Capability framework

This document is an excerpt from the *Strengthening palliative care: Policy and strategic directions 2011–2015 policy*. The Strengthening Palliative Care policy was replaced in July 2016 with *Victoria's end of life and palliative care framework*.

The service capability framework comprises seven dimensions of measuring and describing capability across the following service types:

- three types of services (inpatient, community and consultancy)
- three levels of inpatient categories, two levels of community-based services and one level of consultancy.

Further development of the service capability framework will be undertaken in 2016–17 by the Department of Health and Human Services in consultation with the Palliative Care Clinical Network and the sector.

### Inpatient palliative care services – Level 1

| Role description and range of services | • provides management of palliative care patients with generally anticipated problems and outcomes  
• range of services will include physical and psychological, social and spiritual care  
• discharge planning and effective liaison with community-based palliative and generalist providers  
• provides or facilitates access to psychological, social and spiritual care, bereavement support and respite care  
• assessment of patient care needs and exploration of patient goals, expectations and choices for place of care, including knowledge of advance care planning and end of life issues  
• volunteer program (and coordination) either specific to palliative care or through an organisation-wide program  
• DHHS table bullet |
| Catchment | • local and sub-regional |
| Staffing profile | • nursing and medical staff with knowledge of palliative care and/or qualifications in palliative care with access to a consultancy service  
• access to allied health, psychological, social and spiritual staff  
• coordination of volunteers specific to palliative care or through an organisation-wide program |
| Education, training and research | • information to other staff who work in generalist services in the local and sub-regional area about the palliative approach  
• support and education for palliative care patients, carers and families  
• provide a health-promoting palliative care approach to build communities’ capacity to respond to death, dying, loss and care |
| Quality framework | • participation in the Department of Health and Human Services Clinical |
Inpatient palliative care services – Level 1

<table>
<thead>
<tr>
<th>Services Improvement Program, including self-assessment against Palliative Care Australia’s (PCA’s) National Standards Assessment Program</th>
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</thead>
<tbody>
<tr>
<td>• quality activities are supported through formal links with Levels 2 &amp; 3 inpatient services, palliative care consortia and consortia clinical groups</td>
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<tr>
<td>• routine collection of palliative care patient and carer satisfaction</td>
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<tr>
<td>• participation in health service system-wide quality improvement and assurance activities</td>
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<tr>
<th>Service integration and linkages</th>
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<td>• protocols with Levels 2 and 3 inpatient services and consultancy service or other arrangements to obtain advice and coordinate referral for more complex palliative care patients</td>
</tr>
<tr>
<td>• referrals and protocols to access bereavement support, psychological and spiritual care and respite for palliative care patients, carers and families</td>
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<tr>
<td>• protocols to access allied health, psychological, social and spiritual staff</td>
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<tr>
<td>• formal links and referral arrangements with a range of medical specialty services</td>
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<tr>
<td>• formal links and referral arrangements with primary and specialist community providers</td>
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<tr>
<td>• understanding of services offered by statewide palliative care services</td>
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<tr>
<td>• participation and involvement in coordination activities through the palliative care consortia</td>
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<table>
<thead>
<tr>
<th>Infrastructure, facilities and supporting services</th>
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<tbody>
<tr>
<td>• access to designated palliative care beds (Levels 2 or 3) and/or acute inpatient beds</td>
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<tr>
<td>• capacity to provide access to accommodation for family and carers if required</td>
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<tr>
<td>• access to a facility that will support family meetings</td>
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<tr>
<td>• tele-health facilities</td>
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<tr>
<td>• access to equipment loan and other services to support return to home for palliative care patients</td>
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</tbody>
</table>
## Inpatient palliative care services – Level 2

### Role description and range of services
- as for Level 1 plus
- provides a broad spectrum of care and has the capacity to manage most palliative care patients, including physical and psychological, social and spiritual needs
- interdisciplinary approach
- experience and provision of advance care planning and end of life care with clear protocols for timely referral to community services
- a patient management pathway that is inclusive of interdisciplinary assessment, liaison with community-based service providers, discharge planning and provision of discharge information to primary care providers
- formal linkages to support Level 1 services

### Catchment
- sub-regional

### Staffing profile
- as for Level 1 plus
- interdisciplinary team made up of medical and nursing staff with specialist qualifications in palliative care, and allied health, psychological, social and spiritual staff with experience and/or specialist qualifications in palliative care
- substantial presence/involvement of medical practitioner with specialist qualifications in palliative medicine who may work across other health services
- provision of on-call or other after-hours support by medical staff with experience in palliative care
- access to other allied health, psychological, social and spiritual and clinical staff supporting psychological, social and spiritual care needs of palliative care patients, carers and families

### Education, training and research
- as for Level 1 plus
- undergraduate and postgraduate teaching (registrars, trainees, students)
- provide education and support in specialist palliative care within the health service
- some outreach education and support to generalist and community-based services
- participation in palliative care research and quality improvement projects

### Quality framework
- as for Level 1 plus
- contributes data to a state/national system that monitors and measures palliative care outcomes
- use of validated assessment tools and evidence-based care pathways and protocols

### Service integration and linkages
- as for Level 1 plus
- protocols with Level 3 inpatient service or other arrangements to provide advice and receive referral for more complex patients
- protocols and liaison with other services and clinical support units within/external to the health service
- formal link with a palliative care consultancy service
- relationship and information sharing with statewide palliative care services
- formal links with specialist community services for joint postgraduate registrar and training programs

### Infrastructure, facilities and supporting services
- as for Level 1
### Inpatient palliative care services – Level 3

| Role description and range of services | as for Level 2 Plus  
|----------------------------------------|--------------------------------------------------------|
| • provides comprehensive care and has capacity to manage the full range of palliative care patients, including clinical and/or psychological, social and spiritual complexities  
  • complex symptom and pain management  
  • provision of interdisciplinary care including psychological, social and spiritual care for palliative care patients, carers and families by qualified providers  
  • availability of liaison psychiatry and/or psycho-oncology and/or appropriate mental health services  
  • provides advisory/consultation services to generalist providers  
  • after-hours on-call provision for specialist palliative care advice and patient/carer support  
  • formal linkages with Levels 1 and 2 inpatient services to provide advice and consultation  
  • provides a palliative care volunteer program |  
| Catchment | regional (and potentially statewide role for some services)  
| Staffing profile | as for Level 2 Plus  
| • comprehensive interdisciplinary team, including medical practitioner with specialist qualifications in palliative medicine, specialist nursing (may include nurse practitioner) and allied health, psychological, social and spiritual staff with qualifications and experience in palliative care  
  • staff with joint appointments across settings and/or universities  
  • coordinator of volunteers |  
| Education, training and research | as for Level 2 Plus  
| • formal education programs in the palliative approach available to other hospital staff and on an outreach basis to external health professionals  
  • collaborative arrangements with community palliative care for formal education programs for family carers and patients  
  • staff with joint appointments with universities  
  • origination, leadership and active participation in palliative care research, knowledge integration and quality improvement activities |  
| Quality framework | as for Level 2 Plus  
| • meets all or some of the requirements for Royal Australasian College of Physicians (RACP) accreditation in relation to palliative medicine  
  • offers a leadership role, including provision and training support of peer reviewers and supports their training for PCA’s National Standards Assessment Program  
  • contributes to a statewide data system  
  • monitors/reports palliative care clinical indicators and participates in benchmarking activities  
  • provides clinical leadership in the use of resources that promote consistency and good clinical practice, such as validated assessment tools and evidence-based care pathways and protocols |  
| Service integration and linkages | as for Level 2 Plus  
| • protocols and liaison with other services and clinical support units within/external to the health service (including acute care, subacute care, emergency departments, medical and radiation oncology, intensive care and diagnostic imaging)  
  • substantive involvement of other clinical practitioners (including, but not limited to, general practitioners, other generalist and specialist medical practitioners, clinical nurse consultants and nurse educators from other clinical fields, Aged Care Assessment Service (ACAS) teams, bereavement specialists and aged care services) |
| Inpatient palliative care services – Level 3 | • leadership in service and care coordination through mechanisms such as interdisciplinary team meetings and case conferencing involving providers across settings  
• leadership in activities such as consortia clinical advisory groups  
• formal links and referral arrangements with a range of specialist palliative care services |

| Infrastructure, facilities and supporting services | • as for Level 2 Plus  
• access to high-end diagnostic management and treatment facilities |
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<tr>
<th><strong>Community palliative care services – Level 1</strong></th>
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<tbody>
<tr>
<td><strong>Role description and range of services</strong></td>
</tr>
<tr>
<td>• provides management of palliative care clients with generally anticipated problems and outcomes through one or more specific services (not full range of comprehensive care) to support clients in the community</td>
</tr>
<tr>
<td>• range of services will include physical and psychological, social and spiritual care</td>
</tr>
<tr>
<td>• participates in discharge planning and liaison with inpatient palliative care and acute hospital services</td>
</tr>
<tr>
<td>• provides or facilitates access to psychological, social and spiritual care, bereavement support and respite care</td>
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<tr>
<td>• assessment of client care needs and exploration of client goals, expectations and choices for place of care, including knowledge of advance care planning and end of life issues</td>
</tr>
<tr>
<td>• after-hours support</td>
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<tr>
<td>• volunteer program (and coordination) either specific to palliative care or through a link into a volunteer network</td>
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<tr>
<td><strong>Catchment</strong></td>
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<tr>
<td>• local and sub-regional</td>
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<tr>
<td><strong>Staffing profile</strong></td>
</tr>
<tr>
<td>• nursing and other staff with knowledge of palliative care and/or qualifications in palliative care with access to a palliative care consultancy service</td>
</tr>
<tr>
<td>• may involve palliative medicine specialists through a palliative care consultancy service on an advisory basis</td>
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<tr>
<td>• coordinator of volunteers specific to palliative care or links to a volunteer network</td>
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<tr>
<td>• may include generalist medical staff and/or nurse practitioner in palliative care</td>
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<tr>
<td><strong>Education, training and research</strong></td>
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<tr>
<td>• information to other staff who work in generalist services in the local and sub-regional area on the palliative approach</td>
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<tr>
<td>• support and education for palliative care clients, carers and families</td>
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<td>• provide a health-promoting palliative care approach to build communities’ capacity to respond to death, dying, loss and care</td>
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<tr>
<td><strong>Quality framework</strong></td>
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<tr>
<td>• participation in the Department of Health and Human Services Clinical Services Improvement Program, including self-assessment against PCA’s National Standards Assessment Program</td>
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<tr>
<td>• quality activities are supported through formal links with Level 2 community services, palliative care consortia and consortia clinical groups</td>
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<td>• routine collection of client and carer satisfaction data</td>
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<td>• participation in health service system-wide quality improvement and assurance activities</td>
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<tr>
<td><strong>Service integration and linkages</strong></td>
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<tr>
<td>• protocols with Level 2 community services and consultancy service or other arrangements to obtain advice and coordinate referral for more complex palliative care clients</td>
</tr>
<tr>
<td>• collaborative relationships with generalist and specialist health providers to support joint management and shared care of palliative care clients in the community</td>
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<tr>
<td>• referrals and protocols to access bereavement support, psychological, social and spiritual care, and respite for palliative care clients, carers and families</td>
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<tr>
<td>• protocols to access allied health, psychological, social and spiritual staff</td>
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</table>
| Infrastructure, facilities and supporting services | • access to designated appropriate-level palliative care beds and/or acute inpatient beds and respite facilities  
• access to tele-health facilities  
• access or referral to equipment loan and other services to support palliative care clients at home |
| Role description and range of services | • as for Level 1 Plus  
• provides comprehensive clinical care (including complex symptom and pain management) and psychological, social and spiritual care, bereavement support and access to respite care  
• arrangements for 24-hour coverage to meet needs of community palliative care clients and their families and carers  
• provision of interdisciplinary care by qualified providers  
• protocols for access to psychiatry and/or psycho-oncology and/or appropriate mental health services  
• experience and provision of advance care planning and end of life care with clear protocols for timely referral to inpatient services  
• interdisciplinary assessment of client care needs and exploration of client goals, expectations and choices for place of care-liaison with inpatient services, and provision of information to other providers  
• provides advisory/consultation services to generalist providers  
• formal protocols to support Level 1 community services  
• provides a palliative care volunteer program |
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<tbody>
<tr>
<td>Catchment</td>
<td>• sub-regional and regional</td>
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</tbody>
</table>
| Staffing profile | • as for Level 1 Plus  
• comprehensive interdisciplinary team, including medical practitioner with specialist qualifications in palliative medicine, specialist nursing (may include nurse practitioner) and allied health, psychological, social and spiritual support staff with qualifications and experience in palliative care  
• staff may have joint appointments across settings and/or universities  
• coordinator of volunteers |
| Education, training and research | • as for Level 1 Plus  
• teaching and training for nursing, medical staff and primary care staff in specialist palliative care  
• collaborative arrangements with inpatient services for formal education programs for carers and palliative care clients  
• staff with capacity to provide mentoring and education in undergraduate and postgraduate studies  
• leadership and participation in palliative care research, knowledge integration and quality improvement activities |
| Quality framework | • as for Level 1 Plus  
• meets all or some of the requirements for RACP accreditation in relation to palliative medicine  
• offers a leadership role, including providing peer reviewers and supports their training for PCA’s National Standards Assessment Program  
• undertakes routine collection of client and carer satisfaction and employs other mechanisms to support consumer feedback  
• contributes data to a state/national system that monitors and measures palliative care outcomes  
• monitors/reports palliative care clinical indicators and participates in benchmarking activities  
• provides clinical leadership in the use of resources that promote consistency and good clinical practice, such as validated assessment tools and evidence-based care pathways and protocols |
| Service integration and linkages | • as for Level 1 Plus  
- substantive involvement of other clinical practitioners (including, but not limited to, general practitioners, other generalist and specialist medical practitioners, clinical nurse consultants and nurse educators from other clinical fields, ACAS teams, bereavement specialists and aged care services)  
- staff to provide advice and consultation to Level 1 services  
- leadership in activities such as consortium clinical advisory groups  
- formal links and referral arrangements with a range of specialist palliative care services  
- participation and involvement in coordinating activities through the regional palliative care consortia |
| Infrastructure, facilities and supporting services | • as for Level 1 Plus  
- facilities for the provision of psychological and social support/counselling services away from the home |
### Consultancy palliative care services

| Role description and range of services | • ‘in-reach’ consultancy advice and support to hospital-based staff  
• ‘outreach’ consultancy advice and support to generalist community-based healthcare professionals and community palliative care services  
• assessment and symptom management, clinical decision-making, advance care planning, patient and family communication, end of life care  
• approximately 40 per cent direct clinical care and 60 per cent consultancy service, including but not limited to the following elements  
  – coordinating access and service provision for palliative care patients, carers and their families through referral and liaison with acute services, inpatient palliative care units, ambulatory care clinics and community palliative care services  
  – capacity building, education and advocacy on the palliative approach  
  – may include provision of specialist palliative care ambulatory clinics  
  – may include participation in regional and/or sub-regional interdisciplinary meetings  
  – may include participation in interdisciplinary cancer team meetings |
| Catchment | • statewide, regional and/or sub-regional |
| Staffing profile | • interdisciplinary team, including medical practitioner with specialist qualifications in palliative medicine, and nursing staff with qualifications and experience in palliative care (may include a nurse practitioner in palliative care and other staff with specialist qualifications in palliative care)  
• facilitates access to other required services, including allied health, psychological, social and spiritual care |
| Education, training and research | • undergraduate and postgraduate training of nursing and medical staff, and other disciplines, as defined by the consultancy staffing profile  
• extensive role in provision of education about palliative care for health professionals across all settings and on a regional basis  
• staff with joint appointments at universities  
• leadership and participation in palliative care research and knowledge integration  
• provide a health-promoting palliative care approach to build communities’ capacity to respond to death, dying, loss and care |
| Quality framework | • employing agency meets requirements for RACP accreditation in relation to palliative medicine  
• participation in the Department of Health and Human Services Clinical Services Improvement Program, including self-assessment against PCA’s National Standards Assessment Program  
• offers a leadership role, including providing peer reviewers and supports their training in the National Standards Assessment Program  
• contributes to a statewide data system  
• provides clinical leadership in the use of resources that promote consistency and good clinical practice, such as validated assessment tools and evidence-based care pathways and protocols  
• quality activities are supported through formal links with inpatient and community services, palliative care consortia and consortia clinical groups |
| Service integration and linkages | • collaborative relationships with generalist and specialist health providers to support joint management and shared care of palliative care patients requiring palliative care  
• leadership role in standardising referral protocols and communication channels with other health providers to support improved access to palliative care services on a geographic basis  
• formal links and referral arrangements with a range of specialist palliative care services |
### Consultancy palliative care services

- leadership in activities such as consortia clinical advisory groups
- participation and involvement in coordinating activities through the regional palliative care consortia

### Infrastructure, facilities and supporting services

- access and referral to acute and non-acute inpatient beds
- access and referral to community facilities, including respite and aged care
- tele-health facilities

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Where the term ‘Aboriginal’ is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.