publishing.nsf/Content/EF57056BDB047E2FCA257BF000206168/\\$File/12291_PC-Strategy.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/EF57056BDB047E2FCA257BF000206168/$File/12291_PC-Strategy.pdf)

¹³ Queensland Health. (2015). Statewide strategy for end-of-life care. Brisbane: State of Queensland. Retrieved 8 March 2019, from <http://www.health.qld.gov.au/systemgovernance/strategic-directions/plans/health-service/>

includes providing direct care to patients with complex palliative care needs, and providing consultation services to support, advise and educate non-specialist clinicians who are providing palliative care.¹⁴

Care locations

Care at the end of life can be delivered in:

- hospital (public and private)
- specialist palliative care unit
- respite care
- residential aged care facility
- hospice
- at home (the house a person lives in, or another place that has personal, cultural or spiritual significance).

Principles

Central to the practice of high-quality end-of-life care are the concepts of¹⁵:

- holistic care that addresses the physical, psychological, social and spiritual needs of the patient and their caregivers
- a focus on quality of life
- minimising the burden of invasive healthcare interventions or investigations
- respecting patient choice, autonomy and needs.

¹⁴ Australian Government 2018, National Palliative Care Strategy. Canberra: Australia. Accessed 8 July 2019 at [https://www.health.gov.au/internet/main/publishing.nsf/Content/EF57056BDB047E2FCA257BF000206168/\\$File/12291_PC-Strategy.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/EF57056BDB047E2FCA257BF000206168/$File/12291_PC-Strategy.pdf)

¹⁵ Queensland Health. (2015). Statewide strategy for end-of-life care. Brisbane: State of Queensland. Retrieved 8 March 2019, from <http://www.health.qld.gov.au/systemgovernance/strategic-directions/plans/health-service/>

Appendix 2

Hospital & Health Service Education & Training Strategy template

1. Introduction
 - 1.1. Background
 - 1.2. Purpose
 - 1.3. Vision
 - 1.4. Strategic alignment
 - 1.5. Population context
 - 1.6. Definitions and principles
2. Governance
 - 2.1. HHS Care at End of Life Committee
 - 2.2. Reporting
3. Strategy
 - 3.1. Strategic objectives
 - 3.2. Target audiences
 - 3.3. Education and training resources
 - 3.4. Action plan
4. Monitoring and review
 - 4.1. Monitoring and evaluation
 - 4.2. Reporting and review

Appendix 3


















Method icon legend					
eLearning		Short courses and workshops		Clinical experiences	
Cost to participate	\$	Computer and video resources		Brochures & pamphlets	
Conferences		Mobile application		Telephone	




Table 6: Existing care at end of life education and training resources







Workforce capabilities	Organisation (Hyperlinked website)	Description	Method	Length
Level 1-3, Community A & B	Queensland Health Care at end of life consumer information	<p><u>Website</u></p> <p>Care at end of life information targeted towards patients, carers and family www.qld.gov.au/careatendoflife (short URL for promotional purposes)</p> <p><u>Brochures</u></p> <ul style="list-style-type: none"> DL brochure—Understanding advance care planning DL brochure—Understanding care at the end of life Booklet—Information for family and carers <p><u>Consumer videos</u></p> <ul style="list-style-type: none"> Why aren't we talking about dying? Can planning for death improve our life? Is it ever too early to plan? Starting the conversation 	 	Self-paced






Workforce capabilities	Organisation (Hyperlinked website)	Description	Method	Length
Level 1-3, Community A & B	Queensland Health Care at end of life clinician information	<p>Care at end of life information targeted towards clinicians www.qld.gov.au/careatendoflife (short URL for promotional purposes)</p> <p>Queensland Health clinical guidelines</p> <ul style="list-style-type: none"> • Advance Care Planning Clinical Guidelines <ul style="list-style-type: none"> ○ 6 Step ACP Process ○ ACP Quick Guide • End-of-life care: Guidelines for decision-making about withholding and withdrawing life-sustaining measures from adult patients <ul style="list-style-type: none"> ○ Flowcharts for providing healthcare and withholding/withdrawing life-sustaining measures ○ Life-sustaining measures and legal considerations • Care Plan for the Dying Person <ul style="list-style-type: none"> ○ Care Plan for the Dying Person Health Professional Guidelines • Residential Aged Care End of Life Care Pathway • Sad News, Sorry Business: Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying • Guide to informed decision-making in healthcare • Guidelines for the handling of medication in community based palliative care services in Queensland <p>Clinician videos</p> <ul style="list-style-type: none"> • Are you talking about dying? • Good death, bad death, what's the difference? 		Self-paced
	Australian Association of Gerontology	<p>Common ethical dilemmas at the end of life</p> <ul style="list-style-type: none"> • The law relating to withholding or withdrawing treatment for older people at the end of life • Clinical decision making around nutrition, hydration and de-prescribing for older people at end of life • Requests to withhold information to older people with a life limiting illness 	 	Self-paced





Workforce capabilities	Organisation (Hyperlinked website)	Description	Method	Length
Level 1-3, Community A & B	Palliative Care Australia	<p>Palliative Care Australia (PCA) is the national peak body for palliative care. PCA has produced resources for patients, carers and health professionals.</p> <ul style="list-style-type: none"> • What is palliative care? • Learn more about pain and pain management • Advance care planning • The dying process • Asking questions can help • Understanding grief • Diabetes and palliative care – information for patients • Your choices and decisions • Directory of Services • Palliative Care in Aged Care • How can I support my friend/family member? • Facts about morphine and other opioid medicines in palliative care • Ten questions to ask about palliative care in residential aged care • Dementia and palliative care discussion paper • Living Well with Metastatic Breast Cancer • Massage therapy in palliative care • Compassionate Communities: An implementation guide for community approaches to end of life care • Final Report: Compassionate Communities Feasibility Study <p>National Palliative Care Standards (Edition 5): developed to be used by specialist palliative care services to support the delivery of high quality palliative care for the person receiving care, their family and carers.</p>		Self-paced
	Palliative Care NSW Palliare: A Handbook for Palliative Care Volunteers in NSW	This handbook offers background and practical guidance for people who volunteer in Palliative Care settings. Some of the information is specific to NSW but will be of interest to Palliative Care and hospice volunteers in Queensland.		Self-paced
	Talking End of Life (TEL)	Guidance in how to talk to people with intellectual disability about end of life. Designed for disability support professionals but also helpful for families, health professionals, and educators. With assistance, people with intellectual disability might also find the TEL information helpful. TEL is an online version of the Dying to Talk project.		Self-paced
Level 1-3	Advance Care Planning Talk (ACPTalk)	ACPTalk is a web-based resource to support health professionals to conduct advance care planning conversations with people from different religions and cultures.		Self-paced

Workforce capabilities	Organisation (Hyperlinked website)	Description	Method	Length
Level 1-3	Australian Commission on Safety and Quality in Health Care	<p>National Safety and Quality Health Service Standards: a nationally consistent statement of the level of care consumers can expect from health service organisations. There are five that relate to care at end of life: Standard 1 – Clinical Governance, Standard 2 – Partnering with Consumers, Standard 5 – Comprehensive Care, Standard 6 – Communicating for Safety, Standard 8 – Recognising and Responding to Acute Deterioration.</p> <p>The national consensus statement: Essential elements for safe and high-quality end-of-life care: the Consensus Statement aligns with the National Safety and Quality Health Service (NSQHS) Standards, but provides recommended, rather than mandatory, practice. It also aligns with the <i>National Consensus Statement: essential elements for recognising and responding to clinical deterioration</i>, and it is intended that these documents be applied together.</p> <p>The national consensus statement: Essential elements for safe and high-quality paediatric end-of-life care: considerations, principles and actions required to provide optimal care to children at the end of life.</p>		Self-paced
	Australian Centre for Grief and Bereavement	Education and training programs offered as webinars, workshops, formal RTO courses, conferences and customised training.	 \$	Various
	Australian Government, Department of Health	National Palliative Care Strategy 2018 - The National Strategy is intended to be used by all Australian governments, as well as organisations and individuals, in guiding the improvement of palliative care across Australia so that people affected by life-limiting illnesses get the care they need to live well. The National Strategy provides a shared direction and an authorising environment for the continual improvement of palliative care services throughout Australia.		Self-paced
	CareSearch: Palliative care knowledge network	The CareSearch Project consolidates online palliative care knowledge for health professionals, people needing palliative care and their families, and for the general community.		Self-paced
	caring@home Project	<p>Online education modules are aimed at educating registered nurses about the <i>caring@home</i> resources and how they can be used to teach carers to help manage breakthrough symptoms safely using subcutaneous medicines.</p> <ul style="list-style-type: none"> Module 1 - Introducing the <i>caring@home</i> resources and their benefits. Module 2A & 2B - Conducting a one-on-one training session. 		Self-paced
	Centre for Palliative Care	Palliative Care: Getting started is a free online course for health professionals to introduce key palliative care concepts required to provide best practice clinical care.		Self-paced

Workforce capabilities	Organisation (Hyperlinked website)	Description	Method	Length
Level 1-3	Centre for Palliative Care Research and Education (CPCRE)	<p>CPCRE is a Queensland Health-funded initiative, developed to enhance palliative care education and research throughout Queensland.</p> <ul style="list-style-type: none"> • CPCRE education • CPCRE education calendar of events <p>GP Pain Help app This app provides information to help GPs manage cancer pain towards end of life. It includes: an opioid converter, a treatment decision tree, content hub, and FAQs.</p> <p>Educational videos for general practitioners.</p> <ul style="list-style-type: none"> • Cancer Pain • Case Conferencing • Grief and Loss • Nausea and Vomiting • Paediatric Palliative Care • Principles of Palliative Care • Prognostication • Spirituality 		Various
	End of Life Directions for Aged Care (ELDAC)	<p>ELDAC provides information, guidance, and resources to health professionals and aged care workers to support palliative care and advance care planning to improve the care of older Australians.</p> <ul style="list-style-type: none"> • Toolkits • Information and services 		Self-paced
	End-of-Life Essentials	<p>Education modules designed to assist doctors, nurses and allied health professionals working in acute hospitals in delivering end of life care. They are free to use.</p> <p><u>Modules:</u></p> <ul style="list-style-type: none"> • Dying, a normal part of life • Patient-centred communication and shared decision-making • Recognising the end of life • Planning end-of-life care – Goals of care • Teams and continuity for the patient • Responding to concerns • Emergency Department end-of-life care • Paediatric end-of-life care • Chronic complex illness end-of-life care • Imminent Death 		Self-paced

Workforce capabilities	Organisation (Hyperlinked website)	Description	Method	Length
Level 1-3	End of Life Law for Clinicians	For clinicians and medical students about the law relating to end of life decision-making: <ul style="list-style-type: none"> • Education modules • General information 		Self-paced
	My Health Record Online Training , Australian Digital Health Agency	My Health Record Online Training . This self-paced training introduces the key principles which underpin healthcare providers' use of the My Health Record system and demonstrates its features and functionalities. Following completion of an introductory module, there are specific modules available for healthcare providers across a range of healthcare settings, including General Practice, Community Pharmacy, Specialist Practice, Hospitals, Allied Health, and Residential Aged Care.		Self-paced
	palliAGED	palliAGEDgp This smartphone app supports GPs who are caring for older palliative patients living at home or in residential care. The app makes use of a framework of care which starts with a GP considering if they would be surprised if this patient died in the next 6 to 12 months. The key clinical processes resulting from their assessment are – advance care plan, case conference, or terminal care management plan. The app provides information and resources to support each of these and includes prescribing support for common symptoms experienced in the terminal phase. palliAGEDnurse An online evidence-based guidance and knowledge resource for palliative care in aged care. Under each topic heading you will find an evidence summary, a concise synopsis of findings of systematic reviews dealing with the topic in a palliative care/aged care context. Each evidence summary has a companion page with practical information found in the Practice Centre .		Mobile applications
	Palliative Approach Toolkit	Resources designed to assist residential aged care providers to implement a comprehensive, evidence-based palliative approach to care for appropriate residents.		Self-paced
	Palliative Care Curriculum for Undergraduates (PCC4U)	PCC4U aims to encourage the integration of palliative care training within all health undergraduates (nursing, medical and allied health) and relevant post-graduate curricula and further improve the skill and confidence of the generalist workforce to work with people with palliative care needs.		Self-paced
	Palliative Care Online Training	The Guidelines for a Palliative Approach to Aged Care in the Community (COMPAC) . This package of online training is comprised of two groups of modules: <ul style="list-style-type: none"> • Modules 1 – 4 are based on the COMPAC best practice guidelines known as 'The Guidelines for a Palliative Approach for Aged Care in the Community Setting' • Modules 5 – 6 are skills modules covering pain management and recognising deteriorating clients. 		Self-paced

Workforce capabilities	Organisation (Hyperlinked website)	Description	Method	Length
Level 1-3	Palliative Care Queensland (PCQ)	PCQ is the peak organisation for palliative care in Queensland, representing the interests and aspirations of all who share the ideal of quality care at the end of life for all. PCQ hold education mornings that are also available as webinars for specialists, palliative care providers, or any professional interested in palliative care.		Various
	Program of Experience in the Palliative Approach (PEPA)	The Program of Experience in the Palliative Approach (PEPA) aims to enhance the capacity of health professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops. Placements PEPA provides free health placements in palliative care services for practicing health professionals (2-4 days duration). Online modules These online modules have been designed for placement participants (GP, Palliative Approach and Aboriginal and Torres Strait Islander Module). Workshops PEPA workshops incorporate activities which are consistent with the aims of PEPA, and integrate contemporary, evidence-based educational strategies.	  	2-4 days Self-paced
	The Advance Project	Learning options for GPs, practice nurses and managers to develop knowledge of, and skills in using, screening tools to support palliative care and advance care planning in general practice. <u>Modules:</u> <ul style="list-style-type: none"> • General Practitioners - The Advance Project GP module • Practice Managers - The Advance Project Practice Manager module • Nurses - The Advance Project General Practice Nurse module 		Self-paced Approx 3 hours

Workforce capabilities	Organisation (Hyperlinked website)	Description	Method	Length
Levels 2 - 3	Palliative Care Outcomes Collaborative (PCOC)	<p>Essentials course is a national program that utilises standardised clinical assessment tools to measure and benchmark patient outcomes in palliative care. Participation in PCOC is voluntary and can assist palliative care service providers to improve practice.</p> <p><u>Modules:</u></p> <p>PCOC Essentials for clinicians who need to:</p> <ul style="list-style-type: none"> • Understand PCOC assessments • Refresh knowledge of the PCOC tools <p>PCOC Essentials for managers who need to:</p> <ul style="list-style-type: none"> • Implement PCOC • Learn about patient outcome reports and how to use the data for change <p>Clinical Leaders Workshop - PCOC assessment & response framework and Clinical Leaders Workshop - Advanced Workshop - using PCOC reports.</p> <p>The self-directed education package is a set of resources and guide to support organisations to embed local education and to routinely assess patient, family and carer needs.</p>		Self-paced
		<p>Clinical Leaders Workshop - PCOC assessment & response framework and Clinical Leaders Workshop - Advanced Workshop - using PCOC reports.</p>		1 full day
		<p>The self-directed education package is a set of resources and guide to support organisations to embed local education and to routinely assess patient, family and carer needs.</p>		Self-paced
	Quality of Care Collaborative Australia (QuoCCA)	<p>Seeks to improve skills, knowledge and confidence of health professionals involved in delivery of paediatric palliative care across Australia through pop-up and scheduled education sessions. Led by Children's Health Queensland collaboration with other children's hospitals in Australia.</p>		Self-paced

Appendix 4

Care at end of life: Education and training framework summary

Purpose
This framework aims to guide Hospital & Health Services with the development of a localised *HHS Care at End of Life Education & Training Strategy*

Expected outcomes
1) An end of life education and training strategy is endorsed and implemented at HHS level
2) The strategy is rolled out across all HHS services, and the proportion of staff receiving training is documented and increases over time

Strategic alignment
Increasing workforce and community knowledge of care at end of life aligns with Queensland Health's *Statewide strategy for end-of-life care 2015*

Accreditation ready

Relevant accreditation Standards addressed by developing and implementing a *Strategy* include:

-  Standard 1 – Clinical Governance
-  Standard 2 – Partnering with Consumers
-  Standard 5 – Comprehensive Care
-  Standard 6 – Communicating for Safety
-  Standard 8 – Recognising and Responding to Acute Deterioration

Figure 1: Process for developing and implementing *HHS Care at End of Life Education & Training Strategy*

