

Framework on a page



VISION

Victorians can access high-quality palliative and end-of-life care that meets the unique needs of each person and their carers and family. Care is provided through an integrated, responsive, and inclusive service system.



GOALS

- 1 Care is responsive to people's assessed needs and supports their values, preferences, and wellbeing.
- 2 People are cared for and, where possible, can die in their place of choice.
- 3 Carers and families are supported and valued as vital partners in each person's care journey.
- 4 Care is responsive to the needs of diverse communities and supports self-determination for First Peoples.
- 5 People experience high-quality and coordinated care at the right time.
- 6 People's care is integrated across providers and workforces, with a focus on interdisciplinary approaches.



PRIORITY DIRECTIONS

- 1 Provide more care at home
- 2 Support people's holistic needs and those of carers, families, and loved ones
- 3 Improve system interfaces and care pathways
- 4 Build a capable and interconnected workforce
- 5 Enhance innovation, digital capability, and use of data



INTENT

- Victoria is reshaping its care system so home comes first when that is a person's wish
- A focus on wellbeing and what is most important to people approaching the end of life
- People experience well-coordinated care and can navigate the system more easily
- Coordinated palliative care delivered by a confident, interdisciplinary workforce
- Better using technology to deliver best practice care, everywhere



ACTIONS

- Renew the Palliative Care Service Capability Framework to clearly outline the expectations and roles of different services
- Embed best practice discharge planning, so people return home from hospital with the right supports in place
- Consider best practice palliative care in-reach models for aged care and disability settings*
- Support people to make informed choices with clear and consistent information about palliative care and navigation support*
- Address health service policies that might be a barrier to cultural practices around death and dying
- Increase awareness of service and workforce obligations under the *Medical Treatment Planning and Decisions Act 2016*
- Implement more consistent statewide referral, admission, triage, transition and discharge criteria
- Explore opportunities to strengthen the navigation and coordination role of the Victorian Palliative Care Advice Service and community-based palliative care services*
- Revisit the planning and service improvement role of Palliative Care Consortia in the context of Local Health Service Networks
- Increase use of 'Care Plan For the Dying Person – Victoria' to support consistent best practice
- Collect better data on workforce skills, training, and distribution to inform planning
- Encourage the uptake of palliative care training and skill development pathways by the broader health workforce*
- Undertake a palliative care data enhancement project
- Develop a new palliative care data governance framework to support systematic sharing and monitoring of data
- Services should increase the use of telehealth and other digital tools*

SUCCESS LOOKS LIKE:

- Positive experiences of care and benchmarked patient outcomes
- More palliative care and more care at home in the last 100 days of life
- Equitable access, inclusive and culturally responsive care
- Peoples' care choices are known and wishes are respected
- Carers are supported and people have the information they need
- A capable interdisciplinary workforce, ensuring consistent needs assessment



CORE PRINCIPLES

Equity, responsiveness, choice

Safe, high-quality, person-centred care

Framework actions may be subject to government funding decisions

* subject to future funding decisions by government.