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Introduction

The Voluntary Assisted Dying Act 2017 (the Act) will commence on 19 June 2019. This voluntary assisted dying safety and quality guidance for health services (the guidance) provides specific support for implementing voluntary assisted dying that aligns with the Australian Commission on Safety and Quality in Health Care’s Australian Safety and Quality Framework for Health Care (2010) (the framework).

The guidance is based on the framework’s three core principles of safe, high-quality healthcare:

- consumer centred;
- driven by information; and
- organised for safety.

Attached to these core principles are 21 areas for action that make up the framework. This guidance applies these areas for action to voluntary assisted dying, highlighting the questions and resources health services may need to consider in preparing for voluntary assisted dying. The table beginning on page three will assist health services to identify potential work to be undertaken in each of these areas in relation to voluntary assisted dying.

The guidance is supported by three addenda:

- **Addendum I: Elements and accreditation standards** - Each health service has a quality assurance program that evaluates whether their systems and processes are meeting the Australian Commission on Safety and Quality in Health Care’s National Safety and Quality Health Service Standards. Addendum I will assist health services to align the framework’s 21 areas for action with the most common accreditation programs.

- **Addendum II: Performance indicators** - Health services must collect data and measure performance to ensure a positive person-centred experience and identify areas that require adjustment. Addendum II will assist health services to establish consistent performance indicators that provide information to inform policy direction and reform in relation to voluntary assisted dying. These performance indicators can also be used to improve service provision in real time.

- **Addendum III: Safety and quality implementation checklist** - Addendum III is a checklist that health services may use when reviewing their safety and quality and clinical governance, structures and functions as they relate to the Act. This checklist may also assist health services to develop their own implementation plan in readiness for commencement of the Act from 19 June 2019.

Resources have already been provided to health services to prepare for voluntary assisted dying and further resources will progressively be made available in the lead up to the commencement of the Act. These resources will cover:

- coordination of care for people requesting voluntary assisted dying;
- admission of people in possession of voluntary assisted dying medication;
- tools to assist health service staff determine their level of involvement in voluntary assisted dying.

The Department of Health and Human Services (the Department) is also developing guidance for health practitioners, training for medical practitioners and community and consumer information to support the implementation of the Act.

**How to use this safety and quality guidance**

The following table—Application of the Australian Safety and Quality Framework for Health Care (2010) to Health Service Implementation of Voluntary Assisted Dying—identifies how health services may implement voluntary assisted dying using the framework’s three core principles of safe, high-quality healthcare: consumer-centred; driven by information; and organised for safety.
The first column breaks down each core principle into the areas for action described in the framework. The second column identifies questions your health service should consider in implementing these actions. The third column contains additional suggested guidance to assist in ensuring voluntary assisted dying is properly implemented within your health service.
## Application of the *Australian Safety and Quality Framework for Health Care (2010)* to Health Service Implementation of Voluntary Assisted Dying

### Core Principle 1: Consumer centred

Providing care that is easy for patients to get when they need it.

Making sure healthcare staff respect and respond to patient choices, needs and values.

Forming partnerships between patients, their family, carers and healthcare providers

<table>
<thead>
<tr>
<th>ASQFHC areas for action</th>
<th>Questions relevant to voluntary assisted dying implementation</th>
<th>Actions to ensure voluntary assisted dying responsibilities are incorporated into existing policies, procedures and guidelines</th>
</tr>
</thead>
</table>
| 1.1 Develop methods and models to help patients get health services when they need them | How will your staff be informed of the care pathway to ensure a consistent approach to patients requesting information about, or access to, voluntary assisted dying?  
How will requests for information about voluntary assisted dying be handled consistently across your health service?  
What processes are needed for the provision of information, referrals, and communication?  
How will a person be supported if they are assessed as not meeting the eligibility criteria for voluntary assisted dying? | Review policies, procedures and guidelines relating to:  
- service access  
- informed consent  
- consumer information  
- information sharing and confidentiality  
- collecting consumer experience of care |

The Act does not allow health services to publicly display information about voluntary assisted dying. However, health services should have information about voluntary assisted dying available and on hand for people who request it. Copies of authoritative and user tested information (including translated and Easy English material) are available on the Department’s website:

<table>
<thead>
<tr>
<th>1.2 Increase health literacy</th>
<th>How will staff know where to obtain accurate information about voluntary assisted dying for people who request it? Does information need to be adapted to suit your local health service setting or is additional material required?</th>
<th>See 1.1 above.</th>
</tr>
</thead>
</table>
| 1.3 Partner with consumers, patients, families and carers to share decision making about their care | What existing supports are in place for the person (and their carers, family and friends) that support conversations about what matters to them at the end of life? Are there clear policies for health practitioners about how patients are included in medical treatment decision-making? | Review policies, procedures and guidelines relating to:  
- end of life  
- consumer engagement and community participation  
- clinical care  
- advance care planning  
- medical treatment planning and decision making |
| 1.4 Provide care that respects and is sensitive to different cultures | How will people from different cultural backgrounds be supported when accessing voluntary assisted dying, including in circumstances where they are assessed as not meeting the eligibility criteria? | Review policies, procedures and guidelines relating to:  
- cultural competence  
- privacy and confidentiality  
- cultural and linguistically diverse communities  
- engagement of National Accreditation Authority for Translators and Interpreters (NAATI)  
- engagement of speech pathologists  
- education for staff |
| **1.5 Involve consumers, patients and carers in planning for safety and quality** | **How will the person requesting voluntary assisted dying and carers be engaged to contribute to the safety and quality of the person’s voluntary assisted dying experience?** | **Review policies, procedures and guidelines relating to:**  
- consumer engagement and community participation feedback (including complaints and compliments) and continuous improvement.  
Involve consumer and carer representatives in your health service’s voluntary assisted dying steering committee/implementation group. |
|---|---|---|
| **1.6 Improve continuity of care** | **How will voluntary assisted dying be integrated into existing care?**  
How will people be supported throughout the assessment process, whether in the home or within the service?  
How will your service co-ordinate with other health services to identify appropriately skilled medical practitioners and accommodate a person’ wishes?  
How will families be supported following a voluntary assisted death? | **Review policies, procedures and guidelines relating to:**  
- consumer engagement and community participation  
- clinical care  
- carer assessment  
- bereavement support  
- interdisciplinary care meetings  
- handover  
- transfer of clinical information when a person is transferred within or between health services  
- suicide risk and assessment |
| 1.7 Minimise risks at handover | How will consent be sought from a person requesting voluntary assisted dying to share relevant information about their care with relevant staff? How will relevant staff know that a person is accessing voluntary assisted dying? | Review policies, procedures and guidelines relating to:  
- handover  
- clinical care  
- consent  
- privacy and confidentiality |
| 1.8 Promote healthcare rights | How will people know their healthcare rights in relation to accessing voluntary assisted dying? | Provide people who request information about, or access to, voluntary assisted dying with the authoritative and user tested community and consumer information available on the Department’s website (see 1.1 above).  
Review policies, procedures and guidelines and consider the following:  
- use a charter of consumer rights from the Australian Charter for Healthcare Rights  
- Charter of Human Rights and Responsibilities Act 2006 (Vic)  
- Charter of Care Recipients Rights and Responsibilities |
| 1.9 If something goes wrong, openly inform and support the patient | How will an adverse event be communicated to a person accessing voluntary assisted dying and/or their carers, family and friends? How will an adverse event be communicated to the person’s treating team? | Review policies, procedures and guidelines relating to:  
- open disclosure/protected disclosure  
- complaints  
- incident reporting  
Consider the role of the Voluntary Assisted Dying Review Board |
### Core Principle 2: Driven by information

Using up-to-date knowledge and evidence to guide decisions about care. Safety and quality data are collected, analysed and fed back for improvement. Taking action to improve patients’ experiences.

<table>
<thead>
<tr>
<th>ASQFHC actions</th>
<th>Questions related to voluntary assisted dying implementation</th>
<th>Actions to ensure voluntary assisted dying responsibilities are incorporated into existing policies, procedures and guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Use agreed guidelines to reduce inappropriate variation in the delivery of care</td>
<td>How will your health service ensure that medical and other health practitioners participating in voluntary assisted dying access and apply the <em>Voluntary assisted dying guidance for health practitioners</em>? How will your health service ensure that people requesting voluntary assisted dying receive accurate consumer information? What documentation processes are required and how will they be incorporated into existing documentation processes, such as goals of care forms?</td>
<td>Review the <em>Voluntary assisted dying model of care for health services</em> and care pathways, to develop a pathway that incorporates a service access policy, including your health service’s response and expected level of involvement. Review and make available to medical and health practitioners the <em>Voluntary assisted dying guidance for health practitioners</em>. On a person’s request for information about voluntary assisted dying make available the authoritative and user tested community and consumer information available on the Department’s website (see 1.1). Review policies, procedures and guidelines relating to consumer deterioration, limitations of treatment, and goals of care. Points to consider include: • initial needs identification • initial needs assessment • goals of consumer care</td>
</tr>
</tbody>
</table>
| 2.2 Collect and analyse safety and quality data to improve care | How will your health service monitor the forms to be reported to the Voluntary Assisted Dying Review Board?  
Will your health service record requests for information about |
|---|---|
| | Review policies, procedures and guidelines relating to:  
clinical governance  
clinical services capability guideline  
safety and quality inclusive of quality improvement plan  
audit and risk, including incident, reporting  
collecting and reviewing performance data  
benchmarking reports |
| • recognising a deteriorating consumer  
palliative care  
end-of-life care  
transfer of clinical information when consumer is transferred within or between health services |
| Review policies, procedures and guidelines relating to consent. Points to consider include:  
• assessment of decision-making capacity  
• confidentiality and privacy  
• code of conduct  
• processes and triggers for cases to be referred to clinical ethics team |
| Review policies, procedures and guidelines relating to care of the deceased. Points to consider:  
• care of the deceased  
death verification  
death certification requirements  
notification to the Coroner |
| 2.3 Learn from patients’ and carers’ experiences | How will voluntary assisted dying be incorporated into your health service’s patient and carer experience surveys?  
How will your health service seek feedback from people requesting voluntary assisted dying and carers in a sensitive and timely way? | Review VHA guidance on performance indicators in addendum II of this document. | 
|---|---|---|
| 2.4 Encourage and apply research that will improve safety and quality | What review mechanisms will be in place to ensure ongoing improvement and best practice?  
What principles will need to be developed by your health service to guide research into voluntary assisted dying? | Review policies, procedures and guidelines relating to:  
- ethics for research activities |
How will your health service stay abreast of any research and quality improvement recommendations made by the Voluntary Assisted Dying Review Board?

### Core Principle 3: Organised for safety
Making safety a central feature of how healthcare facilities are run, how staff work and how funding is organised.

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</thead>
</table>
| 3.1 Health staff take action for safety | How will requests for information or access to voluntary assisted dying be handled by non-clinical staff and volunteers? How will staff caring for a person be supported throughout the process? | Review policies, procedures and guidelines relating to:  
- education strategy – learning and development  
- volunteers, administration and hospitality staff  
- employee assistance program (EAP)  
- position descriptions |
| 3.2 Health professionals take action for safety | How will your health service incorporate voluntary assisted dying into the education schedule?  
How will the involvement of interdisciplinary care teams be supported?  
What supports and processes will be put in place when a person wants to | Develop an education schedule for staff and volunteers which may include:  
- newsletters  
- intranet, internet, social media  
- staff email  
- staff education sessions |
| 3.3 Managers and clinical leaders take action for safety | | In addition to the actions under 2.1. above, review policies, procedures and guidelines relating to:  
- witnessing documents |
<table>
<thead>
<tr>
<th>3.4 Governments take action for safety</th>
<th>How will your health service ensure it has accurate up-to-date information from the Government</th>
<th>Email <a href="mailto:endolifecare@dhhs.vic.gov.au">endolifecare@dhhs.vic.gov.au</a> to join the voluntary assisted dying newsletter mailing list.</th>
</tr>
</thead>
</table>
| self-administer the voluntary assisted dying medication at home or in an aged care facility? | • clinical handover  
• consumer care  
• debriefing  
• employee assistance program (EAP)  
• education strategy – learning and development position descriptions  
• (management of external service providers  
• medication administration and handling  
• medication charts  
• advance care planning  
• medical treatment decision-making  
• position descriptions  
• contracts for locum and agency workforce  
• induction/orientation packages  
• mentoring or peer review reports  
• escalation of care concerns  
• instructions on how to call for assistance if something unexpected occurs | Consider establishing a voluntary assisted dying implementation steering committee that includes managers, clinical leads and quality assurance staff. Review VHA and Department guidance documents relating to:  
• *Preparing for voluntary assisted dying*  
• Voluntary assisted dying model of care for health services

How will your health service ensure it has accurate up-to-date information from the Government?
| 3.5 Ensure funding models are designed to support safety and quality | How will voluntary assisted dying be incorporated into existing services, care and support? How will your health service collect information to support planning for workforce requirements? | Review policies, procedures and guidelines relating to:  
- strategic direction and business plans  
- finances and funding models  
- contracts for locum and agency workforce  
- clinical services capability guideline |
|---|---|---|
| 3.6 Support, implement and evaluate e-health | How will voluntary assisted dying be incorporated into your health service’s e-health processes? What review mechanisms will need to be in place to ensure ongoing improvement and best practice in relation to e-health? | Review policies, procedures and guidelines relating to:  
- health records  
- documentation  
- e-health |
| 3.7 Design and operate facilities, equipment and work processes for safety | What needs to be incorporated into your health service’s operational systems in relation to voluntary assisted dying? | Review policies, procedures and guidelines relating to:  
- procurement guideline  
- human resources |
| What IT systems, records management and other organisational protocols need to be developed or revised to facilitate the voluntary assisted dying processes? | • credentialing and certification  
• information and technology  
• occupational health and safety  
• environmental risk  
• infection control  
• medication storage and handling  
• complaints register |
| Where will your health service store voluntary assisted dying documentation in a person’s medical record? | |
| 3.8 Take action to prevent or minimise harm from healthcare errors | How will your health service consider findings, and implement any recommendations, of the Voluntary Assisted Dying Review Board? | Review policies, procedures and guidelines relating to:  
• clinical governance  
• safety and quality inclusive of quality improvement plan  
• audit and risk including incident reporting  
• collecting and reviewing performance data  
• compliance with legislative requirements and relevant industry standards  
• innovation and development  
• risk management  
• risk scoring matrix  
• mortality and morbidity case reviews  
• communication of new or revised policy documents to the workforce  
• escalation of care concerns  
• instructions on how to call for assistance if something unexpected occurs  
• complaints register |
References


Royal Australian College of General Practitioners (2017), ‘Standards for general practices, 5th edition’, East Melbourne. RACGP.


Acknowledgement

In undertaking its work, the Victorian Healthcare Association (VHA) has engaged with a broad range of health practitioners across Victoria.

VHA will like to acknowledge and thank members of the VHA Voluntary Assisted Dying Quality Development Group and the VHA Consultative Group for their contributions and time given in the development of this guidance. It also acknowledges and thanks members of the health sector who participated in the Department’s and VHA’s model of care workshops, meetings and consultative processes to provide information or assistance in developing the guidance.

VHA also acknowledges guidance provided by:

- the Department;
- Safer Care Victoria (SCV);
- the Voluntary Assisted Dying Implementation Taskforce; and
- the work undertaken by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

Their time, dedication and support were invaluable to the development of this safety and quality guidance.
Addendum I - Elements and accreditation standards

The table contained in this addendum aims to assist health services to link the voluntary assisted dying activities outlined in the *Australian Safety and Quality Framework in Health Care* (ASQFHC) table above with the other standards generally used by health and aged care services.

Represented within this table are the Royal Australian College of General Practitioners *Standards for general practices* (5th edition); the *National Safety and Quality Health Service Standards* (NSQHS Standards) for the inpatient sector; the *EQuIP6 Standards* for the community sector; and the *Aged Care Quality Standards*. This table references the standards, not each of the standard’s criteria, and is not exhaustive.

The *National Palliative Care Standards* and *National consensus statement: essential elements for safe and high-quality end-of-life care* are not used for accreditation requirements. However, both documents support the delivery of high-quality end of life care and are also likely to support health service accreditation actions.

### Accreditation standards as they relate to voluntary assisted dying

<table>
<thead>
<tr>
<th>ASQFHC Core principle 1: Consumer centred</th>
<th>Standards for general practices (5th edition)</th>
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<tr>
<td>1.1 Develop methods and models to help patients get health services when they need them</td>
<td>GP Standard 1 – Access to care</td>
<td>1 – Clinical Governance Standard</td>
<td>Clinical</td>
<td>Standard 8 – Organisational governance</td>
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<td></td>
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<td></td>
<td>(1.2) consumers/patients and communities have access to health services and care appropriate to their needs</td>
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<td>1 – Clinical Governance Standard</td>
<td>Cl <strong>Clinical</strong></td>
<td>Standard 1 – Consumer dignity and choice</td>
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<td>2 – Partnering with Consumers Standard</td>
<td>(1.2) consumers/patients and communities have access to health services and care appropriate to their needs</td>
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<tr>
<td><strong>1.3 Partner with consumers, patients, families and carers to share decision making about their care</strong></td>
<td>Core Standard 1 – Communication and patient participation</td>
<td>1 – Clinical Governance Standard</td>
<td>(1.3) appropriate care and services are provided to consumer/patients</td>
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<tr>
<td></td>
<td>Core Standard 2 – Rights and needs of patients</td>
<td>2 – Partnering with Consumers Standard</td>
<td>(1.6) the governing body is committed to consumer/patient participation</td>
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<td>Core Standard 5 – Clinical management of health issues</td>
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<td>GP Standard 1 – Access to care</td>
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<td>GP Standard 2 – Comprehensive care</td>
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<td>Cl <strong>Clinical</strong></td>
<td>Standard 2 – Ongoing assessment and planning with consumers</td>
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<td>(1.2) consumers/patients and communities have access to health services and care appropriate to their needs</td>
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<td>Standard 6 – Feedback and complaints</td>
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<th>ASQFHC Core principle 1: Consumer centred</th>
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<tr>
<td>1.4 Provide care that respects and is sensitive to different cultures</td>
<td>Core Standard 2 – Rights and needs of patients</td>
<td>1 – Clinical Governance standard</td>
<td><em>Clinical</em></td>
<td>Standard 1 – Consumer dignity and choice</td>
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<td></td>
<td>GP standard 2 – Comprehensive care</td>
<td>2 – Partnering with Consumers Standard</td>
<td>(1.6) the governing body is committed to consumer/patient participation</td>
<td>Standard 2 – Ongoing assessment and planning with consumers</td>
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<td>Standard 3 – Personal care and clinical care</td>
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<td>Standard 4 – Services and supports for daily living</td>
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<tr>
<td>1.5 Involve consumers, patients and carers in planning for safety and quality</td>
<td>Core Standard 1 – Communication and patient participation</td>
<td>1 – Clinical Governance Standard</td>
<td><em>Clinical</em></td>
<td>Standard 1 – Consumer dignity and choice</td>
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<tr>
<td></td>
<td>Core Standard 2 – Rights and needs of patients</td>
<td>2 – Partnering with Consumers Standard</td>
<td>(1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process</td>
<td>Standard 2 – Ongoing assessment and planning with consumers</td>
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<td></td>
<td>Core Standard 3 – Practice governance and management</td>
<td>6 – Communicating for Safety Standard</td>
<td>(1.5) the organisation provides safe care and services</td>
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<td>(1.6) the governing body is committed to</td>
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<td>ASQFHC</td>
<td>Standards for general practices (5th edition)</td>
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</tbody>
</table>
| Core principle 1: Consumer centred | Core Standard 5 – Clinical management of health issues  
Core Standard 6 – Information management  
QI Standard 1 – Quality improvement  
QI Standard 3 – Clinical risk management | | consumer/patient participation  
Support  
(2.1) the governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical areas  
Corporate  
(3.1) the governing body leads the organisation's strategic direction to ensure the provision of quality, safe services  
(3.2) the organisation maintains a safe environment for employees, | |
### Accreditation standards as they relate to voluntary assisted dying

<table>
<thead>
<tr>
<th>ASQFHC Core principle 1: Consumer centred</th>
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</table>
| **1.6 Improve continuity of care**       | Core Standard 1 – Communication and patient participation  
Core Standard 2 – Rights and needs of patients  
Core Standard 3 – Practice governance and management  
Core Standard 5 – Clinical management of health issues  
Core Standard 6 – Information management  
Core Standard 7 – Content of patient health records | 1 – Clinical Governance Standard  
2 – Partnering with Consumers Standard  
3 – Preventing and Controlling Healthcare-Associated Infection Standard  
4 – Medication Safety Standard  
5 – Comprehensive Care Standard  
8 – Recognising and Responding to Acute Deterioration Standard | Clinical  
(1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process  
(1.2) consumers/patients and communities have access to health services and care appropriate to their needs | Corporate  
(3.1) the governing body leads the organisation’s strategic direction to ensure the provision of quality, safe services | Standard 2 – Ongoing assessment and planning with consumers  
Standard 3 – Personal care and clinical care  
Standard 4 – Services and supports for daily living |
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<tr>
<td></td>
<td>GP Standard 2 – Comprehensive care</td>
<td></td>
<td>(3.2) the organisation maintains a safe environment for employees, consumers/patients and visitors</td>
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<td></td>
<td>Core Standard 1 – Communication and patient participation</td>
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<td>Core Standard 7 – Content of patient health records</td>
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<td>QI Standard 3 – Clinical risk management</td>
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<td>1.7 Minimise risks at handover</td>
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<td>1 – Clinical Governance Standard</td>
<td>Clinical 1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process</td>
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<td>QI Standard 3 – Clinical risk management</td>
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1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process

1.5) the organisation provides safe care and services

Corporate

(3.1) the governing body leads the organisation’s strategic direction to

Standard 1 – Consumer dignity and choice

Standard 2 – Ongoing assessment and planning with consumers

Standard 3 – Personal care and clinical care

Standard 4 – Services and supports for daily living
### Accreditation standards as they relate to voluntary assisted dying

<table>
<thead>
<tr>
<th>ASQFHC Core principle 1: Consumer centred</th>
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<tbody>
<tr>
<td><strong>1.8 Promote healthcare rights</strong></td>
<td>Core Standard 1 – Communication and patient participation</td>
<td>1 – Clinical Governance Standard</td>
<td>Clinical (1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process</td>
<td>Standard 1 – Consumer dignity and choice</td>
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<tr>
<td></td>
<td>Core Standard 2 – Rights and needs of patients</td>
<td>2 – Partnering with Consumers Standard</td>
<td></td>
<td>Standard 3 – Personal care and clinical care</td>
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<td></td>
<td>Core Standard 7 – Content of patient health records</td>
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<tr>
<td><strong>1.9 If something goes wrong, openly inform and support the patient</strong></td>
<td>Core Standard 1 – Communication and patient participation</td>
<td>1 – Clinical Governance Standard</td>
<td>Clinical (1.6) the governing body is committed to consumer/patient participation</td>
<td>Standard 1 – Consumer dignity and choice</td>
</tr>
<tr>
<td></td>
<td>Core Standard 2 – Rights and needs of patients</td>
<td>2 – Partnering with Consumers Standard</td>
<td>Support (2.1) the governing body leads the organisation in its commitment to</td>
<td>Standard 3 – Personal care and clinical care</td>
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<tr>
<td></td>
<td>Core Standard 3 – Practice governance and management</td>
<td>5 – Comprehensive Care Standard</td>
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<td>Standard 8 – Organisational governance</td>
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<td>6 – Communicating for Safety Standard</td>
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Ensure the provision of quality, safe services
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<tbody>
<tr>
<td></td>
<td>Core Standard 5 – Clinical management of health issues</td>
<td></td>
<td>improving performance and ensures the effective management of corporate and clinical areas</td>
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<tr>
<td></td>
<td>QI Standard 3 – Clinical risk management</td>
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<td>(3.1) the governing body leads the organisation’s strategic direction to ensure the provision of quality, safe services</td>
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<td></td>
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<td></td>
<td>(3.2) the organisation maintains a safe environment for employees, consumers/patients and visitors</td>
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</table>
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</thead>
<tbody>
<tr>
<td>Core principle 2: Driven by information</td>
<td>Core Standard 1 – Communication and patient participation&lt;br&gt;Core Standard 3 – Practice governance and management&lt;br&gt;Core Standard 5 – Clinical management of health issues&lt;br&gt;QI Standard 1 – Quality improvement</td>
<td>1 – Clinical Governance Standard&lt;br&gt;2 – Partnering with Consumers Standard&lt;br&gt;5 – Comprehensive Care Standard&lt;br&gt;6 – Communicating for Safety Standard&lt;br&gt;8 – Recognising and Responding to Acute Deterioration Standard</td>
<td>Clinical&lt;br&gt;(1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process&lt;br&gt;(1.3) appropriate care and services are provided to consumer/patients&lt;br&gt;(1.4) the organisation provides care and services that achieve effective outcomes&lt;br&gt;(1.5) the organisation provides safe care and services</td>
<td>Standard 8 – Organisational governance</td>
</tr>
</tbody>
</table>

2.1 Use agreed guidelines to reduce inappropriate variation in the delivery of care
## Accreditation standards as they relate to voluntary assisted dying

| ASQFHC Core principle 2: Driven by information | Standards for general practice (5th edition) | NSQHS Standards (2nd edition) | EQuIP6 Standards | Aged Care Quality Standards |
|------------------------------------------------|---------------------------------------------|********************************|-------------------|----------------------------|
| 2.2 Collect and analyse safety and quality data to improve care | Core Standard 1 – Communication and patient participation | 1 – Clinical Governance Standard | Clinical (1.4) the organisation provides care and services that achieve effective outcomes | Standard 2 – Ongoing assessment and planning with consumers |
| | Core Standard 3 – Practice governance and management | 2 – Partnering with Consumers Standard | Support (2.1) the governing body leads the organisation in | Standard 6 – Feedback and complaints |
| | | 5 – Comprehensive Care Standard | | Standard 8 – Organisational governance |
| | | 6 – Communicating for Safety Standard | | |

its commitment to improving performance and ensures the effective management of corporate and clinical areas

**Corporate**

(3.1) the governing body leads the organisation’s strategic direction to ensure the provision of quality, safe services
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<tr>
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<td>QI Standard 1 – Quality improvement</td>
<td></td>
<td>its commitment to improving performance and ensures the effective management of corporate and clinical areas</td>
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<tr>
<td>QI Standard 3 – Clinical risk management</td>
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<td>(2.5) the organisation encourages and adequately governs the conduct of research to improve the safety and quality of health care within organisations</td>
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<tr>
<td>Core principle 2: Driven by information</td>
<td>2.3 Learn from patients' and carers' experiences</td>
<td>Core Standard 1 – Communication and patient participation</td>
<td>2 – Partnering with Consumers Standard</td>
<td>employees, consumers/patients and visitors</td>
</tr>
<tr>
<td></td>
<td>2.4 Encourage and apply research that will improve safety and quality</td>
<td>Core Standard 1 – Communication and patient participation</td>
<td>1 – Clinical Governance Standard</td>
<td>Support (2.5) the organisation encourages and adequately governs the conduct of research to improve the safety and quality of health care within organisations</td>
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<tr>
<td></td>
<td></td>
<td>Core Standard 3 – Practice governance and management</td>
<td>5 – Comprehensive Care Standard</td>
<td>Corporate (3.1) the governing body leads the organisation's strategic direction to</td>
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<td></td>
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<td>QI Standard 1 – Quality improvement</td>
<td>6 – Communicating for Safety Standard</td>
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<td>ensure the provision of quality, safe services</td>
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<tr>
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<th>NSQHS Standards (2nd edition)</th>
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</thead>
<tbody>
<tr>
<td>3.1 Health staff take action for safety</td>
<td>Core Standard 2 – Rights and needs of patients</td>
<td>1 – Clinical Governance Standard</td>
<td>Clinical (1.4) the organisation provides care and services that achieve effective outcomes Support (2.2) Human resources management supports quality health care, a component workforce</td>
<td>Standard 7 – Human resources Standard 8 – Organisational governance</td>
</tr>
<tr>
<td></td>
<td>Core Standard 3 – Practice governance and management</td>
<td>6 – Communicating for Safety Standard</td>
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<tr>
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<th>Aged Care Quality Standards</th>
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</thead>
</table>
| 3.2 Health professionals take action for safety | Core Standard 1 – Communication and patient participation  
Core Standard 2 – Rights and needs of patients  
Core Standard 3 – Practice governance and management | 1 – Clinical Governance Standard  
2 – Partnering with Consumers Standard  
5 – Comprehensive Care Standard  
6 – Communicating for Safety Standard | Clinical  
(1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process  
(1.5) the organisation provides safe care and services  
(1.6) the governing body is committed to | Standard 7 – Human resources  
Standard 8 – Organisational governance |
| GP Standard 5 – The medical practice |  |  and a satisfying working environment for staff  
Corporate  
(3.1) the governing body leads the organisation’s strategic direction to ensure the provision of quality, safe services |  |  |
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<th>Accreditation standards as they relate to voluntary assisted dying</th>
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<tr>
<td><strong>ASQFHC</strong>&lt;br&gt;Core principle 3: Organised for safety</td>
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<tr>
<td>Core Standard 5 – Clinical management of health issues</td>
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<tr>
<td>Core Standard 6 – Information management</td>
</tr>
<tr>
<td>Core Standard 7 – Content of patient health records</td>
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<tr>
<td>QI Standard 1 – Quality improvement</td>
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<tr>
<td>QI Standard 3 – Clinical risk management</td>
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<tr>
<td>GP Standard 3 – Qualifications of our clinical team</td>
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**Support**

**Corporate**
## Accreditation standards as they relate to voluntary assisted dying

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</thead>
</table>
| Core principle 3: Organised for safety | GP Standard 4 – Reducing the risk of infection  
GP Standard 5 – The medical practice | | ensure the provision of quality, safe services  
(3.2) the organisation maintains a safe environment for employees, consumers/patients and visitors | |
| 3.3 Managers and clinical leaders take action for safety | Core Standard 1 – Communication and patient participation  
Core Standard 2 – Rights and needs of patients  
Core Standard 3 – Practice governance and management  
Core Standard 5 – Clinical management of health issues | 1 – Clinical Governance Standard  
2 – Partnering with Consumers Standard  
6 – Communicating for Safety Standard  
8 – Recognising and Responding to Acute Deterioration Standard | Clinical  
(1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process  
(1.5) the organisation provides safe care and services  
(1.6) the governing body is committed to consumer/patient participation | Standard 7 – Human resources  
Standard 8 – Organisational governance |
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<tr>
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<tr>
<td></td>
<td>Core Standard 6 – Information management</td>
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<td>Support</td>
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<tr>
<td></td>
<td>Core Standard 7 – Content of patient health records</td>
<td></td>
<td>(2.1) the governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical areas</td>
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<td></td>
<td>Core Standard 8 – Education and training of non-clinical staff</td>
<td></td>
<td>(2.2) Human resources management supports quality health care, a component workforce and a satisfying working environment for staff</td>
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<td>(3.1) the governing body leads the organisation’s strategic direction to ensure the provision of quality, safe services</td>
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<td>(3.2) the organisation maintains a safe environment for employees, consumers/patients and visitors</td>
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<td>3.4 Governments take action for safety</td>
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<td>N/A—this table is for health service actions</td>
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<tr>
<td>3.5 Ensure funding models are designed to support safety and quality</td>
<td>QI Standard 3 – Clinical risk management</td>
<td>1 – Clinical Governance Standard</td>
<td>Support</td>
<td>Standard 7 – Human resources</td>
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<td>(2.1) the governing body leads the organisation in its commitment to</td>
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<tr>
<td></td>
<td>GP Standard 3 – Qualifications of our clinical team&lt;br&gt;GP Standard 5 – The medical practice</td>
<td>5 – Comprehensive Care Standard&lt;br&gt;6 – Communicating for Safety Standard</td>
<td>improving performance and ensures the effective management of corporate and clinical areas&lt;br&gt;(2.2) Human resources management supports quality health care, a component workforce and a satisfying working environment for staff&lt;br&gt;<strong>Corporate</strong>&lt;br&gt;(3.1) the governing body leads the organisation’s strategic direction to ensure the provision of quality, safe services</td>
<td>Standard 8 – Organisational governance</td>
</tr>
<tr>
<td>3.6 Support, implement and evaluate e-health</td>
<td>Core Standard 1 – Communication and patient participation</td>
<td>1 – Clinical Governance Standard&lt;br&gt;2 – Partnering with Consumers Standard</td>
<td><strong>Clinical</strong>&lt;br&gt;(1.1) consumers/patients are provided with safe, high-quality care</td>
<td>Standard 2 – Ongoing assessment and planning with consumers</td>
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</table>
| Core principle 3: Organised for safety | Core Standard 5 – Clinical management of health issues  
GP Standard 2 – Comprehensive care | 5 – Comprehensive Care Standard | throughout the care delivery process  
Support  
(2.1) the governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical areas  
Corporate  
(3.1) the governing body leads the organisation’s strategic direction to ensure the provision of quality, safe services |  |
| 3.7 Design and operate facilities, equipment and work processes for safety | Core Standard 3 – Practice governance and management  
1 – Clinical Governance Standard  
6 – Communicating for Safety Standard |  | Clinical  
(1.1) consumers/patients are provided with safe, high-quality care |  
Standard 5 – Organisation’s service environment |
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</table>
| Core principle 3: Organised for safety | Core Standard 8 – Education and training of non-clinical staff  
QI Standard 3 – Clinical risk management  
GP Standard 5 – The medical practice | | throughout the care delivery process  
(1.5) the organisation provides safe care and services  
Support  
(2.1) the governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical areas  
(2.3) Information management systems enable the organisation’s goal to be met  
Corporate  
(3.1) the governing body leads the organisation’s strategic direction to | |
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</table>
| 3.8 Take action to prevent or minimise harm from healthcare errors | Core Standard 1 – Communication and patient participation  
Core Standard 3 – Practice governance and management  
Core Standard 5 – Clinical management of health issues  
Core Standard 6 – Information management | 1 – Clinical Governance Standard  
2 – Partnering with Consumers Standard  
6 – Communicating for Safety Standard | Clinical  
(1.1) consumers/patients are provided with safe, high-quality care throughout the care delivery process  
(1.3) appropriate care and services are provided to consumer/patients  
(1.5) the organisation provides safe care and services | Standard 2 – Ongoing assessment and planning with consumers  
Standard 3 – Personal care and clinical care  
Standard 4 – Services and supports for daily living  
Standard 6 – Feedback and complaints  
Standard 7 – Human resources |
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</table>
| Core Standard 7 – Content of patient health records | (1.6) the governing body is committed to consumer/patient participation  
Support | | Standard 8 – Organisational governance |
<p>| Core Standard 8 – Education and training of non-clinical staff | (2.1) the governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical areas |
| QI Standard 1 – Quality improvement | (2.2) Human resources management supports quality health care, a component workforce and a satisfying working environment for staff |
| QI Standard 2 – Clinical indicators | Corporate |
| QI Standard 3 – Clinical risk management | (3.1) the governing body leads the organisation's |
| GP Standard 1 – Access to care | |
| GP Standard 2 – Comprehensive care | |
| GP Standard 3 – Qualifications of our clinical team | |
| | |</p>
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<td>Core principle 3: Organised for safety</td>
<td>GP Standard 4 – Reducing the risk of infection</td>
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<td>strategic direction to ensure the provision of quality, safe services</td>
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<td></td>
<td>GP Standard 5 – The medical practice</td>
<td></td>
<td>(3.2) the organisation maintains a safe environment for employees, consumers/patients and visitors</td>
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Addendum II - Performance indicators

Under the Act, the Voluntary Assisted Dying Review Board is responsible for monitoring voluntary assisted dying activity in Victoria. As part of this responsibility the Board will collect a range of data and information.

Health services can also decide what data and information they collect in relation to voluntary assisted dying. Performance indicators are a measurable value that indicates how effectively a health service is delivering a high-quality service. They provide valuable information that informs policy direction and reform, ensuring that the voluntary assisted dying care pathways remain effective.

Health services can collect data to measure their performance in terms of ensuring a positive person-centred experience and identifying areas that require adjustment. The suggested performance indicators below may be adopted or adapted by health services.

It is essential to recognise that the voluntary assisted dying request and assessment process must always be driven by the person requesting voluntary assisted dying and that some people may want to proceed gradually. The suggested data collection points below are not included to encourage health services to push a person requesting voluntary assisted dying to complete the request and assessment process quickly. Instead, they may assist health services to identify any systemic issues that are causing delays.

Sample data collection points:

- number of requests for information about voluntary assisted dying
- number of requests for access to voluntary assisted dying
- number of requests that result in a first assessment
- reasons for additional medical referrals and time from referral to receipt of specialist report
- time from first request to first assessment
- time from first assessment to consulting assessment
- key points in patient journey at which patient experience and satisfaction are explored (i.e. 1-2 key questions)
- experience of health service staff involved in voluntary assisted dying
Addendum III – Safety and Quality Implementation Checklist

Below is a checklist that may assist those health services that will participate in voluntary assisted dying. The checklist can be used by health service CEOs, senior management and senior health practitioners when reviewing their safety and quality policies and processes and clinical governance in preparation for the commencement of the Act.

It is important for health services to engage with key stakeholders, staff, volunteers, health consumers and the wider community about the implementation of voluntary assisted dying. The implementation period creates great opportunities for consultation, alleviating concerns, fostering transparency, building trust and interconnection. The implementation plan must clearly identify the outcomes and give everyone the opportunity to be involved in the consultative process and to be informed and updated regularly, ensuring the Act is clearly understood in readiness for 19 June 2019.

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<th>Measure safety and quality of clinical services and have mechanisms to:</th>
<th>Planned</th>
<th>Partly implemented</th>
<th>Established</th>
<th>Not applicable</th>
<th>Review date</th>
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<tbody>
<tr>
<td>1. Update the health service’s strategic direction and business plans inclusive of:</td>
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<td>• human resources</td>
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<td>• information and technology</td>
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<td>• workplace health and safety</td>
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<td>• environmental risk</td>
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<td>• infection control</td>
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<td>• finances and funding models</td>
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<td>• procurement framework</td>
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2. Update clinical governance policy framework and tools to support voluntary assisted dying process inclusive of:

- reporting requirements
- clinical services capability frameworks
- audit and risk including risk matrix and incident reporting
- compliance with legislative requirements
- ethics for research.

3. Establish a multidisciplinary working group to support implementation in your health service

4. Develop core safety and quality voluntary assisted dying indicators and update the following:

- quality improvement plan
- collection and review of performance data
- benchmarking reports
- complaints register.

5. Update or develop any policies, procedures, protocols or systems to incorporate voluntary assisted dying that may include:

- service access/service coordination
- referral
- consent
• information sharing – privacy and confidentiality
• clinical care including care of the deceased
• clinical handover
• escalation of care concerns
• cultural competence
• use of interpreters
• advance care planning
• end-of-life care
• admissions procedures
• telehealth
• storage and returning of voluntary assisted dying medications
• open disclosure/protected disclosure
• consumer complaints
• consumer experience of care feedback
• conscientious objection
• coercion
• decision-making
• witnessing documents
• notification to the coroner
• codes of conduct
• mortality and morbidity case reviews
• medical records documentation and IT infrastructure.
6. Have clear information about the care pathway available for health practitioners, local networks, community participation forums and consumer engagement channels, which may be included in:

- position descriptions
- contracts for locums and agency workforce
- induction/orientation packages
- mentoring or peer review.

7. Facilitate partnerships between health services through mechanisms such as network meetings and educational events to discuss and refine voluntary assisted dying care pathway protocols.

8. Develop educational strategies for the dissemination of resources, guidance, training packages and other tools to support voluntary assisted dying, including supporting support staff to reflect on their role in voluntary assisted dying, through:

- making resources available on the intranet
- including information in induction/orientation packages
- peer review, mentoring and staff support processes
9. Ensure culturally sensitive material about voluntary assisted dying is available and on hand within the health service for people who request information and that staff know where to get this information, including via the Department’s website.

10. Develop the health service’s specific frequently asked questions and answers in relation to voluntary assisted dying. You may like to review the frequently asked questions on the Department of Health and Human Services website.

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