ELDAC
End of Life Directions for Aged Care

Linkage Strategies: Audit for Aged Care Services

This audit has been developed to identify and prompt your use of linkage strategies in service partnering with specialist palliative care. Linkage strategies include: role clarification, written and verbal communication pathways, multidisciplinary team structures, formalised agreements and plans, a designated linkage worker, knowledge exchange and upskilling, and continuous quality improvement. Please answer every item to provide a clear picture on areas of linkage in place at present.

Role clarification

Item No:		Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree	N/A
1.1	We have a clear understanding of our aged care service's role and responsibilities when working with specialist palliative care.	◯	◯	◯	◯	◯	◯
1.2	We have a clear understanding of the role and responsibilities of the specialist palliative care service.	◯	◯	◯	◯	◯	◯
1.3	We communicate with specialist palliative care services to clarify our respective roles and responsibilities.	◯	◯	◯	◯	◯	◯
1.4	We are satisfied with the specialist palliative care service's role and responsibilities when working with our age care service.	◯	◯	◯	◯	◯	◯

Comment on the factors that enable or constrain role clarity between your aged care service and specialist palliative care:

Formalised agreements and plans

Item No:		Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree	N/A
2.1	We have formalised partnership arrangements with specialist palliative care services e.g. a partnering agreement, memorandum of understanding, or terms of reference.	◯	◯	◯	◯	◯	◯
2.2	The formalised agreement clarifies the purpose of the partnership.	◯	◯	◯	◯	◯	◯
2.3	We have adequate allocation of resources to sustain these arrangements.	◯	◯	◯	◯	◯	◯

Comment on the factors that enable or constrain formalised agreements and plans between your aged care service and specialist palliative care:

Written and verbal communication pathways

Item No:		Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree	N/A
3.1	We have regular contact with local specialist palliative care services.	◯	◯	◯	◯	◯	◯
3.2	We have a clear referral process with specialist palliative care services.	◯	◯	◯	◯	◯	◯
3.3	We communicate effectively about palliative care and advance care planning with the specialist palliative care service.	◯	◯	◯	◯	◯	◯
3.4	We use technologies, such as zoom or skype, to communicate with specialist palliative care services.	◯	◯	◯	◯	◯	◯
3.5	We provide continuity of care between our aged care service and specialist palliative care.	◯	◯	◯	◯	◯	◯
3.6	Both our aged care service and specialist palliative care have easily accessible contact and process information concerning their partner organisation e.g, visiting protocols, chief contact.	◯	◯	◯	◯	◯	◯

Comment on the factors that enable or constrain communication pathways between your aged care service and specialist palliative care:

Designated linkage worker

Item No:		Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree	N/A
4.1	We have a clear understanding of the role of the linkage worker between our aged care service and specialist palliative care.	◯	◯	◯	◯	◯	◯
4.2	Management actively supports and promotes the designated linkage worker role.	◯	◯	◯	◯	◯	◯
4.3	All staff are aware of the designated linkage worker and their role.	◯	◯	◯	◯	◯	◯
4.4	The designated linkage worker is appropriately resourced to carry out his/her role.	◯	◯	◯	◯	◯	◯

Comment on the factors that enable or constrain utilsing a designated linkage worker between your aged care service and specialist palliative care:

Continuous quality improvement

Item No:		Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree	N/A
5.1	We routinely monitor the extent to which these linkage strategies are integrated into our aged care service.	◯	◯	◯	◯	◯	◯
5.2	We routinely monitor and evaluate our aged care service's capacity building interactions (e.g., mentoring, education) with specialist palliative care.	◯	◯	◯	◯	◯	◯
5.3	We routinely collect and report minimum data about specialist palliative care access for our clients/residents.	◯	◯	◯	◯	◯	◯
5.4	We routinely collect and report evaluation service data linking client/resident outcomes to specialist palliative care access.	◯	◯	◯	◯	◯	◯
5.5	All of our quality improvement activities are tied into the plan-do-check-act cycle.	◯	◯	◯	◯	◯	◯

Comment on the factors that enable or constrain continuous quality improvement activities relating to measuring the success of your aged care service partnership with specialist palliative care:

Multidisciplinary team structures

Item No:		Often	Some-times	Rarely	Never	N/A
6.1	We utilise shared care plans or documentation with specialist palliative care services.	◯	◯	◯	◯	◯
6.2	We work with specialist palliative care to provide advance care planning for our clients/residents.	◯	◯	◯	◯	◯
6.3	We undertake case conferencing with specialist palliative care services about client/resident care.	◯	◯	◯	◯	◯
6.4	We work with specialist palliative care on end of life care plans or pathways for our clients/residents.	◯	◯	◯	◯	◯
6.5	We have meetings with specialist palliative care services to create and maintain our partnership.	◯	◯	◯	◯	◯

Comment on the factors that enable or constrain multidisciplinary care between your aged care service and specialist palliative care:

Knowledge exchange and upskilling

Item No:		Often	Some-times	Rarely	Never	N/A
7.1	We participate in professional development activities focused on palliative care and/or advance care planning with specialist palliative care.	◯	◯	◯	◯	◯
7.2	Specialist palliative care provide mentoring opportunities for our staff.	◯	◯	◯	◯	◯
7.3	We use multidisciplinary team meetings with specialist palliative care to provide learning opportunities for our aged care service staff.	◯	◯	◯	◯	◯
7.4	We upskill specialist palliative care on our role and responsibilities as aged care providers, our client/resident target group, and our aged care service structure and practices.	◯	◯	◯	◯	◯

Comment on the factors that enable or constrain knowledge exchange and upskilling between your aged care service and specialist palliative care:

(Adapted from Decision Assist Organisational Audit: https://www.advancecareplanning.org.au/docs/default-source/da-resource-library/linkages-project/palliative-and-aged-care-linkages-manual_decisionassist_2018.pdf?sfvrsn=8)