

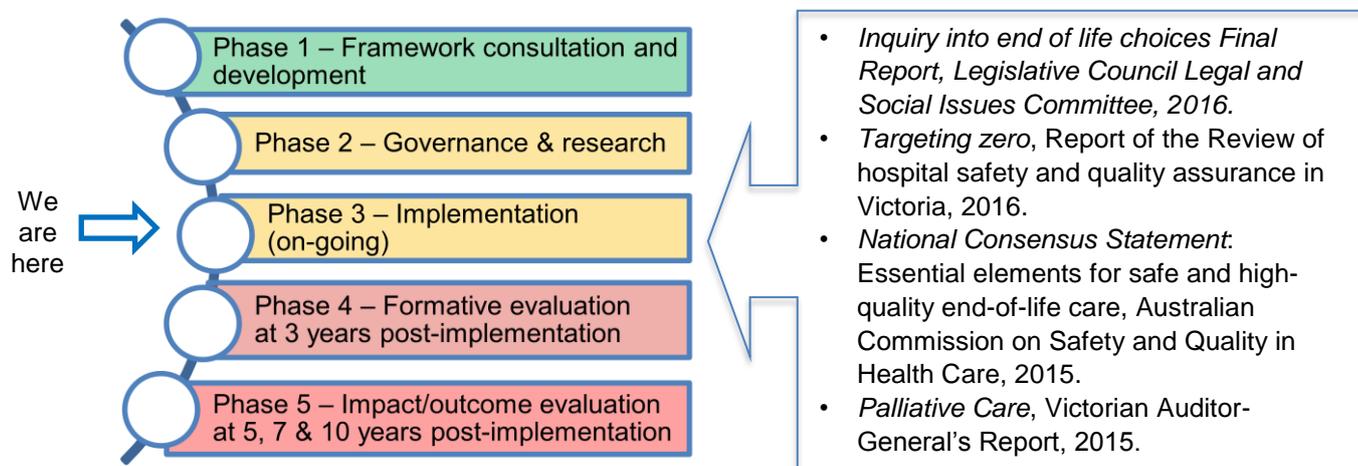
Victoria's end of life and palliative care framework

Monitoring and evaluation to improve people's care, experience and outcomes

Monitoring and Evaluation Strategy update 1 – October 2017

Our vision: All Victorians and their families receive the best possible end of life care that places them at the centre where preferences, values, dignity and comfort are respected and quality of life matters most.

Figure 1: Development, implementation and evaluation phases for Victoria's end of life and palliative care framework from 2016 to 2026 and beyond



Goals of Victoria's end of life and palliative care framework

- People experience optimal end of life care
- People's pain and symptoms are managed using quality interventions
- People's preferences and values are recognised and respected
- Better support for carers
- People are cared for in their place of choice
- Where possible, people can choose to die in their place of choice.

Key evaluation questions

- Did we implement the framework as planned?
- Did the service delivery system provide person-centred, timely, appropriate and effective care?
- Are we delivering better outcomes for Victorians?

Guiding principles for measuring our success

- Measurement aligns with the goals of Victoria's end of life and palliative care framework
- Use of sector-wide measures, where appropriate and possible
- Person-centred and outcome focussed
- Provide greater accountability and transparency on service, regional and system performance
- Use existing available data more effectively
- Collection of new data where key information gaps are identified.

What changes have we recently made to reduce information gaps?

New – Recording preferred death place for admitted patients (identified by the use of Care Type 8)

From 1 July 2017, Victorian public health services are to record the preferred death place for all patients in specialist palliative care inpatient units within four days of admission.

This aligns data collection across both the admitted and non-admitted palliative care sectors. In time it will provide greater intelligence from a system-wide perspective on whether people's preferences for care are being met.

New – Clinical Indicators for Pain (CLiP)

CLiP is a quality improvement activity to ensure people's pain and symptoms are managed using quality interventions. Services are required to complete a retrospective review of people who attended the service. CLiP is now live on HealthCollect and data submission has commenced. The data will be used to generate results for pain assessment and analgesic prescribing based on indicators developed by the Palliative Care Clinical Network.

In development – Palliative Care Experience Survey

The palliative care experience survey will collect, analyse and report the experience of people accessing Victoria's admitted and non-admitted (community) specialist palliative care services. Client and carer experience measurement and reporting will enable specialist palliative care providers to improve the quality of care provided.

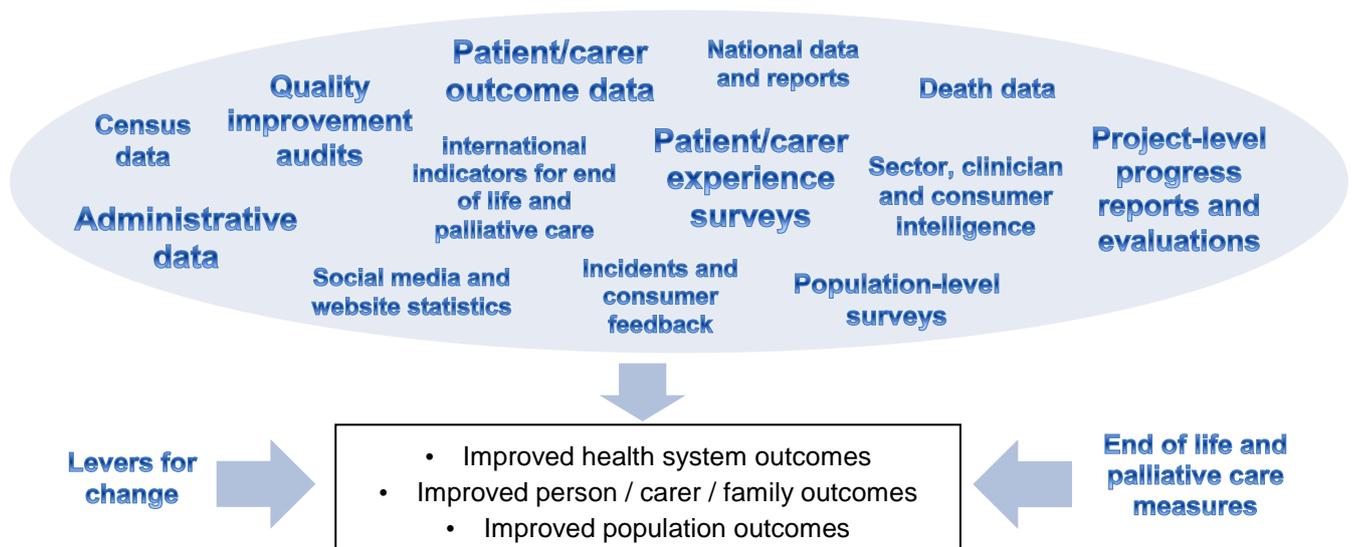
Ipsos Social Research Institute has been contracted to develop and test the survey questions on behalf of the Department of Health and Human Services (the department). The survey is expected to go live in late 2017.

In progress – National data set for end of life and palliative care

In 2017 the Australian Institute of Health and Welfare (AIHW) established an ambitious program of work to develop a national data set for end of life and palliative care for the admitted (hospital) sector by the end of 2019. The department will actively participate in all jurisdictional committees and working groups.

The next step... start analysing how we can use the existing data more effectively to measure incremental change in the long-term

How do we bring all the pieces of the puzzle together to support a complex and complicated care journey?



Next update: Updates will be provided as key pieces of work are finalised or new intelligence is available.

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