QA+I
QUALITY ASSESSMENT & IMPROVEMENT

SPECIALIST PALLIATIVE CARE
May 2014

WORKBOOK
1

Person Centred Care and Support

Supporting services to deliver quality healthcare

Effective Care and Support

Safe Care and Support

Person Centred Care and Support

Better Health and Wellbeing

CULTURE OF QUALITY AND SAFETY

Service User

Leadership, Governance and Management

Use of Information

Workforce

Use of Resources

Introduction

Welcome to the **Person Centred Care and Support** Quality Assessment and Improvement Workbook. This workbook will support assessment teams in preparing for assessment against Theme 1 of the National Standards for Safer Better Healthcare.

There are **9 Standards and 9 Essential Elements** of Quality under Theme 1. The Essential Elements are specific, tangible translations of the National Standards. They represent those key aspects of quality you would expect to see within a service that is delivering safe, sustainable, high quality care. There are four Levels of Quality for each Essential Element. These Levels build on each other and allow services to objectively assess the Level of Quality and maturity that most accurately reflects their service. The contents within each Level are guiding prompts as to what a service should be achieving for that Level and are not specific criteria that must be in place. Progress through these ascending Levels of Quality assumes that the main aspects of quality within the previous Level have been achieved before you move to the next Level.

Given that the National Standards for Safer Better Healthcare are relatively new to the healthcare system, it is recognised that implementing these standards may be challenging and require significant effort by services. Therefore a guiding principle of the assessment is to create a process of continuous quality improvement progressing towards full implementation. In some cases services may not have progressed as far along their quality journey compared to other services. This may result in services determining that for some Essential Elements and Standards they have not yet achieved 'Emerging Improvement', the first Level of Quality. In this instance services should not select a Level of Quality for these Essential Elements; instead they should consider outlining in the Additional Information section the necessary actions they need to implement to achieve 'Emerging Improvement' and higher Levels of Quality.

Levels of Quality	Emerging Improvement (EI)	There is progress with a strong recognition of the need to further develop and improve existing governing structures and processes.
	Continuous Improvement (CI)	There is significant progress in the development, implementation and monitoring of improved quality systems.
	Sustained Improvement (SI)	Well established quality systems are evaluated, consistently achieve quality outcomes and support sustainable good practice.
	Excellence (E)	The service is an innovative leader in consistently delivering good service user experience and excellent quality care.

A list of examples of evidence is provided to support you in verifying your selected Level of Quality for each Essential Element. This list is intended as a guide and services can include additional evidence that better supports their selected level.
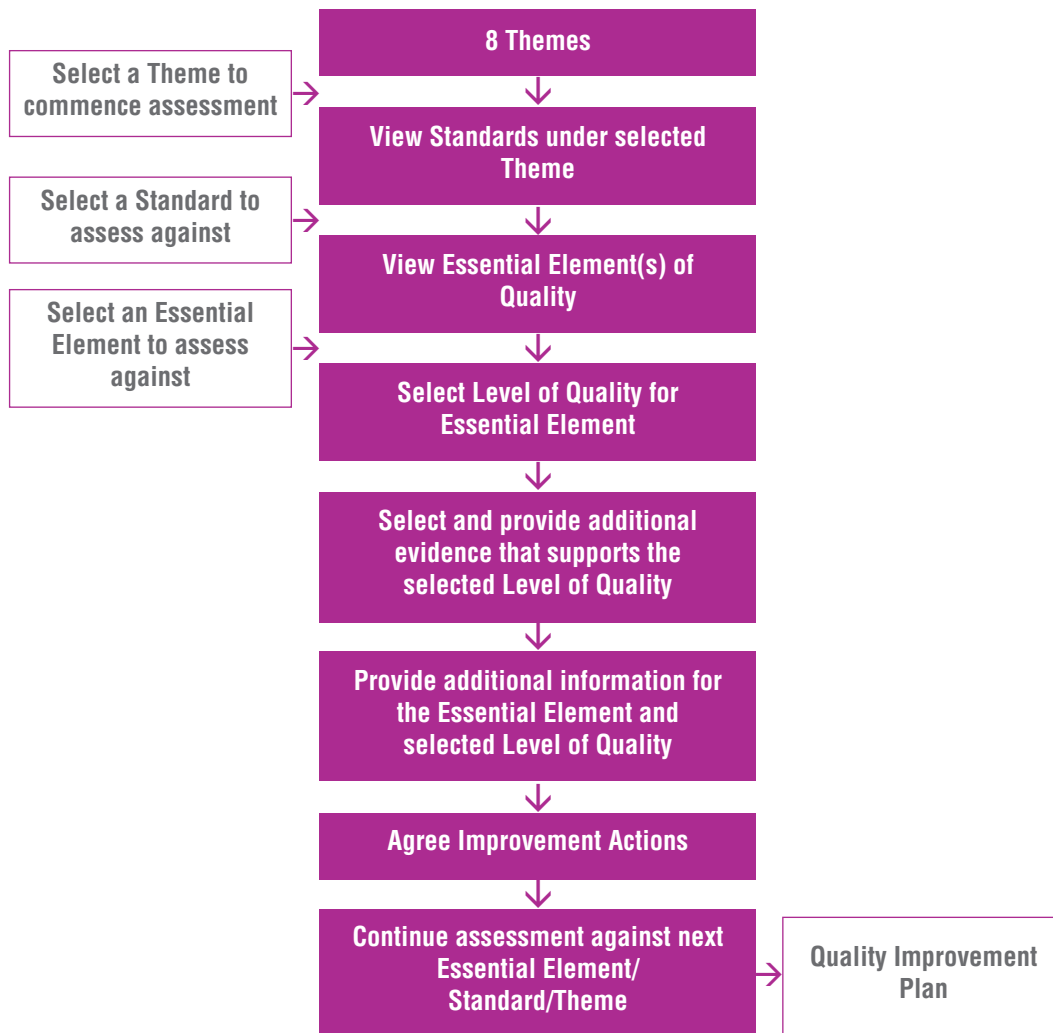
Similarly services may wish to consider the following bullets to guide them in providing additional information to support their assessment.

• Structures and processes in place and how they have been evaluated.
• Strategies and plans developed and implemented.
• Risks identified and improvement actions taken.
• Challenges to progressing to higher levels of quality.
• Outcomes achieved and examples of good practice.

The key output of this assessment is the development of improvement actions which will support your service in implementing the National Standards for Person Centred Care and Support and improving the quality of your service.

An overview of the steps within the assessment process for the National Standards for Safer Better Healthcare is illustrated in Figure 1.

Figure 1 Overview of Assessment Process

	8 Themes
Select a Theme to commence assessment	↓
	View Standards under selected Theme
Select a Standard to assess against	↓
	View Essential Element(s) of Quality
Select an Essential Element to assess against	↓
	Select Level of Quality for Essential Element
	↓
	Select and provide additional evidence that supports the selected Level of Quality
	↓
	Provide additional information for the Essential Element and selected Level of Quality
	↓
	Agree Improvement Actions
	↓
	Continue assessment against next Essential Element/ Standard/Theme → **Quality Improvement Plan**

1. PERSON CENTRED CARE AND SUPPORT

STANDARD	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT OR EXPERIENCE WHEN A SPECIALIST PALLIATIVE CARE SERVICE IS MEETING THIS STANDARD.
STANDARD 1.1 The planning, design and delivery of services are informed by service users' identified needs and preferences.	Service User Involvement	You will be enabled to express your views and have them taken into account when Specialist Palliative Care (SPC) services are being planned, organised and delivered.
STANDARD 1.2 Service users have equitable access to healthcare services based on their assessed needs rather than diagnosis.	Fair access to SPC Services	Information will be available to you on how to access a SPC service and this access will be fair as it will be based on your assessed needs rather than your diagnosis.
STANDARD 1.3 Service users experience healthcare which respects their diversity and protects their rights.	(A) Protecting Service User Rights (B) Ethical and Legal Aspects of Care	Your rights such as privacy and dignity will be respected and protected when you are receiving SPC.
STANDARD 1.4 Service users are enabled to participate in making informed decisions about their care.	Shared Decision Making	You will be facilitated and encouraged to be involved in so far as possible in decisions relating to your own care.
STANDARD 1.5 Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	Informed Consent	You will only receive the examination, care, treatment and support for which you have given your permission.
STANDARD 1.6 Service users' dignity, privacy and autonomy are respected and promoted.	Respecting Privacy and Dignity	The care you receive will respect your privacy, dignity and independence.
STANDARD 1.7 Service providers promote a culture of kindness, consideration and respect	Embedding a Culture of Compassion Consideration and Respect	You will be treated with compassion, consideration and respect when receiving SPC.
STANDARD 1.8 Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	Effective Management of Service User Feedback	Your concerns and complaints will be listened to and acted on in a timely manner.
STANDARD 1.9 Service users are supported in maintaining and improving their own health and wellbeing	Maximising quality of life for people with life-limiting illness and supporting healthy grieving.	You will receive advice and information to help identify opportunities for you that will maximise your quality of life and support your family in coping with grief and loss.

STANDARD 1.1

The planning, design and delivery of services are informed by service users' identified needs and preferences

Essential Element: Service User Involvement

Specialist Palliative Care (SPC) service users are involved in the planning and delivery of healthcare services so that they are responsive to their needs and preferences.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• SPC service considers its population needs and preferences and uses this information to inform planning, design and delivery decisions. • SPC service has established methods that help service users and/or carers become involved in service planning, design and delivery. • Service users, carers and staff are made aware of the National Healthcare Charter.	☐
Continuous Improvement (CI)	• The SPC service's strategic plan reflects population needs and service user involvement. • An implementation plan for the National Healthcare Charter is in place. • The experiences of service user and carer are identified, measured and monitored.	☐
Sustained Improvement (SI)	• Evaluation of the involvement of service users and the extent to which their needs are being met is undertaken to improve service user experience. • Service user experience measures are used to inform quality improvement plans and leads to positive change for service users and their families. • Monitoring impact and auditing change as a result of service user participation is undertaken.	☐
Excellence (E)	• Services users/ carers are offered the opportunity to be involved in the auditing of palliative care services, where appropriate. • Service user/ carer involvement in palliative care service developments is reported publicly. • SPC service implements relevant national and international service user involvement strategies. • A variety of approaches to ensuring service user/ carer participation are used.	☐

Evidence to verify selected level of quality

Examples

- Evidence of regional population needs assessment.
- Implementation plan for National Healthcare Charter.
- Implementation plan for the National Clinical Programme for Palliative Care outputs.
- Strategies which support service user/carer involvement.
- Surveys of service user/carer experience and preferences.
- Implementation of quality improvement plans based upon survey results.
- Evidence of changes in SPC service that reflect service user/ carer expressed preferences and/or priorities.
- Evidence that changes have occurred as a result of service user/ carer engagement / feedback.
- Staff education on implementation of principles of service user/ carer involvement.

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STANDARD 1.2

Service users have equitable access to healthcare services based on their assessed needs

Essential Element: Fair Access to SPC Services

Service users have equitable access to SPC services based on assessed needs and are not restricted by diagnosis, geographical location, ability to pay or disability.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Service users and relevant health and social care staff are provided with information about the SPC service. • Service assesses performance against national access targets and relevant legislation. • SPC referral and discharge criteria are in place and are communicated to all stakeholders. • Service users and families receive information on access through the National Healthcare Charter and other resources.	☐
Continuous Improvement (CI)	• Policies and pathways for the management of SPC referrals and discharges are implemented. • Governing committees review reports on performance against regional and national access targets and agree improvement plans. • Environment and facilities are reviewed to ensure physical accessibility for all service users. • Service providers review and address complaints in relation to access.	☐
Sustained Improvement (SI)	• Regional access targets are consistently achieved and are reported publicly. • SPC referral and discharge pathways are evaluated and updated to meet population needs. • SPC services seek opportunities to collaborate and work in partnership with hospital and community services to promote increased access to quality palliative care across the healthcare continuum. • Audits on compliance with policies for the management of SPC referrals are undertaken. • Service evaluates the experiences of service users and their families regarding the availability and accessibility of SPC services.	☐
Excellence (E)	• Benchmarking of performance in relation to access is undertaken. • Service examines international and national innovative approaches to improving access. • SPC services seek opportunities to collaborate and work in partnership with other SPC services to promote increased access to quality palliative care across the healthcare continuum.	☐

Evidence to verify selected level of quality

Examples

- Performance reports on access targets.
- SPC referral form and pathways implemented and evaluated.
- Implementation of the National Healthcare Charter and related resources.
- Evidence of implementing the Report of the National Advisory Committee on Palliative Care (DoH&C, 2001) and the National Clinical Programme for Palliative Care recommendations pertaining to access.
- Audits on the management of referrals and discharges of service users.
- Quality initiatives to monitor and improve access e.g. validation of waiting lists, raising public awareness on access criteria etc.
- Staff are provided with education on implementation of policies or pathways relating to referral and discharge management.

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STANDARD 1.3

Service users experience healthcare which respects their diversity and protects their rights

Essential Element (A): Protecting Service User Rights

The service protects service users' civil, political and religious rights in line with legislation.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• There are plans in place to support implementation of the National Healthcare Charter. • Information on service user rights is provided to staff, service users and carers. • There are plans in place to support service users who are at risk of not understanding their healthcare rights. • There are plans in place to build organisational capacity to work with culturally diverse communities.	☐
Continuous Improvement (CI)	• Review of service user feedback supports improvements in protecting service users' rights. • Staff education is provided on the National Healthcare Charter. • Changes to Irish and European legislation relating to service user and family rights are circulated to staff. • The service understands the cultural diversity of its population and has plans in place to provide services in a culturally and linguistically appropriate manner.	☐
Sustained Improvement (SI)	• Service users' differing social and cultural needs are taken into account in the planning and delivery of services. • Service user/ carer feedback on protection of rights is evaluated and informs improvements. • Evaluation of the implementation of the National Healthcare Charter is undertaken.	☐
Excellence (E)	• Service users are actively encouraged and facilitated to exercise their rights.	☐

Evidence to verify selected level of quality

Examples

- Mission statement / strategic plan are underpinned by the principles of the National Healthcare Charter.
- Compliance with relevant legislation and regulations relating to service user rights.
- Information on advocacy, interpreting and sign language services are accessible.
- There is evidence of consideration of cultural diversity in SPC polices and practices.
- Results of service user and family feedback inform improvement plans.
- Staff education is available on advocacy and effective communication skills.
- Staff education is available on cultural diversity.
- Outcomes of investigations on the protection of service user rights inform improvements.

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STANDARD 1.3

Service users experience healthcare which respects their diversity and protects their rights

Essential Element (B): Ethical and Legal Aspects of Care

The service has appropriate arrangements in place to ensure compliance with ethical and legal aspects of care.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Members of the interdisciplinary team have knowledge of and operate within ethical, legal, and regulatory aspects of care provision and decision-making. • Ethical concerns commonly encountered in palliative care are recognised and addressed, using ethical principles to prevent or resolve ethical dilemmas, including: beneficence, respect for people and self-determination, and associated regulatory requirements for truth telling, capacity assessment, confidentiality, assent and permission for people not of legal age to consent, and informed consent; attention to justice and non malfeasance and associated avoidance of conflicts of interest. • Ethical guidance is easily accessible to staff if required. • The service actively demonstrates and promotes the maintenance of high standards of conduct.	☐
Continuous Improvement (CI)	• Policies, procedures, protocols and guidelines promote ethical conduct. • The team recognises the role of cultural variation in the application of professional obligations, including truth telling, disclosure, decisional authority, and decisions to forgo therapy. • Attention is paid to the role of children and adolescents in decision-making. • Management of human resources promotes ethical conduct and reliable procedures are in place to monitor, investigate and manage possible misconduct.	☐
Sustained Improvement (SI)	• Promotes advance care planning to understand and communicate the service user's or family's preference for the care across the healthcare contiunuum in line with the National Clinical Programme for Palliative Care. • The SPC team recognises the significance of cultural variation in the application of professional obligations.	☐
Excellence (E)	• Learning from different monitoring approaches is shared with other service providers. • The organisation seeks opportunities to lead and support quality improvement initiatives relating to care planning at regional and national levels.	☐

Evidence to verify selected level of quality

Examples

- Research ethics committee is in operation.
- Policies such as DNAR, informed consent.
- Availability of ethical resources e.g. framework for ethical decision-making, guides to religious and cultural practices.
- Evidence of interdisciplinary decision making.

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STANDARD 1.4

Service users are enabled to participate in making informed decisions about their care

Essential Element: Shared Decision Making

Service users are enabled to actively participate in making informed choices about their care where appropriate and desired.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Communication, in all forms, with service user and family is respectful of their personal and cultural preferences regarding disclosure, truth telling, and decison-making. • Service users are provided with the opportunity to receive relevant, clear and timely information regarding options for care, prognosis and wider implications of their condition. • Health and social care professionals actively involve service users in shared decision making (where appropriate and desired) and support them to make fully informed choices about investigations, treatment and care that reflect what is important to them. • When a person lacks capacity to make decisions consideration is shown for their values and preferences, if known, when determining what is in his/her best interest. • Where feasible, care is provided in the setting preferred by the person and his or her family.	☐
Continuous Improvement (CI)	• Where appropriate, service has adapted information to reflect the diversity of its service users e.g. special needs, cultural backgrounds. • Education is provided for staff on approaches to empowering shared decision-making. • Shared decison-making is reflected in care planning. • Service users are made aware of information relating to potential charges associated with the provision of care.	☐
Sustained Improvement (SI)	• Service users are facilitated to exercise choice, where it is available, in the planning and delivery of their care and treatment. • Analysis of service user and family feedback supports improvements in shared decison-making. • Evaluation of service user information informs improvement.	☐
Excellence (E)	• A strong culture of service user and carer participation informs the planning and delivery of care. • Staff receive education and development opportunities to promote a culture of person-centredness • Innovative approaches are undertaken to improve service user participation in shared decision making.	☐

Evidence to verify selected level of quality

Examples

- Implementation of National Healthcare Charter principle of communication and information.
- Evidence of local arrangements to ensure that service users are actively involved in shared decison-making, including using the most effective way of communicating to maximise individual participation in decisions.
- Use of guidance documents regarding consent, decision making and capacity e.g. HSE National Consent Policy (2013).
- Service user information is available in a variety of formats.
- Audit of healthcare records to demonstrate provision of information.
- Analysis of service user feedback and implementation of improvement plans.
- Availability of interpretation and sign language services.
- Treatment costs are clearly displayed where applicable.
- It is acknowledged by health care professionals that lack of capacity to make a decision on a particular occasion does not indicate lack capacity to make any decisions, or that the person will not be able to make similar or other decisions in the future.
- Evidence from service user experience surveys and feedback indicates that information provided to facilitate shared decison-making was understandable and clearly communicated.

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STANDARD 1.5

Service users informed consent to care and treatment is obtained in accordance with legislation and best available evidence

Essential Element: Informed Consent

Service users are enabled to provide informed consent through a consent process that encompasses best practice in accordance with current legislation.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• SPC service has a policy and procedure on obtaining and acting in accordance with the informed consent of service users. • Policy includes arrangements that protect the best interests of children and service users who lack capacity to give informed consent. • Members of staff are provided with education on obtaining informed consent including exceptional and emergency situations.	☐
Continuous Improvement (CI)	• Service audits compliance with consent policy and procedure which informs improvement plans. • Service has arrangements to support service users in making informed decisions about their treatment and care.	☐
Sustained Improvement (SI)	• Service user feedback on their experience of shared decision-making and consent is reviewed and improvement plans developed where indicated. • Incidents pertaining to informed consent are analysed, reported on and learning is shared within the service. • Evaluation of consent policy and procedure informs improvement plans.	☐
Excellence (E)	• Service implements the relevant learning from national and international incidents involving issues around consent.	☐

Evidence to verify selected level of quality

Examples

- Local consent policy based on national policy and legislation e.g. HSE National Consent Policy.
- Audit of compliance with consent policy including audit of health care records.
- Quality improvement plans to improve consent process based on audit cycle results.
- Evaluation of service user feedback on experience of providing consent.
- Reports of analysis and trending of incidents pertaining to consent which are included in the SPC Quality Profile.
- Staff education on obtaining consent is provided.
- Shared learning from incidents in the service.
- Evaluation of service user information relating to consent.

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STANDARD 1.6

Service users' dignity, privacy and autonomy are respected and promoted

Essential Element: Respecting Privacy and Dignity

There are arrangements which promote service users' privacy, dignity and autonomy.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Arrangements are in place which promote respect for the dignity and privacy of service users within a culture of person-centred care. • Staff demonstrate respect for service users and families in the manner in which they conduct both verbal and non-verbal communication. • Service users receive information on privacy, dignity and confidentiality through National Healthcare Charter resources. • Service complies with legislation to protect service user confidentiality. • Service ensures staff receive education on protecting confidentiality on induction.	☐
Continuous Improvement (CI)	• Environment and facility reviews are undertaken to ensure privacy and dignity is protected through appropriate design and management. • Service user feedback is actively sought in relation to their experience of privacy, dignity and confidentiality. • Staff demonstrate respect for each other in their verbal and non-verbal interactions and communication. • Staff receive ongoing education on protecting confidentiality.	☐
Sustained Improvement (SI)	• Analysis of incidents pertaining to privacy, dignity and confidentiality is undertaken and improvement actions implemented. • Service evaluates service users and staff experiences relating to privacy, dignity and autonomy and acts on findings.	☐
Excellence (E)	• There is strong leadership and commitment to protecting the dignity, privacy and confidentiality of service users. • There is a strong culture of respecting privacy and dignity throughout the service.	☐

Evidence to verify selected level of quality

Examples

- Implementation plan for the National Healthcare Charter.
- Evaluation of service user information that supports dignity, privacy and autonomy.
- Service user feedback analysis and improvement plans.
- Reporting of incident analysis and trending which is included in SPC Quality Profile.
- Staff education relating to privacy, dignity and autonomy of service users.
- Environmental reviews take account of need for privacy and dignity and are incorporated into improvement plans.
- Employee handbook outlines staff code of conduct.
- Quality improvement initiatives e.g. care rounds, private areas on wards for consultations with service users/families.
- Evidence of utilising national guidelines e.g. Department of Health Design Guidelines for Specialist Palliative Care Settings.
- Services use validated tools to measure the degree to which their organisation and workplaces are person-centred e.g. Person-centred Practice Framework.

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STANDARD 1.7

Service providers promote a culture of kindness, consideration and respect

Essential Element: Embedding a Culture of Kindness, Consideration and Respect

Compassion, consideration and respect for service users, families and colleagues underpin the culture of the service.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Service has a code of conduct which promotes a culture of compassion, consideration and respect throughout the service. • There are arrangements to seek feedback from service users and their family on their care experience. • There are arrangements to seek feedback from staff on the culture of the service as they experience it.	☐
Continuous Improvement (CI)	• Service's mission statement and values reflect a culture of compassion, consideration and respect. • Staff on induction receive education on how to reflect the mission statement and code of conduct in their behaviour towards service users, families and their colleagues. • Analysis of incidents including feedback from service users, families and staff, is reviewed by governing committees.	☐
Sustained Improvement (SI)	• Strong leadership in improving the culture of compassion, consideration and respect is evident on all aspects of service provision and organisational culture. • Outcomes from surveys and analysis of service users, families and staff feedback inform improvements.	☐
Excellence (E)	• Learning from supporting the development of a culture of compassion, consideration and respect is shared throughout service and with other service providers.	☐

Evidence to verify selected level of quality

Examples

- Mission statement and code of conduct.
- Implementation plan for the National Healthcare Charter and evaluation.
- Quality and Safety walk rounds inform improvement plans and take account of the culture of compassion and respect at all aspects of service provision.
- Review of service user feedback which is reported in the SPC Quality Profile.
- Findings from analysis of incidents and service user, family and staff feedback inform improvement plans.
- Agendas reflect a culture of compassion, consideration and respect.
- Attendance at education on effective communication skills.
- Evaluation of education including staff feedback and findings from analysis of service user feedback.
- Education for staff on the principles and implementation of a person-centred workplace culture.

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STANDARD 1.8

Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process

Essential Element: Effective Management of Service User and Family Feedback

Arrangements and processes are in place to effectively manage service user feedback.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• A named competent individual is identified to manage and respond to service user and family feedback and complaints. • Service implements a publicly available policy which takes account of legislation, relevant regulations and national guidelines. • Service users receive clear understandable information on how to provide feedback or make complaints.	☐
Continuous Improvement (CI)	• Regular analysis of feedback and complaints informs improvement plans. • Potential risks and incidents identified from feedback are appropriately managed. • Reports of analysis are submitted to governing committees. • Service users, families and staff are kept informed on the progress and outcome of their complaint. • Relevant outcome measures are monitored including the timeliness of the complaints management process.	☐
Sustained Improvement (SI)	• Complaints management process is regularly monitored against performance indicators and evaluated. • Improvement plans are monitored and reported through governance structures.	☐
Excellence (E)	• Learning from feedback is used to promote improvements both locally and nationally. • Innovative approaches are taken to gather and action service user and family feedback.	☐

Evidence to verify selected level of quality

Examples

- Implementation of organisational complaints policy and guideline e.g. HSE Your Service Your Say.
- Minutes / agenda of management team meetings include review of SPC Quality Profile.
- Provision of information leaflets for service users and families on complaints procedure.
- Audit of compliance with policy on the management of service user feedback including timeliness of the process.
- Evaluation of the local implementation of the complaints policy and guideline e.g. HSE Your Service Your Say.
- Complaints analysis, trending and improvement plans.
- Arrangements support the performance management of staff who are consistently complained about by service users.
- Staff education on complaints management.
- Visible signage prompting service user feedback.
- Quality improvement initiatives to gather and action service user feedback.
- Relevant complaints information is transferred to risk register.

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STANDARD 1.9

Service users are supported in maintaining and improving their own health and wellbeing

Essential Element: Maximising quality of life and support in bereavement

The service seeks opportunities to maximise quality of life for people with life-limiting illness and support healthy grieving.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Arrangements support and enable service users in maximising quality of life. • Arrangements also support families in coping with distress, loss or grief. • Emotional support is available to staff and volunteers as appropriate with policies that guide the provision of support. • A grief and bereavement programme is available to service users and families, based on the assessed need for services.	☐
Continuous Improvement (CI)	• There are opportunities built within care pathways to improve the quality of life of service users. • The interdisciplinary team includes professionals with appropriate education, skills and competencies in specialist palliative care practice.	☐
Sustained Improvement (SI)	• Arrangements which support service users in maintaining their quality of life are evaluated and inform improvement plans. • SPC services promote and facilitate public and community understanding of death, dying and loss. • Health care delivery measures relating to service user, staff and carer wellbeing are consistently achieved and are reported on in line with governing arrangements.	☐
Excellence (E)	• Innovative practice in promoting better health is shared with other service providers e.g. methods to identify risks of inequalities within patient care pathways. • Palliative care bereavement services participate in community education and health promotion activities on loss and grief. These activities may be initiated by the bereavement support program or conducted in collaboration with other relevant services. • Planning, design and delivery of health promoting palliative care programmes.	☐

Evidence to verify selected level of quality

Examples

- Health promotion information is easily accessible for service users and families e.g., information to reduce the fear and stigma associated with palliative care, suicide prevention, local social networking groups, lifestyle information, coping with grief and loss.
- The existence of health promoting palliative care programmes.
- Implementation plans for health promoting palliative care programmes and evaluations undertaken.
- Strategic plans for joint initiatives with other service providers or external agencies in health promoting palliative care or grief and loss programmes.
- Implementation of learning from programmes at local and national level.
- Use of media and information campaigns to support health promoting palliative care programmes e.g. newsletters, radio and newspaper interviews.

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Improvement Actions for Theme 1: Person Centred Care and Support

Standard	Essential Element	Improvement Action	Responsible Team Member	Due Date