



## END OF LIFE CARE PATHWAYS

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**AIM: Provides a guideline for a co-ordinated and consistent approach to end-of-life care**

**Would you be interested in introducing end of life pathways in your facility?**

Yes – all

Yes but not long and keep simple

Yes

Yes - very much as a guide

Yes it would be useful

Yes would be helpful to provide support/guidance for both staff and family

Yes

Yes

Yes

Yes definitely because it involves all care staff and therefore suitable for Aged Care

Absolutely

Yes, all facilities to ensure a pathway in place as it covers all aspects

Yes

Yes - paperwork and time management

Yes - End of Life Pathways to be implemented to give direction to staff/facility

Consistency in care planning

Focused care

Framework for care

For staff - accountability, evidence

Good tool to guide staff

Guidelines for GP's etc

Helps prove documentation for accreditation

1 x has a blend already

Difficulty is barriers at corporate level

Has to be into Policies and Procedures

Training program at Villa Maria implementing EOLP - find PCA's like it

Any information is valuable

All need for last hours

Alerting staff of needs with high turn over

Demonstrate being pro-active

Opportunity to have discussions with families at an appropriate time

Staff?

????

Pathways are an acute model does not fit in aged care, restrictive

Already have checklist to meet standards – very comprehensive for all aspects of care – just another paper!!

No but would be interested

## What would be the benefits to staff and resident outcomes?

Better managed – meets resident ??  
Holistic approach covered  
Better outcome/dignity  
Reinforces that we are doing end of life care well  
Benefits to residents - dignity in dying/comfort  
Resident better care

Prompt for staff  
Staff-easy access, consistency  
Staff would be more involved and aware that there is a holistic approach with they are part of  
More knowledge for staff/competency  
Guidelines for staff to enhance the dying process  
Meets elements of Accreditation and resident outcomes. Choice  
New staff  
Agency staff  
All staff would know what resident is wanting, family also.  
Staff turnover - agency staff  
Helpful for GP's. Good base for them  
Gives staff confidence to discuss with doctors  
Have multiple EOL Pathways on the web - main goal to work together as a team and benefit staff for planning for resident

Clear level of accountability/documentation  
Quality can be assessed easier  
Standards can be adhered to  
A guide/template for us to customise for our particular clientele  
Audit process following pathway  
Helpful from documentation support from Department perspective

Nothing extra care  
Safety  
Simplified  
Yes; but difficult to implement  
Professional guidance  
Decision making process  
Implement quickly  
To ensure communication is at the same level  
Tick box  
Simplicity

## What supports and resources would you need to make this possible?

Staff training and exposure to it  
Education to capture all staff  
Education - either from Consortium. Link Nurses/Bethlehem/Southern Health ACNSIG  
Dedicated staff trained as train the trainer  
Educate/introduce EOLCP  
Capable staff who are trained and competent  
Lots of education, training  
Education for all levels of staff on how to use tool  
Process to implement - training sessions. Care management needs to drive

Senior/corporate support needed

Management support

Management support

Practice and procedures documentation

Good tool, good education, accountability and lots of communication

Template to personalise end of life care plan

Pre-audit to see if it works after ? 3 months did new policy

Policy and procedures

Review processes

Toolkit

Evaluate during and after, gain feedback to ascertain if working

Working party/brain storm/instigate

Assistance to help with new practice

External help (time poor in facilities)

Government assistance/grants/funding

Specialist Advice

Palliative Care Specialists

Palliative Care Support

Working party, education, social, documentation

Started in acute setting

Phone++

Social Worker

Good Communication

EOL Care Issue culturally (eg Greek speaking ACF's)

GP

Resident/families

Family, GP, outreach support

1:1 staff looking after residents gave confidence