Voluntary assisted dying safety and quality guidance for health services

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Introduction

The *Voluntary Assisted Dying Act 2017* (the Act) will commence on 19 June 2019. This voluntary assisted dying safety and quality guidance for health services (the guidance) provides specific support for implementing voluntary assisted dying that aligns with the Australian Commission on Safety and Quality in Health Care's *Australian Safety and Quality Framework for Health Care* (2010) (the framework).

The guidance is based on the framework's three core principles of safe, high-quality healthcare:

- consumer centred;
- driven by information; and
- organised for safety.

Attached to these core principles are 21 areas for action that make up the framework. This guidance applies these areas for action to voluntary assisted dying, highlighting the questions and resources health services may need to consider in preparing for voluntary assisted dying. The table beginning on page three will assist health services to identify potential work to be undertaken in each of these areas in relation to voluntary assisted dying.

The guidance is supported by three addenda:

- Addendum I: *Elements and accreditation standards* - Each health service has a quality assurance program that evaluates whether their systems and processes are meeting the Australian Commission on Safety and Quality in Health Care's *National Safety and Quality Health Service Standards*. Addendum I will assist health services to align the framework's 21 areas for action with the most common accreditation programs.

- Addendum II: *Performance indicators* - Health services must collect data and measure performance to ensure a positive person-centred experience and identify areas that require adjustment. Addendum II will assist health services to establish consistent performance indicators that provide information to inform policy direction and reform in relation to voluntary assisted dying. These performance indicators can also be used to improve service provision in real time.

- Addendum III: *Safety and quality implementation checklist* - Addendum III is a checklist that health services may use when reviewing their safety and quality and clinical governance, structures and functions as they relate to the Act. This checklist may also assist health services to develop their own implementation plan in readiness for commencement of the Act from 19 June 2019.

Resources have already been provided to health services to prepare for voluntary assisted dying and further resources will progressively be made available in the lead up to the commencement of the Act. These resources will cover:

- coordination of care for people requesting voluntary assisted dying;
- admission of people in possession of voluntary assisted dying medication;
- tools to assist health service staff determine their level of involvement in voluntary assisted dying.

The Department of Health and Human Services (the Department) is also developing guidance for health practitioners, training for medical practitioners and community and consumer information to support the implementation of the Act.

How to use this safety and quality guidance

The following table— Application of the *Australian Safety and Quality Framework for Health Care (2010)* to Health Service Implementation of Voluntary Assisted Dying—identifies how health services may implement voluntary assisted dying using the framework's three core principles of safe, high-quality healthcare: consumer-centred; driven by information; and organised for safety.

The first column breaks down each core principle into the areas for action described in the framework. The second column identifies questions your health service should consider in implementing these actions. The third column contains additional suggested guidance to assist in ensuring voluntary assisted dying is properly implemented within your health service.

Application of the *Australian Safety and Quality Framework for Health Care (2010)* to Health Service Implementation of Voluntary Assisted Dying		
Core Principle 1: Consumer centred Providing care that is easy for patients to get when they need it. Making sure healthcare staff respect and respond to patient choices, needs and values. Forming partnerships between patients, their family, carers and healthcare providers		
ASQFHC areas for action	**Questions relevant to voluntary assisted dying implementation**	**Actions to ensure voluntary assisted dying responsibilities are incorporated into existing policies, procedures and guidelines**
1.1 Develop methods and models to help patients get health services when they need them	How will your staff be informed of the care pathway to ensure a consistent approach to patients requesting information about, or access to, voluntary assisted dying? How will requests for information about voluntary assisted dying be handled consistently across your health service? What processes are needed for the provision of information, referrals, and communication? How will a person be supported if they are assessed as not meeting the eligibility criteria for voluntary assisted dying?	Review policies, procedures and guidelines relating to: • service access • informed consent • consumer information • information sharing and confidentiality • collecting consumer experience of care The Act does not allow health services to publicly display information about voluntary assisted dying. However, health services should have information about voluntary assisted dying available and on hand for people who request it. Copies of authoritative and user tested information (including translated and Easy English material) are available on the Department's website: • https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/voluntary-assisted-dying/community-and-consumers

1.2 Increase health literacy	How will staff know where to obtain accurate information about voluntary assisted dying for people who request it? Does information need to be adapted to suit your local health service setting or is additional material required?	See 1.1 above.
1.3 Partner with consumers, patients, families and carers to share decision making about their care	What existing supports are in place for the person (and their carers, family and friends) that support conversations about what matters to them at the end of life? Are there clear policies for health practitioners about how patients are included in medical treatment decision-making?	Review policies, procedures and guidelines relating to: • end of life • consumer engagement and community participation • clinical care • advance care planning • medical treatment planning and decision making
1.4 Provide care that respects and is sensitive to different cultures	How will people from different cultural backgrounds be supported when accessing voluntary assisted dying, including in circumstances where they are assessed as not meeting the eligibility criteria?	Review policies, procedures and guidelines relating to: • cultural competence • privacy and confidentiality • cultural and linguistically diverse communities • engagement of National Accreditation Authority for Translators and Interpreters (NAATI) • engagement of speech pathologists • education for staff

	How will interpreters be briefed prior to, and after, any discussions about voluntary assisted dying?	
1.5 Involve consumers, patients and carers in planning for safety and quality	How will the person requesting voluntary assisted dying and carers be engaged to contribute to the safety and quality of the person's voluntary assisted dying experience?	Review policies, procedures and guidelines relating to: • consumer engagement and community participation feedback (including complaints and compliments) and continuous improvement. Involve consumer and carer representatives in your health service's voluntary assisted dying steering committee/implementation group.
1.6 Improve continuity of care	How will voluntary assisted dying be integrated into existing care? How will people be supported throughout the assessment process, whether in the home or within the service? How will your service co-ordinate with other health services to identify appropriately skilled medical practitioners and accommodate a person' wishes? How will families be supported following a voluntary assisted death?	Review policies, procedures and guidelines relating to: • consumer engagement and community participation • clinical care • carer assessment • bereavement support • interdisciplinary care meetings • handover • transfer of clinical information when a person is transferred within or between health services • suicide risk and assessment

1.7 Minimise risks at handover	How will consent be sought from a person requesting voluntary assisted dying to share relevant information about their care with relevant staff? How will relevant staff know that a person is accessing voluntary assisted dying?	Review policies, procedures and guidelines relating to: • handover • clinical care • consent • privacy and confidentiality
1.8 Promote healthcare rights	How will people know their healthcare rights in relation to accessing voluntary assisted dying?	Provide people who request information about, or access to, voluntary assisted dying with the authoritative and user tested community and consumer information available on the Department's website (see 1.1 above). Review policies, procedures and guidelines and consider the following: • use a charter of consumer rights from the *Australian Charter for Healthcare Rights* • *Charter of Human Rights and Responsibilities Act 2006* (Vic) • *Charter of Care Recipients Rights and Responsibilities*
1.9 If something goes wrong, openly inform and support the patient	How will an adverse event be communicated to a person accessing voluntary assisted dying and/or their carers, family and friends? How will an adverse event be communicated to the person's treating team?	Review policies, procedures and guidelines relating to: • open disclosure/protected disclosure • complaints • incident reporting Consider the role of the Voluntary Assisted Dying Review Board

	How will an adverse event be reviewed and documented?	

Core Principle 2: Driven by information
Using up-to-date knowledge and evidence to guide decisions about care.
Safety and quality data are collected, analysed and fed back for improvement.
Taking action to improve patients' experiences.

ASQFHC actions	Questions related to voluntary assisted dying implementation	Actions to ensure voluntary assisted dying responsibilities are incorporated into existing policies, procedures and guidelines
2.1 Use agreed guidelines to reduce inappropriate variation in the delivery of care	How will your health service ensure that medical and other health practitioners participating in voluntary assisted dying access and apply the *Voluntary assisted dying guidance for health practitioners*? How will your health service ensure that people requesting voluntary assisted dying receive accurate consumer information? What documentation processes are required and how will they be incorporated into existing documentation processes, such as goals of care forms?	Review the *Voluntary assisted dying model of care for health services* and care pathways, to develop a pathway that incorporates a service access policy, including your health service's response and expected level of involvement. Review and make available to medical and health practitioners the *Voluntary assisted dying guidance for health practitioners*. On a person's request for information about voluntary assisted dying make available the authoritative and user tested community and consumer information available on the Department's website (see 1.1). Review policies, procedures and guidelines relating to consumer deterioration, limitations of treatment, and goals of care. Points to consider include: • initial needs identification • initial needs assessment • goals of consumer care

		• recognising a deteriorating consumer • palliative care • end-of-life care • transfer of clinical information when consumer is transferred within or between health services Review policies, procedures and guidelines relating to consent. Points to consider include: • assessment of decision-making capacity • confidentiality and privacy • code of conduct • processes and triggers for cases to be referred to clinical ethics team Review policies, procedures and guidelines relating to care of the deceased. Points to consider: • care of the deceased • death verification • death certification requirements • notification to the Coroner
2.2 Collect and analyse safety and quality data to improve care	How will your health service monitor the forms to be reported to the Voluntary Assisted Dying Review Board? Will your health service record requests for information about	Review policies, procedures and guidelines relating to: • clinical governance • clinical services capability guideline • safety and quality inclusive of quality improvement plan • audit and risk, including incident, reporting • collecting and reviewing performance data • benchmarking reports

	voluntary assisted dying, in addition to requests for access? Who in your health service will be responsible for monitoring voluntary assisted dying activity? How will safe and effective participation in voluntary assisted dying be measured?	• mortality and morbidity case reviews • compliance with legislative requirements and relevant industry standards • communication of new or revised policy documents to the workforce • consumer feedback, inclusive of evaluation of consumer information • complaints register Review VHA guidance on performance indicators in addendum II of this document.
2.3 Learn from patients' and carers' experiences	How will voluntary assisted dying be incorporated into your health service's patient and carer experience surveys? How will your health service seek feedback from people requesting voluntary assisted dying and carers in a sensitive and timely way?	Review policies, procedures and guidelines relating to: • consumer engagement • feedback (including compliments and complaints) and continuous improvement
2.4 Encourage and apply research that will improve safety and quality	What review mechanisms will be in place to ensure ongoing improvement and best practice? What principles will need to be developed by your health service to guide research into voluntary assisted dying?	Review policies, procedures and guidelines relating to: • ethics for research activities

| | How will your health service stay abreast of any research and quality improvement recommendations made by the Voluntary Assisted Dying Review Board? | |

Core Principle 3: Organised for safety		
Making safety a central feature of how healthcare facilities are run, how staff work and how funding is organised.		
ACSQF actions	**Questions related to voluntary assisted dying implementation**	**Actions to ensure voluntary assisted dying responsibilities are incorporated into existing policies, procedures and guidelines**
3.1 Health staff take action for safety	How will requests for information or access to voluntary assisted dying be handled by non-clinical staff and volunteers? How will staff caring for a person be supported throughout the process?	Review policies, procedures and guidelines relating to: • education strategy – learning and development • volunteers, administration and hospitality staff • employee assistance program (EAP) • position descriptions
3.2 Health professionals take action for safety 3.3 Managers and clinical leaders take action for safety	How will your health service incorporate voluntary assisted dying into the education schedule? How will the involvement of interdisciplinary care teams be supported? What supports and processes will be put in place when a person wants to	Develop an education schedule for staff and volunteers which may include: • newsletters • intranet, internet, social media • staff email • staff education sessions In addition to the actions under 2.1. above, review policies, procedures and guidelines relating to: • witnessing documents

	self-administer the voluntary assisted dying medication at home or in an aged care facility? What physical environment changes may be required (for example, place of care, including for administration, and storage of drugs)?	• clinical handover • consumer care • debriefing • employee assistance program (EAP) • education strategy – learning and development position descriptions • (management of external service providers • medication administration and handling • medication charts • advance care planning • medical treatment decision-making • position descriptions • contracts for locum and agency workforce • induction/orientation packages • mentoring or peer review reports • escalation of care concerns • instructions on how to call for assistance if something unexpected occurs Consider establishing a voluntary assisted dying implementation steering committee that includes managers, clinical leads and quality assurance staff Review VHA and Department guidance documents relating to: • *Preparing for voluntary assisted dying* • Voluntary assisted dying model of care for health services
3.4 Governments take action for safety	How will your health service ensure it has accurate up-to-date information from the Government	Email endoflifecare@dhhs.vic.gov.au to join the voluntary assisted dying newsletter mailing list.

	about voluntary assisted dying, both before and after the Act commences on 19 June 2019.	Check the Department's website for information and updates Check the Voluntary Assisted Dying Review Board website for information and updates Retain copies of: • *Voluntary Assisted Dying Act 2017* • *Voluntary Assisted Dying Regulations 2018*
3.5 Ensure funding models are designed to support safety and quality	How will voluntary assisted dying be incorporated into existing services, care and support? How will your health service collect information to support planning for workforce requirements?	Review policies, procedures and guidelines relating to: • strategic direction and business plans • finances and funding models • contracts for locum and agency workforce • clinical services capability guideline
3.6 Support, implement and evaluate e-health	How will voluntary assisted dying be incorporated into your health service's e-health processes? What review mechanisms will need to be in place to ensure ongoing improvement and best practice in relation to e-health?	Review policies, procedures and guidelines relating to: • health records • documentation • e-health
3.7 Design and operate facilities, equipment and work processes for safety	What needs to be incorporated into your health service's operational systems in relation to voluntary assisted dying?	Review policies, procedures and guidelines relating to: • procurement guideline • human resources

	What IT systems, records management and other organisational protocols need to be developed or revised to facilitate the voluntary assisted dying processes? Where will your health service store voluntary assisted dying documentation in a person's medical record?	• credentialing and certification • information and technology • occupational health and safety • environmental risk • infection control • medication storage and handling • complaints register
3.8 Take action to prevent or minimise harm from healthcare errors	How will your health service consider findings, and implement any recommendations, of the Voluntary Assisted Dying Review Board?	Review policies, procedures and guidelines relating to: • clinical governance • safety and quality inclusive of quality improvement plan • audit and risk including incident reporting • collecting and reviewing performance data • compliance with legislative requirements and relevant industry standards • innovation and development • risk management • risk scoring matrix • mortality and morbidity case reviews • communication of new or revised policy documents to the workforce • escalation of care concerns • instructions on how to call for assistance if something unexpected occurs • complaints register

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Voluntary Assisted Dying Regulations 2018 http://www.legislation.vic.gov.au

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- Safer Care Victoria (SCV);
- the Voluntary Assisted Dying Implementation Taskforce; and
- the work undertaken by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

Their time, dedication and support were invaluable to the development of this safety and quality guidance.

Addendum I - Elements and accreditation standards

The table contained in this addendum aims to assist health services to link the voluntary assisted dying activities outlined in the *Australian Safety and Quality Framework in Health Care* (ASQFHC) table above with the other standards generally used by health and aged care services.

Represented within this table are the Royal Australian College of General Practitioners *Standards for general practices* (5th edition); the *National Safety and Quality Health Service Standards* (NSQHS Standards) for the inpatient sector; the *EQuIP6 Standards* for the community sector; and the *Aged Care Quality Standards*. This table references the standards, not each of the standard's criteria, and is not exhaustive.

The *National Palliative Care Standards* and *National consensus statement: essential elements for safe and high-quality end-of-life care* are not used for accreditation requirements. However, both documents support the delivery of high-quality end of life care and are also likely to support health service accreditation actions.

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 1: Consumer centred**	**Standards for general practices (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
1.1 Develop methods and models to help patients get health services when they need them	GP Standard 1 – Access to care	1 – Clinical Governance Standard	*Clinical* (1.2) consumers/patients and communities have access to health services and care appropriate to their needs (1.3) appropriate care and services are provided to consumer/patients	Standard 8 – Organisational governance

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 1: Consumer centred**	**Standards for general practices (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
1.2 Increase health literacy	GP Standard 1 – Access to care	1 – Clinical Governance Standard 2 – Partnering with Consumers Standard		Standard 1 – Consumer dignity and choice Standard 3 – Personal care and clinical care
1.3 Partner with consumers, patients, families and carers to share decision making about their care	Core Standard 1 – Communication and patient participation Core Standard 2 – Rights and needs of patients Core Standard 5 – Clinical management of health issues GP Standard 1 – Access to care GP Standard 2 – Comprehensive care	1 – Clinical Governance Standard 2 – Partnering with Consumers Standard	*Clinical* (1.2) consumers/patients and communities have access to health services and care appropriate to their needs (1.3) appropriate care and services are provided to consumer/patients (1.6) the governing body is committed to consumer/patient participation	Standard 1 – Consumer dignity and choice Standard 2 – Ongoing assessment and planning with consumers Standard 6 – Feedback and complaints

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 1: Consumer centred**	**Standards for general practices (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
1.4 Provide care that respects and is sensitive to different cultures	Core Standard 2 – Rights and needs of patients GP standard 2 – Comprehensive care	1 – Clinical Governance standard 2 – Partnering with Consumers Standard	*Clinical* (1.6) the governing body is committed to consumer/patient participation	Standard 1 – Consumer dignity and choice Standard 2 – Ongoing assessment and planning with consumers Standard 3 – Personal care and clinical care Standard 4 – Services and supports for daily living
1.5 Involve consumers, patients and carers in planning for safety and quality	Core Standard 1 – Communication and patient participation Core Standard 2 – Rights and needs of patients Core Standard 3 – Practice governance and management	1 – Clinical Governance Standard 2 – Partnering with Consumers Standard 6 – Communicating for Safety Standard	*Clinical* (1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process (1.5) the organisation provides safe care and services (1.6) the governing body is committed to	Standard 1 – Consumer dignity and choice Standard 2 – Ongoing assessment and planning with consumers

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 1: Consumer centred**	**Standards for general practices (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
	Core Standard 5 **–** Clinical management of health issues Core Standard 6 **–** Information management QI Standard 1 – Quality improvement QI Standard 3 – Clinical risk management		consumer/patient participation *Support* (2.1) the governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical areas *Corporate* (3.1) the governing body leads the organisation's strategic direction to ensure the provision of quality, safe services (3.2) the organisation maintains a safe environment for employees,	

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 1: Consumer centred**	**Standards for general practices (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
			consumers/patients and visitors	
1.6 Improve continuity of care	Core Standard 1 – Communication and patient participation Core Standard 2 – Rights and needs of patients Core Standard 3 – Practice governance and management Core Standard 5 – Clinical management of health issues Core Standard 6 – Information management Core Standard 7 – Content of patient health records	1 – Clinical Governance Standard 2 – Partnering with Consumers Standard 3 – Preventing and Controlling Healthcare-Associated Infection Standard 4 – Medication Safety Standard 5 – Comprehensive Care Standard 6 – Communicating for Safety Standard 8 – Recognising and Responding to Acute Deterioration Standard	*Clinical* (1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process (1.2) consumers/patients and communities have access to health services and care appropriate to their needs *Corporate* (3.1) the governing body leads the organisation's strategic direction to ensure the provision of quality, safe services	Standard 2 – Ongoing assessment and planning with consumers Standard 3 – Personal care and clinical care Standard 4 – Services and supports for daily living

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 1: Consumer centred**	**Standards for general practices (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
	GP Standard 2 – Comprehensive care		(3.2) the organisation maintains a safe environment for employees, consumers/patients and visitors	
1.7 Minimise risks at handover	Core Standard 1 – Communication and patient participation Core Standard 3 – Practice governance and management Core Standard 6 – Information management Core Standard 7 – Content of patient health records QI Standard 3 – Clinical risk management	1 – Clinical Governance Standard 2 – Partnering with Consumers Standard 6 – Communicating for Safety Standard	*Clinical* 1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process (1.5) the organisation provides safe care and services *Corporate* (3.1) the governing body leads the organisation's strategic direction to	Standard 1 – Consumer dignity and choice Standard 2 – Ongoing assessment and planning with consumers Standard 3 – Personal care and clinical care Standard 4 – Services and supports for daily living

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 1:** **Consumer centred**	**Standards for general practices (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
			ensure the provision of quality, safe services	
1.8 Promote healthcare rights	Core Standard 1 – Communication and patient participation Core Standard 2 – Rights and needs of patients Core Standard 7 - Content of patient health records	1 – Clinical Governance Standard 2 – Partnering with Consumers Standard	*Clinical* (1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process	Standard 1 – Consumer dignity and choice Standard 3 – Personal care and clinical care
1.9 If something goes wrong, openly inform and support the patient	Core Standard 1 – Communication and patient participation Core Standard 2 – Rights and needs of patients Core Standard 3 – Practice governance and management	1 – Clinical Governance Standard 2 – Partnering with Consumers Standard 5 – Comprehensive Care Standard 6 – Communicating for Safety Standard	*Clinical* (1.6) the governing body is committed to consumer/patient participation *Support* (2.1) the governing body leads the organisation in its commitment to	Standard 1 – Consumer dignity and choice Standard 3 – Personal care and clinical care Standard 8 – Organisational governance

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 1: Consumer centred**	**Standards for general practices (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
	Core Standard 5 – Clinical management of health issues QI Standard 3 – Clinical risk management		improving performance and ensures the effective management of corporate and clinical areas *Corporate* (3.1) the governing body leads the organisation's strategic direction to ensure the provision of quality, safe services (3.2) the organisation maintains a safe environment for employees, consumers/patients and visitors	

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 2: Driven by information**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
2.1 Use agreed guidelines to reduce inappropriate variation in the delivery of care	Core Standard 1 – Communication and patient participation Core Standard 3 – Practice governance and management Core Standard 5 – Clinical management of health issues QI Standard 1 – Quality improvement	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 Standard	*Clinical* (1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process (1.3) appropriate care and services are provided to consumer/patients (1.4) the organisation provides care and services that achieve effective outcomes (1.5) the organisation provides safe care and services *Support* (2.1) the governing body leads the organisation in	Standard 8 – Organisational governance

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 2: Driven by information**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
			its commitment to improving performance and ensures the effective management of corporate and clinical areas *Corporate* (3.1) the governing body leads the organisation's strategic direction to ensure the provision of quality, safe services	
2.2 Collect and analyse safety and quality data to improve care	Core Standard 1 – Communication and patient participation Core Standard 3 – Practice governance and management	1 – Clinical Governance Standard 2 – Partnering with Consumers Standard 5 – Comprehensive Care Standard 6 – Communicating for Safety Standard	*Clinical* (1.4) the organisation provides care and services that achieve effective outcomes *Support* (2.1) the governing body leads the organisation in	Standard 2 – Ongoing assessment and planning with consumers Standard 6 – Feedback and complaints Standard 8 – Organisational governance

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 2: Driven by information**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
	QI Standard 1 – Quality improvement QI Standard 3 – Clinical risk management		its commitment to improving performance and ensures the effective management of corporate and clinical areas (2.5) the organisation encourages and adequately governs the conduct of research to improve the safety and quality of health care within organisations *Corporate* (3.1) the governing body leads the organisation's strategic direction to ensure the provision of quality, safe services (3.2) the organisation maintains a safe environment for	

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 2: Driven by information**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
			employees, consumers/patients and visitors	
2.3 Learn from patients' and carers' experiences	Core Standard 1 – Communication and patient participation	2 – Partnering with Consumers Standard		Standard 6 – Feedback and complaints Standard 8 – Organisational governance
2.4 Encourage and apply research that will improve safety and quality	Core Standard 1 – Communication and patient participation Core Standard 3 – Practice governance and management QI Standard 1 – Quality improvement QI Standard 3 – Clinical risk management	1 – Clinical Governance Standard 5 – Comprehensive Care Standard 6 – Communicating for Safety Standard	*Support* (2.5) the organisation encourages and adequately governs the conduct of research to improve the safety and quality of health care within organisations *Corporate* (3.1) the governing body leads the organisation's strategic direction to	Standard 8 – Organisational governance

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 2: Driven by information**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
			ensure the provision of quality, safe services	

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 3: Organised for safety**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
3.1 Health staff take action for safety	Core Standard 2 **–** Rights and needs of patients Core Standard 3 **–** Practice governance and management QI Standard 1 – Quality improvement	1 – Clinical Governance Standard 6 – Communicating for Safety Standard	*Clinical* (1.4) the organisation provides care and services that achieve effective outcomes *Support* (2.2) Human resources management supports quality health care, a component workforce	Standard 7 – Human resources Standard 8 – Organisational governance

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 3:** **Organised for safety**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
	GP Standard 5 – The medical practice		and a satisfying working environment for staff *Corporate* (3.1) the governing body leads the organisation's strategic direction to ensure the provision of quality, safe services	
3.2 Health professionals take action for safety	Core Standard 1 – Communication and patient participation Core Standard 2 – Rights and needs of patients Core Standard 3 – Practice governance and management	1 – Clinical Governance Standard 2 – Partnering with Consumers Standard 5 – Comprehensive Care Standard 6 – Communicating for Safety Standard	*Clinical* (1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process (1.5) the organisation provides safe care and services (1.6) the governing body is committed to	Standard 7 – Human resources Standard 8 – Organisational governance

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 3: Organised for safety**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
	Core Standard 5 **–** Clinical management of health issues Core Standard 6 **–** Information management Core Standard 7 **–** Content of patient health records QI Standard 1 – Quality improvement QI Standard 3 – Clinical risk management GP Standard 3 – Qualifications of our clinical team	8 – Recognising and Responding to Acute Deterioration Standard	consumer/patient participation *Support* (2.1) the governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical areas (2.2) Human resources management supports quality health care, a component workforce and a satisfying working environment for staff *Corporate* (3.1) the governing body leads the organisation's strategic direction to	

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 3: Organised for safety**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
	GP Standard 4 **–** Reducing the risk of infection GP Standard 5 – The medical practice		ensure the provision of quality, safe services (3.2) the organisation maintains a safe environment for employees, consumers/patients and visitors	
3.3 Managers and clinical leaders take action for safety	Core Standard 1 **–** Communication and patient participation Core Standard 2 **–** Rights and needs of patients Core Standard 3 **–** Practice governance and management Core Standard 5 **–** Clinical management of health issues	1 – Clinical Governance Standard 2 – Partnering with Consumers Standard 6 – Communicating for Safety Standard 8 – Recognising and Responding to Acute Deterioration Standard	*Clinical* (1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process (1.5) the organisation provides safe care and services (1.6) the governing body is committed to consumer/patient participation	Standard 7 – Human resources Standard 8 – Organisational governance

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC Core principle 3: Organised for safety	Standards for general practice (5th edition)	NSQHS Standards (2nd edition)	EQuIP6 Standards	Aged Care Quality Standards
	Core Standard 6 – Information management Core Standard 7 – Content of patient health records Core Standard 8 – Education and training of non-clinical staff QI Standard 1 – Quality improvement QI Standard 3 – Clinical risk management GP Standard 3 – Qualifications of our clinical team GP Standard 5 – The medical practice		*Support* (2.1) the governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical areas (2.2) Human resources management supports quality health care, a component workforce and a satisfying working environment for staff (2.5) the organisation encourages and adequately governs the conduct of research to improve the safety and quality of health care within organisations	

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 3:** **Organised for safety**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
			Corporate (3.1) the governing body leads the organisation's strategic direction to ensure the provision of quality, safe services (3.2) the organisation maintains a safe environment for employees, consumers/patients and visitors	
3.4 Governments take action for safety **N/A—this table is for health service actions**				
3.5 Ensure funding models are designed to support safety and quality	QI Standard 3 – Clinical risk management	1 – Clinical Governance Standard	*Support* (2.1) the governing body leads the organisation in its commitment to	Standard 7 – Human resources

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 3:** **Organised for safety**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
	GP Standard 3 – Qualifications of our clinical team GP Standard 5 – The medical practice	5 – Comprehensive Care Standard 6 – Communicating for Safety Standard	improving performance and ensures the effective management of corporate and clinical areas (2.2) Human resources management supports quality health care, a component workforce and a satisfying working environment for staff *Corporate* (3.1) the governing body leads the organisation's strategic direction to ensure the provision of quality, safe services	Standard 8 – Organisational governance
3.6 Support, implement and evaluate e-health	Core Standard 1 – Communication and patient participation	1 – Clinical Governance Standard 2 – Partnering with Consumers Standard	*Clinical* (1.1) consumers/patients are provided with safe, high-quality care	Standard 2 – Ongoing assessment and planning with consumers

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 3:** **Organised for safety**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
	Core Standard 5 **–** Clinical management of health issues GP Standard 2 – Comprehensive care	5 – Comprehensive Care Standard	throughout the care delivery process *Support* (2.1) the governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical areas *Corporate* (3.1) the governing body leads the organisation's strategic direction to ensure the provision of quality, safe services	
3.7 Design and operate facilities, equipment and work processes for safety	Core Standard 3 **–** Practice governance and management	1 – Clinical Governance Standard 6 – Communicating for Safety Standard	*Clinical* (1.1) consumers/patients are provided with safe, high-quality care	Standard 5 – Organisation's service environment

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 3: Organised for safety**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
	Core Standard 8 – Education and training of non-clinical staff QI Standard 3 – Clinical risk management GP Standard 5 – The medical practice		throughout the care delivery process (1.5) the organisation provides safe care and services *Support* (2.1) the governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical areas (2.3) Information management systems enable the organisation's goal to be met *Corporate* (3.1) the governing body leads the organisation's strategic direction to	

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 3:** **Organised for safety**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
			ensure the provision of quality, safe services (3.2) the organisation maintains a safe environment for employees, consumers/patients and visitors	
3.8 Take action to prevent or minimise harm from healthcare errors	Core Standard 1 – Communication and patient participation Core Standard 3 – Practice governance and management Core Standard 5 – Clinical management of health issues Core Standard 6 – Information management	1 – Clinical Governance Standard 2 – Partnering with Consumers Standard 6 – Communicating for Safety Standard	*Clinical* (1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process (1.3) appropriate care and services are provided to consumer/patients (1.5) the organisation provides safe care and services	Standard 2 – Ongoing assessment and planning with consumers Standard 3 – Personal care and clinical care Standard 4 – Services and supports for daily living Standard 6 – Feedback and complaints Standard 7 – Human resources

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC **Core principle 3: Organised for safety**	**Standards for general practice (5th edition)**	**NSQHS Standards** **(2nd edition)**	**EQuIP6 Standards**	**Aged Care Quality Standards**
	Core Standard 7 **–** Content of patient health records Core Standard 8 **–** Education and training of non-clinical staff QI Standard 1 – Quality improvement QI Standard 2 – Clinical indicators QI Standard 3 – Clinical risk management GP Standard 1 – Access to care GP Standard 2 – Comprehensive care GP Standard 3 – Qualifications of our clinical team		(1.6) the governing body is committed to consumer/patient participation *Support* (2.1) the governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical areas (2.2) Human resources management supports quality health care, a component workforce and a satisfying working environment for staff *Corporate* (3.1) the governing body leads the organisation's	Standard 8 – Organisational governance

Accreditation standards as they relate to voluntary assisted dying				
ASQFHC Core principle 3: Organised for safety	Standards for general practice (5th edition)	NSQHS Standards (2nd edition)	EQuIP6 Standards	Aged Care Quality Standards
	GP Standard 4 – Reducing the risk of infection GP Standard 5 – The medical practice		strategic direction to ensure the provision of quality, safe services (3.2) the organisation maintains a safe environment for employees, consumers/patients and visitors	

Addendum II - Performance indicators

Under the Act, the Voluntary Assisted Dying Review Board is responsible for monitoring voluntary assisted dying activity in Victoria. As part of this responsibility the Board will collect a range of data and information.

Health services can also decide what data and information they collect in relation to voluntary assisted dying. Performance indicators are a measurable value that indicates how effectively a health service is delivering a high-quality service. They provide valuable information that informs policy direction and reform, ensuring that the voluntary assisted dying care pathways remain effective.

Health services can collect data to measure their performance in terms of ensuring a positive person-centred experience and identifying areas that require adjustment. The suggested performance indicators below may be adopted or adapted by health services.

It is essential to recognise that the voluntary assisted dying request and assessment process must *always* be driven by the person requesting voluntary assisted dying and that some people may want to proceed gradually. The suggested data collection points below are not included to encourage health services to push a person requesting voluntary assisted dying to complete the request and assessment process quickly. Instead, they may assist health services to identify any systemic issues that are causing delays.

Sample data collection points:

- number of requests for information about voluntary assisted dying
- number of requests for access to voluntary assisted dying
- number of requests that result in a first assessment
- reasons for additional medical referrals and time from referral to receipt of specialist report
- time from first request to first assessment
- time from first assessment to consulting assessment
- key points in patient journey at which patient experience and satisfaction are explored (i.e. 1-2 key questions)
- experience of health service staff involved in voluntary assisted dying

Addendum III – Safety and Quality Implementation Checklist

Below is a checklist that may assist those health services that will participate in voluntary assisted dying. The checklist can be used by health service CEOs, senior management and senior health practitioners when reviewing their safety and quality policies and processes and clinical governance in preparation for the commencement of the Act.

It is important for health services to engage with key stakeholders, staff, volunteers, health consumers and the wider community about the implementation of voluntary assisted dying. The implementation period creates great opportunities for consultation, alleviating concerns, fostering transparency, building trust and interconnection. The implementation plan must clearly identify the outcomes and give everyone the opportunity to be involved in the consultative process and to be informed and updated regularly, ensuring the Act is clearly understood in readiness for 19 June 2019.

Measure safety and quality of clinical services and have mechanisms to:	Planned	Partly implemented	Established	Not applicable	Review date
1. Update the health service's strategic direction and business plans inclusive of: • human resources • information and technology • workplace health and safety • environmental risk • infection control • finances and funding models • procurement framework	☐	☐	☐	☐	

2. Update clinical governance policy framework and tools to support voluntary assisted dying process inclusive of: • reporting requirements • clinical services capability frameworks • audit and risk including risk matrix and incident reporting • compliance with legislative requirements • ethics for research.	☐	☐	☐	☐	
3. Establish a multidisciplinary working group to support implementation in your health service	☐	☐	☐	☐	
4. Develop core safety and quality voluntary assisted dying indicators and update the following: • quality improvement plan • collection and review of performance data • benchmarking reports • complaints register.	☐	☐	☐	☐	
5. Update or develop any policies, procedures, protocols or systems to incorporate voluntary assisted dying that may include: • service access/service coordination • referral • consent	☐	☐	☐	☐	

- information sharing – privacy and confidentiality - clinical care including care of the deceased - clinical handover - escalation of care concerns - cultural competence - use of interpreters - advance care planning - end-of-life care - admissions procedures - telehealth - storage and returning of voluntary assisted dying medications - open disclosure/protected disclosure - consumer complaints - consumer experience of care feedback - conscientious objection - coercion - decision-making - witnessing documents - notification to the coroner - codes of conduct - mortality and morbidity case reviews - medical records documentation and IT infrastructure.					

6. Have clear information about the care pathway available for health practitioners, local networks, community participation forums and consumer engagement channels, which may be included in: • position descriptions • contracts for locums and agency workforce • induction/orientation packages • mentoring or peer review.	☐	☐	☐	☐
7. Facilitate partnerships between health services through mechanisms such as network meetings and educational events to discuss and refine voluntary assisted dying care pathway protocols.	☐	☐	☐	☐
8. Develop educational strategies for the dissemination of resources, guidance, training packages and other tools to support voluntary assisted dying, including supporting support staff to reflect on their role in voluntary assisted dying, through: • making resources available on the intranet • including information in induction/orientation packages • peer review, mentoring and staff support processes	☐	☐	☐	☐

9. Ensure culturally sensitive material about voluntary assisted dying is available and on hand within the health service for people who request information and that staff know where to get this information, including via the Department's website.	☐	☐	☐	☐	
10. Develop the health service's specific frequently asked questions and answers in relation to voluntary assisted dying You may like to review the frequently asked questions on the Department of Health and Human Services website.	☐	☐	☐	☐	

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