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| Palliative care service capability framework |
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## Capability framework

This document is an excerpt from the *Strengthening palliative care: Policy and Strategic directions 2011–2015 policy*. The Strengthening Palliative Care policy was replaced in July 2016 with *Victoria’s end of life and palliative care framework*.

The service capability framework comprises seven dimensions of measuring and describing capability across the following service types:

* three types of services (inpatient, community and consultancy)
* three levels of inpatient categories, two levels of community-based services   
  and one level of consultancy.

Further development of the service capability framework will be undertaken in 2016–17 by the Department of Health and Human Services in consultation with the Palliative Care Clinical Network and the sector.

| Inpatient palliative care services – Level 1 | |
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| Role description and range of services | provides management of palliative care patients with generally anticipated problems and outcomes  range of services will include physical and psychological, social and spiritual care  discharge planning and effective liaison with community-based palliative and generalist providers  provides or facilitates access to psychological, social and spiritual care, bereavement support and respite care  assessment of patient care needs and exploration of patient goals, expectations and choices for place of care, including knowledge of advance care planning and end of life issues  volunteer program (and coordination) either specific to palliative care or through an organisation-wide program  DHHS table bullet |
| Catchment | local and sub-regional |
| Staffing profile | nursing and medical staff with knowledge of palliative care and/or qualifications in palliative care with access to a consultancy service  access to allied health, psychological, social and spiritual staff  coordination of volunteers specific to palliative care or through an organisation-wide program |
| Education, training and research | information to other staff who work in generalist services in the local and sub-regional area about the palliative approach  support and education for palliative care patients, carers and families  provide a health-promoting palliative care approach to build communities’ capacity to respond to death, dying, loss and care |
| Quality framework | participation in the Department of Health and Human Services Clinical Services Improvement Program, including self-assessment against Palliative Care Australia’s (PCA’s) National Standards Assessment Program  quality activities are supported through formal links with Levels 2 & 3 inpatient services, palliative care consortia and consortia clinical groups  routine collection of palliative care patient and carer satisfaction  participation in health service system-wide quality improvement and assurance activities |
| Service integration and linkages | protocols with Levels 2 and 3 inpatient services and consultancy service or other arrangements to obtain advice and coordinate referral for more complex palliative care patients  referrals and protocols to access bereavement support, psychological and spiritual care and respite for palliative care patients, carers and families  protocols to access allied health, psychological, social and spiritual staff  formal links and referral arrangements with a range of medical specialty services  formal links and referral arrangements with primary and specialist community providers  understanding of services offered by statewide palliative care services  participation and involvement in coordination activities through the palliative care consortia |
| Infrastructure, facilities and supporting services | access to designated palliative care beds (Levels 2 or 3) and/or acute inpatient beds  capacity to provide access to accommodation for family and carers if required  access to a facility that will support family meetings   * tele-health facilities   access to equipment loan and other services to support return to home for palliative care patients |

| Inpatient palliative care services – Level 2 | |
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| Role description and range of services | as for Level 1 plus  provides a broad spectrum of care and has the capacity to manage most palliative care patients, including physical and psychological, social and spiritual needs  interdisciplinary approach  experience and provision of advance care planning and end of life care with clear protocols for timely referral to community services  a patient management pathway that is inclusive of interdisciplinary assessment, liaison with community-based service providers, discharge planning and provision of discharge information to primary care providers  formal linkages to support Level 1 services |
| Catchment | sub-regional |
| Staffing profile | as for Level 1 plus  interdisciplinary team made up of medical and nursing staff with specialist qualifications in palliative care, and allied health, psychological, social and spiritual staff with experience and/or specialist qualifications in palliative care  substantial presence/involvement of medical practitioner with specialist qualifications in palliative medicine who may work across other health services  provision of on-call or other after-hours support by medical staff with experience in palliative care  access to other allied health, psychological, social and spiritual and clinical staff supporting psychological, social and spiritual care needs of palliative care patients, carers and families |
| Education, training and research | as for Level 1 plus  undergraduate and postgraduate teaching (registrars, trainees, students)  provide education and support in specialist palliative care within the health service  some outreach education and support to generalist and community-based services  participation in palliative care research and quality improvement projects |
| Quality framework | as for Level 1 plus  contributes data to a state/national system that monitors and measures palliative care outcomes  use of validated assessment tools and evidence-based care pathways and protocols |
| Service integration and linkages | as for Level 1 plus  protocols with Level 3 inpatient service or other arrangements to provide advice and receive referral for more complex patients  protocols and liaison with other services and clinical support units within/external to the health service  formal link with a palliative care consultancy service  relationship and information sharing with statewide palliative care services  formal links with specialist community services for joint postgraduate registrar and training programs |
| Infrastructure, facilities and supporting services | as for Level 1 |

| Inpatient palliative care services – Level 3 | |
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| Role description and range of services | as for Level 2 Plus  provides comprehensive care and has capacity to manage the full range of palliative care patients, including clinical and/or psychological, social and spiritual complexities  complex symptom and pain management  provision of interdisciplinary care including psychological, social and spiritual care for palliative care patients, carers and families by qualified providers  availability of liaison psychiatry and/or psycho-oncology and/or appropriate mental health services  provides advisory/consultation services to generalist providers  after-hours on-call provision for specialist palliative care advice and patient/carer support  formal linkages with Levels 1 and 2 inpatient services to provide advice and consultation  provides a palliative care volunteer program |
| Catchment | regional (and potentially statewide role for some services) |
| Staffing profile | as for Level 2 Plus  comprehensive interdisciplinary team, including medical practitioner with specialist qualifications in palliative medicine, specialist nursing (may include nurse practitioner) and allied health, psychological, social and spiritual staff with qualifications and experience in palliative care  staff with joint appointments across settings and/or universities  coordinator of volunteers |
| Education, training and research | as for Level 2 Plus  formal education programs in the palliative approach available to other hospital staff and on an outreach basis to external health professionals  collaborative arrangements with community palliative care for formal education programs for family carers and patients  staff with joint appointments with universities  origination, leadership and active participation in palliative care research, knowledge integration and quality improvement activities |
| Quality framework | as for Level 2 Plus  meets all or some of the requirements for Royal Australasian College of Physicians (RACP) accreditation in relation to palliative medicine  offers a leadership role, including provision and training support of peer reviewers and supports their training for PCA’s National Standards Assessment Program  contributes to a statewide data system  monitors/reports palliative care clinical indicators and participates in benchmarking activities  provides clinical leadership in the use of resources that promote consistency and good clinical practice, such as validated assessment tools and evidence-based care pathways and protocols |
| Service integration and linkages | as for Level 2 Plus  protocols and liaison with other services and clinical support units within/external to the health service (including acute care, subacute care, emergency departments, medical and radiation oncology, intensive care and diagnostic imaging)  substantive involvement of other clinical practitioners (including, but not limited to, general practitioners, other generalist and specialist medical practitioners, clinical nurse consultants and nurse educators from other clinical fields, Aged Care Assessment Service (ACAS) teams, bereavement specialists and aged care services)  leadership in service and care coordination through mechanisms such as interdisciplinary team meetings and case conferencing involving providers across settings  leadership in activities such as consortia clinical advisory groups  formal links and referral arrangements with a range of specialist palliative care services |
| Infrastructure, facilities and supporting services | as for Level 2 Plus  access to high-end diagnostic management and treatment facilities |

| Community palliative care services – Level 1 | |
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| Role description and range of services | provides management of palliative care clients with generally anticipated problems and outcomes through one or more specific services (not full range of comprehensive care) to support clients in the community  range of services will include physical and psychological, social and spiritual care  participates in discharge planning and liaison with inpatient palliative care and acute hospital services  provides or facilitates access to psychological, social and spiritual care, bereavement support and respite care  assessment of client care needs and exploration of client goals, expectations and choices for place of care, including knowledge of advance care planning and end of life issues  after-hours support  volunteer program (and coordination) either specific to palliative care or through a link into a volunteer network |
| Catchment | local and sub-regional |
| Staffing profile | nursing and other staff with knowledge of palliative care and/or qualifications in palliative care with access to a palliative care consultancy service  may involve palliative medicine specialists through a palliative care consultancy service on an advisory basis  coordinator of volunteers specific to palliative care or links to a volunteer network  may include generalist medical staff and/or nurse practitioner in palliative care |
| Education, training and research | information to other staff who work in generalist services in the local and sub-regional area on the palliative approach  support and education for palliative care clients, carers and families  provide a health-promoting palliative care approach to build communities’ capacity to respond to death, dying, loss and care |
| Quality framework | participation in the Department of Health and Human Services Clinical Services Improvement Program, including self-assessment against PCA’s National Standards Assessment Program  quality activities are supported through formal links with Level 2 community services, palliative care consortia and consortia clinical groups  routine collection of client and carer satisfaction data  participation in health service system-wide quality improvement and assurance activities |
| Service integration and linkages | protocols with Level 2 community services and consultancy service or other arrangements to obtain advice and coordinate referral for more complex palliative care clients  collaborative relationships with generalist and specialist health providers to support joint management and shared care of palliative care clients in the community  referrals and protocols to access bereavement support, psychological, social and spiritual care, and respite for palliative care clients, carers and families  protocols to access allied health, psychological, social and spiritual staff  formal links and referral arrangements with a range of specialist palliative care services  understanding of services offered by statewide palliative care services  participation and involvement in coordination activities through the palliative care consortia |

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| Infrastructure, facilities and supporting services | access to designated appropriate-level palliative care beds and/or acute inpatient beds and respite facilities  access to tele-health facilities  access or referral to equipment loan and other services to support palliative care clients at home |

| Community palliative care services – Level 2 | |
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| Role description and range of services | as for Level 1 Plus  provides comprehensive clinical care (including complex symptom and pain management) and psychological, social and spiritual care, bereavement support and access to respite care  arrangements for 24-hour coverage to meet needs of community palliative care clients and their families and carers  provision of interdisciplinary care by qualified providers  protocols for access to psychiatry and/or psycho-oncology and/or appropriate mental health services  experience and provision of advance care planning and end of life care with clear protocols for timely referral to inpatient services  interdisciplinary assessment of client care needs and exploration of client goals, expectations and choices for place of care-liaison with inpatient services, and provision of information to other providers  provides advisory/consultation services to generalist providers  formal protocols to support Level 1 community services  provides a palliative care volunteer program |
| Catchment | sub-regional and regional |
| Staffing profile | as for Level 1 Plus  comprehensive interdisciplinary team, including medical practitioner with specialist qualifications in palliative medicine, specialist nursing (may include nurse practitioner) and allied health, psychological, social and spiritual support staff with qualifications and experience in palliative care  staff may have joint appointments across settings and/or universities  coordinator of volunteers |
| Education, training and research | as for Level 1 Plus  teaching and training for nursing, medical staff and primary care staff in specialist palliative care  collaborative arrangements with inpatient services for formal education programs for carers and palliative care clients  staff with capacity to provide mentoring and education in undergraduate and postgraduate studies  leadership and participation in palliative care research, knowledge integration and quality improvement activities |
| Quality framework | as for Level 1 Plus  meets all or some of the requirements for RACP accreditation in relation to palliative medicine  offers a leadership role, including providing peer reviewers and supports their training for PCA’s National Standards Assessment Program  undertakes routine collection of client and carer satisfaction and employs other mechanisms to support consumer feedback  contributes data to a state/national system that monitors and measures palliative care outcomes  monitors/reports palliative care clinical indicators and participates in benchmarking activities  provides clinical leadership in the use of resources that promote consistency and good clinical practice, such as validated assessment tools and evidence-based care pathways and protocols |

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| Service integration and linkages | as for Level 1 Plus  substantive involvement of other clinical practitioners (including, but not limited to, general practitioners, other generalist and specialist medical practitioners, clinical nurse consultants and nurse educators from other clinical fields, ACAS teams, bereavement specialists and aged care services)  staff to provide advice and consultation to Level 1 services  leadership in activities such as consortia clinical advisory groups  formal links and referral arrangements with a range of specialist palliative care services  participation and involvement in coordinating activities through the regional palliative care consortia |
| Infrastructure, facilities and supporting services | as for Level 1 Plus  facilities for the provision of psychological and social support/counselling services away from the home |

| Consultancy palliative care services | |
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| Role description and range of services | ‘in-reach’ consultancy advice and support to hospital-based staff  ‘outreach’ consultancy advice and support to generalist community-based healthcare professionals and community palliative care services  assessment and symptom management, clinical decision-making, advance care planning, patient and family communication, end of life care  approximately 40 per cent direct clinical care and 60 per cent consultancy service, including but not limited to the following elements   * + - coordinating access and service provision for palliative care patients, carers and their families through referral and liaison with acute services, inpatient palliative care units, ambulatory care clinics and community palliative care services     - capacity building, education and advocacy on the palliative approach     - may include provision of specialist palliative care ambulatory clinics     - may include participation in regional and/or sub-regional interdisciplinary meetings     - may include participation in interdisciplinary cancer team meetings |
| Catchment | statewide, regional and/or sub-regional |
| Staffing profile | interdisciplinary team, including medical practitioner with specialist qualifications in palliative medicine, and nursing staff with qualifications and experience in palliative care (may include a nurse practitioner in palliative care and other staff with specialist qualifications in palliative care)  facilitates access to other required services, including allied health, psychological, social and spiritual care |
| Education, training and research | undergraduate and postgraduate training of nursing and medical staff, and other disciplines, as defined by the consultancy staffing profile  extensive role in provision of education about palliative care for health professionals across all settings and on a regional basis  staff with joint appointments at universities  leadership and participation in palliative care research and knowledge integration  provide a health-promoting palliative care approach to build communities’ capacity to respond to death, dying, loss and care |
| Quality framework | employing agency meets requirements for RACP accreditation in relation to palliative medicine  participation in the Department of Health and Human Services Clinical Services Improvement Program, including self-assessment against PCA’s National Standards Assessment Program  offers a leadership role, including providing peer reviewers and supports their training in the National Standards Assessment Program  contributes to a statewide data system  provides clinical leadership in the use of resources that promote consistency and good clinical practice, such as validated assessment tools and evidence-based care pathways and protocols  quality activities are supported through formal links with inpatient and community services, palliative care consortia and consortia clinical groups |
| Service integration and linkages | collaborative relationships with generalist and specialist health providers to support joint management and shared care of palliative care patients requiring palliative care  leadership role in standardising referral protocols and communication channels with other health providers to support improved access to palliative care services on a geographic basis  formal links and referral arrangements with a range of specialist palliative care services  leadership in activities such as consortia clinical advisory groups  participation and involvement in coordinating activities through the regional palliative care consortia |
| Infrastructure, facilities and supporting services | access and referral to acute and non-acute inpatient beds  access and referral to community facilities, including respite and aged care  tele-health facilities |

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