



**THE PALLIATIVE APPROACH TOOLKIT (DEVELOPED THROUGH THE CEBPARAC (COMPREHENSIVE EVIDENCE-BASED PALLIATIVE APPROACH IN RESIDENTIAL AGED CARE ) PROJECT**

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**AIM OF TOOLKIT:**

***Provide a comprehensive framework for aged care facilities to enable implementation of a palliative approach using existing evidence based knowledge and information.***

*Having read the information about the toolkit prior to the Forum what are your thoughts about .....*

**1. the content of the toolkit?**

Everything on one place!

Standardised tool. Could be used by consortium for education and calendar

Means everyone is talking the same language

Template for EOL forms which is simple - comprehensive

Comprehensive

Strong aligns with new standards

Useful to have resource that is linked together

Very beneficial, comprehensive

Excellent

Addressed to Carers – nurses

Good

Lots of information (and is simple language that all levels of staff with knowledge can understand)

There is a LOT of information contained in the toolkit

Fits in with ??

Needs to be driven by key personnel

Contents are good, funding needs to include regular updating

Informative

Good for Link Nurses to relay this

Good as it targets the various levels of expertise within facilities however it is prescriptive and would be difficult to roll out

Unsure - not looked at

No-one really read the outline prior, little understanding of this approach

Need to explain how all the modules fit together and could be implemented

Train the Trainer

Good - about time explanation of previous educational approach

Self-directed learning package looks great

Flip charts look helpful and easy to use

Learning packages - good resource - helpful to get family involved

Short DVD's – timeframes manageable

## 2. the applicability and relevance of the toolkit for your facility?

Yes, yes

Yes would be good, covers both types of learning

Very relevant

Definitely applicable

Definitely relevant

very relevant

Definitely relevant

Very relevant but questions raised applicability

High relevance in key people to take the role of Directors to implement the toolkit

Funding

Education bit to be purchased

Applicable in the conceptual sense but 'actualising' it would take resources, time, cost etc.

?another look

Time factor

Need brochures for relatives

will it routinely be updated?

Psycho-social care not mentioned ? DVD

Good educational resource via DVD x 2

Improve clinical understanding and Guidelines

To ensure it is implement on Day 1

Provides for different levels of staffing

## 3. your interest in adopting and using the toolkit in your facility?

Would be good for case conferencing

Good focus on care workers

Would be great on-line

Good for flow on information if unable to be present

Start with the managers. Needs to be driven through all staff

Most Managers welcome anyway to assist in education for staff and quick referral

Yes please

Yes relevant to Guidelines

Willing to spend dollars for resource

funding, facilitator, time, confidence, staff backfill,

needs to have resources; needs to be simple

Strong interest - Introduction through a workshop

Cost of purchasing it?

where does this fit in the organisation, how do staff 'access' this

Would work if cost effective ? Government funded

Depending on price

Networked with designated driver and continual support

Project Officer and support person.

Engage with the industry

Guidance to implement the Toolkit

Very high with support (outreach support services)

**What support would you need to implement the toolkit in your facility? (Consider all sources of support required - internal and external)**

Needs a facility champion(s) - ?portfolio holder

Would need Link Nurse to drive it. Good for proposed changes in accreditation, Update regularly  
Ongoing support for Link Nurses

Internal link nurse on staff

Designated staff

Appoint a Palliative Care Co-Ordinator

External – educate GP's/Division, Consortium support, initial roll out, follow up. Specialist Services to

Internal - all staff

External - family, visitors, allied health care, practitioners, palliative care team

Both internal and external specialist support

Being sent out free of charge to all aged care would ensure it being accepted

Standardised tools allows people to transition between facilities

Time

Internal – allocate time, budget \$\$ roll out

Equipment

CEO support

Ability to purchase?

Funding, management

Education - getting staff involved

Need educational sessions to be able to use toolkit

Education, awareness so people know how to disseminate and use

educate families/residents/representatives

Practical restraints around time for training

1:1 support to implement