



## **Outcome 5.7: Evidence, education and clinical resources mapping**

Quality palliative care and end-of-life care relies on organisational processes and systems, workforce capability and culture, and proactive management and leadership.

The resources below have been mapped to aspects of palliative care and end-of-life care that have been acknowledged in Outcome 5.7 of the Strengthened Aged Care Quality Standards. These resources are free to access.

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## Advance Care Planning

Advance care planning (ACP) involves discussions of preferences for future care, including end-of-life care. It does not always result in the creation of written documents but if it does, the documentation should be easy to find and written in a way that it is easy to enact.

- Read the palliAGED Evidence Summary: [Advance Care Planning](#)
- Read palliAGED Evidence Summary: [Talking about End of Life](#)
- The palliAGED Practice Tip Sheets give helpful guidance on supporting older people with ACP near the end of life - there is a version for [nurses](#) as well as [careworkers](#)
- [Advance Care Planning Australia](#) has courses and webinars and [The Advance Project](#) courses focus on ACP for people with dementia
- The ELDAC [End-of-Life Law Toolkit](#) provides practical information about the law at end of life for the aged care sector including ACP.

## Bereavement

Grief is a deeply personal experience that varies for each individual.

- Read the palliAGED Evidence Summary [Grief and Bereavement](#)
- Read and share this booklet with families:  
[When someone dies in residential aged care: Grief and loss for families](#)
- You can provide family and friends with information about Grief Australia's [My Grief App](#) and share the CarerHelp factsheet [When grief doesn't go away](#)
- Remember that aged care staff can be affected by grief and bereavement. Download [Organisational Tips: Supporting Staff Wellbeing \(2.74kb pdf\)](#) for practical ideas on creating a supportive culture and preventing burnout.

## Care environment

Care environments that balance privacy, safety, comfort, and social connection support dignity, emotional wellbeing, and meaningful interactions at the end of life. Consider any individual needs relating to culture or religious requirements. Look at how to support family and friends who may be visiting to say their goodbyes.

- ▶ Read the palliAGED Evidence Summary: [Care Environment](#)
- ▶ The [National Aged Care Design Principles and Guidelines \(6.9MB pdf\)](#) provide a comprehensive, evidence-based resource to guide accommodation design that support high-quality, safe, respectful and dignified care for older people.

## Carers and families

Family and carers can still be closely involved with an older person living at home or in an aged care residence. Understanding the stress and concerns felt by carers is important.

- ▶ Read the palliAGED Evidence Summary: [Talking About End of Life](#)
- ▶ You can suggest the [Older Australia section](#) of CareSearch or [CarerHelp](#) as good online resources
- ▶ You can also order print copies of [Resources for Families \(474kb pdf\)](#) to share with family members
- ▶ You can check carer needs with the [Carer Support Needs Assessment \(CSNAT\)](#) or with the [Needs Assessment Tool for Carers \(NAT-C\) \(342kb pdf\)](#).

## Comfort and dignity

Dignity is a core right in aged care and includes respect for an older person's autonomy and choices to foster a sense of self-worth, independence and participation in meaningful activities.

- ▶ Read the palliAGED Evidence Summary: [Dignity and Respect](#)
- ▶ Read and reflect on the [Patient Dignity Inventory](#) as a way of understanding the person
- ▶ [Dignity in Care](#) provides tools and practical ideas to support a culture of compassion and respect throughout the health and care system.

## Complex needs

Care for older people is increasingly complex, with multimorbidity, mental illness, and dementia often coexisting and requiring coordinated multidisciplinary support.

- ▶ Read the palliAGED Evidence Summary: [Advanced Dementia](#)
- ▶ Read the palliAGED Evidence Summary: [Multimorbidity](#)
- ▶ Check the RACGP Silver Book section on [Multimorbidity](#) for practical guidance on care issues
- ▶ Consider a system for regularly assessing symptom burden and its impact on the person's quality of life - use tools like the: [Instrument for Patient Capacity Assessment \(ICAN\) \(334kb pdf\)](#) to understand care complexity
- ▶ Conduct a [Residential Medication Management Review](#) or the [Home Medication Review](#) for older people with complicated medication regimes.

## Cultural safety

Culturally safe care ensures that older people from diverse backgrounds feel respected, valued, and free from discrimination in aged care settings.

- Read the palliAGED Evidence Summary [Culturally Safe Care](#)
- Make use of the [Gwandalan Dillybag](#) and learn how to work in a culturally safe manner with Aboriginal and Torres Strait Islander peoples
- The [Indigenous Program of Experience in the Palliative Approach \(iPEPA\)](#) has learning resources to develop palliative care capabilities for the Aboriginal and Torres Strait Islander health workforce and enhance the capacity of the non-Indigenous workforce to provide culturally-responsive palliative care
- caring@home has [resources to support First Nations people](#) and families receiving palliative care at home.

## Education and training

Palliative care training prepares aged care staff to provide person-centred, holistic care, including symptom management, communication, and support for families and carers.

- Read the palliAGED Evidence Summary: [Staff Education and Training](#)
- Order palliAGED resources including [Practice Tips for Nurses](#) and [for Careworkers](#)
- [For Educators and Managers](#) looks at how to use the palliAGED suite of information and resources to support your staff and your service
- The [National Palliative Care Program resources \(3.09kb pdf\)](#) is a summary of resources in these projects relevant to aged care.

## End-of-life care planning

Understanding a person's wishes early helps plan care, manage distressing symptoms such as pain effectively, and avoid unwanted and burdensome treatment that reduce quality of life. Effective communication and shared care plans prevent care gaps, reduce unnecessary hospital visits, and improve transitions between care settings.

- Read the palliAGED Evidence Summary: [Talking about End of Life](#)
- Read the palliAGED Evidence Summary: [Care Coordination](#)
- Palliative Care Case Conferences give everyone a chance to be on the same page - Case conference forms are available for [residential aged care \(1.29kb pdf\)](#) and for [home care \(1.29kb pdf\)](#)
- End-of-life discussions can be hard - [SPIKES \(72kb pdf\)](#) is a six-step protocol to help deliver bad news
- Visit the [ELDAC End-of-Life Law Toolkit](#) to review any legal concerns you may have about end-of-life care.

## Evaluation and feedback

Providers through their governing body are accountable for the delivery of quality funded aged care services. A quality system is needed to enable and drive continuous improvement of the provider's delivery of funded aged care services.

- Read the palliAGED Evidence Summary: [Quality Improvement](#)
- Make use of data that is already collected for [Quality Indicators](#) and other reporting to understand your service performance
- Consider a [quality improvement exercise](#) to assess your end-of-life care activities
- Consider using the ELDAC's After Death Audit to review end-of-life care available for [Residential Aged Care \(655kb pdf\)](#) and [Home Care \(655kb pdf\)](#).

## Identifying end of life

For some older people, recognising end of life may result from a new diagnosis or an exacerbation of an existing condition. This can be marked and signal the need for palliative care. Deterioration in older adults can also involve a slow decline in their physical and mental abilities. This can indicate they are nearing the end of life. Recognising these changes early is important for discussing care options.

- Read the palliAGED Evidence Summary: [Recognising deterioration](#)
- Review tools that can support early identification - consider the use of [The Surprise Question \(SQ\) \(367kb pdf\)](#), [SPICT Tool \(321kb pdf\)](#), and [Stop and Watch](#) in your service
- Both AN-ACC Class 1 and the End-of-Life Pathway in the Support at Home Program use [Australian-modified Karnofsky Performance Scale \(2.68MB pdf\)](#) to assess status
- Consider introducing palliative care needs rounds. Use this [checklist \(399kb pdf\)](#) to consider triggers for inclusion of the older person in a needs round discussion.

## Last days of life

Care in the last days of life focuses on managing symptoms and supporting emotional, social, and spiritual wellbeing, ensuring comfort and dignity in a person's final days. It is guided by the individual's values and preferences, involving their families and carers to ensure a person-centred approach.

- Read the palliAGED Evidence Summary: [Terminal Care](#)
- Visit the [ELDAC End-of-Life Law Toolkit](#) to review any legal concerns you may have about end-of-life care
- Encourage GPs to download the [CareSearchgp app](#) which can be used in home care or a residential aged care facility
- [Supporting a planned home death \(309kb pdf\)](#) is an interactive checklist for GPs that can help in planning for a home death.



## Medications including anticipatory prescribing

Palliative care medications play an important role in ensuring management of symptoms at the end of life. Anticipatory medications may need to be discussed.

- The [National Core Community Palliative Medicines List](#) identifies four medicines to manage common symptoms in the terminal phase for home-based patients requiring urgent symptom relief
- Review the [Medication Management in Residential Aged Care Facilities](#) for recommended parameters and procedures
- [caring@home](#) supports quality and timely end-of-life care for home-based patients with practical and evidence-based resources around medication management
- Implement screening of polypharmacy for older adults in Residential Aged Care (RAC) with multimorbidity. Consider using [STOPP/START](#) [Screening Tool of Older Persons Prescriptions/Screening Tool to Alert doctors to Right Treatment] or the [Beers Criteria Medication List](#) which includes considerations for older people (payment required to access this resource).

## Multidisciplinary teams

The capacity to deliver comprehensive care at the end of life to older people depends on care teams. They may cross different services and funding arrangements. Establishing relationships with primary care providers including GPs, nurse practitioners and allied health professionals as well as state-based health services including palliative care services is critical.

- Read the palliAGED Evidence Summary: [Care Coordination](#)
- Review the [CareSearch Primary Healthcare section](#) on [Multidisciplinary Teams](#) which provides information on care responsibilities by role and remuneration avenues
- Consider applying for an [ELDAC Linkages project](#) which looks at how to enhance linkages between aged, primary and specialist palliative care providers.

## Needs assessment

A needs assessment identifies physical, psychological, social, and spiritual needs that can be used to guide personalised palliative care. Validated tools help identify key needs early and guide referrals. Regular assessment should occur.

- ▶ Read the palliAGED Evidence Summary: [Needs Assessment](#)
- ▶ Simple clinical tools such as the [Symptom Assessment Scale \(173kb Word\)](#) can help assess specific symptoms causing concern
- ▶ The [Palliative Care Needs Assessment Guidance](#) gives details about assessment tools, prompt questions and how to use them
- ▶ The [Prompts for End-of-Life Planning \(PELP\) Framework](#) guides proactive, quality end-of-life care across all care settings.

## Palliative care services

Palliative care services can be involved in providing care to older people. Generalist palliative care is provided by any healthcare professional as part of standard practice, while specialist palliative care is offered by professionals with specific training and expertise, often in the management of complex cases.

- ▶ To find a service in your local area go to Palliative Care Australia's [National Service Directory](#)
- ▶ Palliative Care Australia has developed [National Palliative Care Standards](#) for specialist palliative care and, the other, for all health professionals and aged care services
- ▶ Specialist palliative care can be accessed through a referral from your local doctor (GP), medical specialist or other health provider. In some states and territories, self-referral to palliative care services is possible.

## Person-centred care

Person-centred care aligns care with an individual's preferences, values, and goals, promoting dignity and respect in aged care.

- Read the palliAGED Evidence Summary: [Person-Centred Care](#)
- Read the palliAGED Evidence Summary: [Culturally Safe Care](#)
- Recommend staff complete the short palliAGED eLearning module on [Person-Centred Care](#) or the Equip Aged Care Learning Modules which include a 10-minute introductory topic titled [Person-Centred Care](#)
- Review the [Aged Care Diversity Framework initiative](#) to ensure your service responds to the diverse needs of all older Australians in your care
- Make sure information about the person's values and wishes is recorded and can be accessed when needed.

## Quality of life

Quality of life considers the older person's perception of their position in life, taking into consideration their environment and their goals, expectations, standards, and concerns. It includes their emotional, physical, material, and social wellbeing. Quality of life still needs to be considered in the context of end of life.

- Read the palliAGED Evidence Summary: [Person-Centred Care](#)
- Read the palliAGED Evidence Summary: [Dignity and Respect](#)
- Read the palliAGED Evidence Summary: [Culturally Safe Care](#)
- Quality of life relates to the older person's perception. Resources such as [What Matters Most for Older Australians](#) discussion starters or the [Care Companion Toolkit](#) remind us of care in the context of the person.

## Spiritual, cultural and psychosocial needs

A comprehensive approach to care considers emotional, cultural, social and spiritual aspects that influence a person's health and functioning.

- ▶ Read the palliAGED Evidence Summary: [Psychosocial Care](#)
- ▶ Read the palliAGED Evidence Summary: [Spiritual Care](#)
- ▶ The CareSearch [Diversity section](#) helps users to find culturally appropriate resources in palliative care
- ▶ The [HOPE Spiritual Assessment Tool](#) can be used by health professionals to explore people's spiritual beliefs, practices, and needs near the end of life
- ▶ [ConnecTo](#) is a tool adapted by Meaningful Ageing Australia to identify spiritual strengths and capacities, and spiritual weaknesses and vulnerabilities (not restricted to religion, requires payment).

## Symptom management

Older people may experience one or more symptoms associated with their conditions or treatments. They can be distressing for the person and their family and friends.

- ▶ Visit the palliAGED Evidence Summary: [Symptom Management](#) which deals with anxiety, appetite problems, constipation, delirium, depression, dyspnoea, fatigue, nausea, pain, respiratory secretions, and sleeping problems
- ▶ Download [palliMeds](#) and the [CareSearchgp app](#) for point-of-care access to end-of-life prescribing
- ▶ The [Medication Management pages](#) in For Pharmacists to review pharmacists professional services, the rationalisation of medicines and care in the last days of life
- ▶ [caring@home](#) and [CarerHelp](#) provides resources for carers on symptoms and medication management.

## Workforce wellbeing

The capacity to deliver quality care at the end of life relies on the aged care workforce. Providing end-of-life care can be challenging for staff.

- ▶ Read the palliAGED Evidence Summary: [Workforce Wellbeing](#)
- ▶ Visit the [ELDAC Self-care room](#) and learn self-care approaches to increase wellbeing and find resources to cope with death/dying
- ▶ Consider implementing this palliAGED resource: [Organisational Tips for Supporting Staff Wellbeing \(2.74kb pdf\)](#).