© Clinical Excellence Commission 2017

All rights are reserved. In keeping with the NSW Government’s commitment to encouraging the availability, dissemination and exchange of information (and subject to the operation of the Copyright Act 1968), you are welcome to reproduce the information which appears in this publication, as long as the user of the information agrees to:

- use the document for information only
- save or print a single copy for personal use only and not to reproduce any major extract or the entire document except as permitted under Copyright Act 1968 (as amended) without the prior written permission of the State of New South Wales
- acknowledge the source of any selected passage, table diagram or other extract reproduced
- not make any charge for providing the Information to another person or organisation without the prior written consent of the State of New South Wales and payment of an agreed copyright fee
- not modify the Information without the express prior written permission of the State of New South Wales
- include this copyright notice in any copy made:

© - Copyright – Clinical Excellence Commission for and on behalf of the Crown in right of the State of New South Wales.

SHPN: (CEC) 140056

Clinical Excellence Commission
Board Chair: A/Prof Brian McCaughan, AM
Chief Executive Officer: Ms Carrie Marr

Any enquiries about or comments on this publication should be directed to:
Clinical Excellence Commission
Phone: +61 2 9269 5500
Email: cec-ambercare@cec.health.nsw.gov.au

The Clinical Excellence Commission acknowledges the support of Guy’s and St. Thomas’ Charity Modernisation Initiative and support from the King’s College and South London and Maudsley Charitable Funds

The AMBER care bundle has been localised by the Clinical Excellence Commission
© Guy’s and St. Thomas’ NHS Foundation Trust UK 2013
Table of contents

Table of contents .................................................................................................................. 3
Introduction ............................................................................................................................. 4

What is the AMBER care bundle? ......................................................................................... 4
Implementing the AMBER care bundle .................................................................................. 5

Why introduce the AMBER Bundle? ..................................................................................... 5
How does the AMBER care bundle support patients, their families and carers and hospital staff? ______ 5
Laying the foundation work for implementation .................................................................... 6

Roles of key staff .................................................................................................................... 7
Project Governance ............................................................................................................... 7

Core project team .................................................................................................................. 7
The role of the Multidisciplinary team ................................................................................... 8
Developing the implementation plan ...................................................................................... 10

Phase 1: Hospital ready for change ...................................................................................... 11
Phase 2: Hospital wide project preparation .......................................................................... 12
Phase 3: Ward / team implementation .................................................................................... 13
Phase 4: Making it stick - ward sustainability ...................................................................... 14
Phase 5: Making it stick - hospital sustainability ................................................................... 15

Resources available to support Phase 5 ................................................................................ 15

Version History

<table>
<thead>
<tr>
<th>Version</th>
<th>Description</th>
<th>Date</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 1</td>
<td>Adapted from UK version November 2013</td>
<td></td>
<td>Bernadette King</td>
</tr>
<tr>
<td>Version 2</td>
<td>Updated December 2014</td>
<td></td>
<td>Bernadette King</td>
</tr>
<tr>
<td>Version 2.1</td>
<td>Updated August 2015/October 2016</td>
<td></td>
<td>Bernadette King</td>
</tr>
<tr>
<td>Version 3</td>
<td>Review / update</td>
<td></td>
<td>Bernadette King</td>
</tr>
</tbody>
</table>
Introduction

The AMBER Care Bundle is a clinical care bundle developed at the Guy’s and St Thomas’ NHS Foundation Trust in the United Kingdom and localised for use in NSW facilities by the Clinical Excellence Commission.

This implementation guide aims to provide local health districts (LHDs) and health care facility staff with easy to use tools and resources to assist in implementing the AMBER care bundle. It should be used when developing your implementation plan and during the implementation process. It is highly recommended that key implementation staff in health care facilities also read all material prior to commencement of the AMBER care bundle Program.

The guide includes some of the UK Guy’s and St Thomas resource documents that have been localised, as well as new materials that have been developed from information and findings gained through the NSW pilot program. As the AMBER care bundle is implemented throughout NSW, new tools and resources will be developed in response to clinician feedback and program needs.

By following the steps in this guide, the AMBER care bundle can become an important tool in improving patient’s end of life care and management in your facility.

What is the AMBER care bundle?

Assessment Management Best Practice Engagement of patients and carers for patients whose Recovery is uncertain

The AMBER care bundle provides a systematic approach for the multi-disciplinary team to follow when clinicians are uncertain whether a patient may recover and are concerned that they may only have a few months to live. It encourages clinicians, patients and families to continue with treatment, if they wish, in the hope of a recovery, whilst talking openly about preferences and wishes, and putting plans in place for end of life.

There are four components to the approach:

1. Talking to the patients and their family to let them know that the health care team has concerns about their condition, and to discuss their preferences and wishes
2. Confirming the current medical plan
3. Deciding together how the patient will be cared for should their condition get worse
4. Agreeing the plan with all the clinical team responsible for the patient’s care as well as the patient and family.

Patients whose recovery is uncertain

![Diagram showing the progression from Well to Uncertain Recovery to Last Days](image-url)
Implementing the AMBER care bundle

Why introduce the AMBER Bundle?

Early identification of people who may have end of life care needs is the foundation of excellent end of life care. If early identification does not take place then appropriate planning, transfer, interventions and communication with the person and their family cannot take place. The AMBER care bundle is a quality improvement initiative and aims to improve the recognition of uncertain recovery and timely development of management plans that may include end of life wishes in acute hospitals in NSW. The expected outcomes include:

- improved decision making around end of life management
- greater clarity around preferences and plans about how these can be met
- a positive impact on multi-disciplinary team communication and working
- increased nurses’ confidence about when to approach medical colleagues to discuss treatment plans
- patients being treated with greater dignity and respect.

How does the AMBER care bundle support patients, their families and carers and hospital staff?

The AMBER care bundle:

- Provides a tool to help clinicians identify people for whom recovery is uncertain and who may have end of life care needs
- Simplifies key interventions to support best practice
- Supports staff to start conversations about possible outcomes, including dying and death
- Gives patients and carers and others close to them the opportunity to be involved in decision making about their care and preferences for treatment, place of care and dying and to prepare for possible death.

The patient’s condition is then monitored closely and reviewed at least daily to record any changes (medical or patient preferences) and address any concerns they or their family have.

Patients receive care supported by the AMBER care bundle. This care includes:

- reviewing the patient’s treatment plan or medical plan; and
- involving patients in decisions around their care.

They remain suitable for the care bundle while their recovery is uncertain. They are not 'on' the care bundle.

The AMBER care bundle is a bottom-up change i.e. the organisation / facility / clinical unit own the process and the CEC supports with resources and advice.
Laying the foundation work for implementation

The importance of laying the foundation and developing a comprehensive implementation plan for the AMBER care bundle cannot be stressed enough. The simplicity of the AMBER care bundle masks the complexity of change.

The underpinning methodology is based on the model for improvement and “plan do study act” cycles of change with the associated approaches to help answer the question: “Are the changes I am making an improvement?” Before you commence implementing the AMBER care bundle it is essential to your success to have the following elements in place.

1. **Agreeing there is a problem worth solving**
   
   Is end of life planning an area that needs improvement in your facility/clinical unit? If so what do you want to achieve by introducing the AMBER care bundle?

   **ACTION:**
   - Review data sources such as M&M findings, complaints, RCAs, MET call data and provide clinical staff with results that may demonstrate there is an opportunity for improvement.

2. **Facility sponsor nominated and support processes established**
   
   Establish an Executive Sponsor who is part of the hospital executive and in a position to provide organisational support of the program.

3. **A nominated ward to commence program**
   
   Choose the initial wards based on having engaged medical and nursing staff and there is an identified need to implement the care bundle in their ward.

4. **A prepared ward:**
   
   Prior to commencing establish a medical lead and nursing lead; develop education requirements; clinician engagement plan; and define the roles and responsibilities of all multi-disciplinary team members

   **ACTION:**
   - Define team roles and responsibilities for medical, nursing and allied health staff
   - Establish which doctors will be involved: do all Doctors in the unit want to have their patients supported by the AMBER care bundle?
   - Ensure all senior medical staff are engaged in mentoring registrars and residents in having difficult conversations with patients and their families

5. **Governance and data collection plan**
   
   Monitor, report and evaluate the AMBER care bundle implementation to ensure clinical practice and processes are effective.

   **ACTION:**
   - At Unit/Ward: Integrate with existing M&M/clinical review meetings.
   - At Facility: Reporting can be integrated with existing MET data reporting / Health Care Quality Committee reporting oversight.
   - At Local Health District: Oversight for monitoring and reporting requirements from facilities should be established through LHD committee such as the End of Life committee or peak Health Care Quality Committee
Roles of key staff

Implementing and sustaining the AMBER care bundle requires an investment of time, resources and commitment at all levels of the organisation and at all stages of implementation.

To streamline the implementation of the AMBER care bundle, each LHD and health care facility will need to identify and appoint key position holders with operational responsibility for implementation of the Program. Taking the time to define team roles and responsibilities enables you to identify all tasks, list all roles, resolve overlaps, and fix gaps. Suggested roles and responsibilities are detailed below.

Project Governance

LHD Chief Executive
Responsibility for governance of LHD initiatives to improve end of life care and management of patients

LHD Clinical Governance
Incorporate end of life and AMBER care bundle monitoring via the LHD peak quality and safety committee, Clinical Council and other relevant LHD meetings.
Establish governance structure for the LHD including integration with existing deteriorating patient initiatives and risk management frameworks
Support facility Executive sponsors by advising on AMBER care bundle implementation, monitoring and reporting

Facility Executive Sponsor
Establish governance structure including integration with existing deteriorating patient initiatives and risk management frameworks
Establish an advisory/implementation committee/group – consider incorporation with an existing committee/group
Assist and support clinical leads by endorsing the AMBER care bundle as a vital initiative which is part of the end of life program.

Core project team

Medical and Nursing Clinical Leads
- Work with Executive Sponsor in development of local implementation plan for the AMBER care bundle
- Promote and drive the AMBER care bundle in the ward/unit
- Coordinate awareness and education sessions for the AMBER care bundle
- Coordinate data collection
- Provide on-going feedback and progress reports to the facility executive sponsor.
**Extended Team Members**

These members can provide expertise and guidance regarding specific functions and/or responsibilities at regular or on an ad hoc basis e.g. the palliative care team

**Self-Assessment**

<table>
<thead>
<tr>
<th>Roles and Responsibilities / Leadership</th>
<th>Yes</th>
<th>Somewhat</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management is supportive and involved in the implementation of the AMBER care bundle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A clinical champion has been identified and involved in the implementation of the AMBER care bundle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• allied health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is an executive sponsor for the implementation of AMBER care bundle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roles and responsibilities are clearly defined for clinicians involved in the program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

• If there is a ‘no’ or ‘don’t know’ response to any of the questions direct action is required

• If a ‘somewhat’ response is chosen further action is required.

• If a ‘yes’ response is chosen no further action is required.

**The role of the Multidisciplinary team**

The success of caring for patients being supported by the AMBER care bundle depends on how the multidisciplinary team works.

**Benefits of a Multidisciplinary Team Approach**

- Enhances teamwork and communication
- Improves care by increasing coordination of services, especially for complex problems i.e. time efficient
- It encourages team development in the following areas:
  - Shared Mental Model (all team members know the plan for the patient)
  - Situational Awareness (all team members know “what is going on around them”)
  - Mutual Support and respect (all team members are supportive of each other and learn to respect each other’s comments)
• The opportunity is explicitly provided to focus on and clarify progress, medication, escalation and other issues with all team members.

Self-Assessment

<table>
<thead>
<tr>
<th>Role of Multidisciplinary Team</th>
<th>Yes</th>
<th>Somewhat</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient care planning is currently addressed in multidisciplinary rounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who participates?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• medical staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• nursing staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• allied health staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members of the health care team know their roles and responsibilities as related to developing patient goals of care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is an agreed process in place for identifying patients appropriate for support by the AMBER care bundle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is an agreed process in place for the medical consultant to be notified that a potential AMBER care bundle patient has been admitted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- If there is a ‘no’ or ‘don’t know’ response to any of the questions direct action is required
- If a ‘somewhat’ response is chosen further action is required.
- If a ‘yes’ response is chosen no further action is required.

A list of suggested strategies divided into corresponding sections has been provided at each stage of program implementation. Project teams are encouraged to select or develop local strategies to address any identified weaknesses or gaps.

Adapted from CEC In Safe Hands program
Developing the implementation plan

An implementation plan is required to facilitate a robust process for rollout and sustainability of the AMBER care bundle.

There is a five-phase process for the implementation of the AMBER care bundle. While each step strategy need to be completed for implementation success, the approach is not linear and there is an interchange between all the phases. This includes ensuring that the initial engagement to support the AMBER care bundle is sustained and assessment and planning continues throughout implementation.

The first two phases focus on ensuring that there is hospital wide engagement and preparation for the project. The learning from the UK and the NSW pilot sites highlights that it is essential that a hospital is prepared and ready for implementing the AMBER care bundle.

The tables on the following pages provide a number of tips and tools to support each strategy.
Phase 1: Hospital ready for change

It can be useful to generate local evidence of need for the bundle – this can include audit of last 10-15 deaths in the facility, review clinical incidents and complaints. This data can provide local illustration of where the AMBER care bundle could have made a difference to patients with uncertain recovery care co-ordination and planning. As the AMBER care bundle has a very strong emphasis on involving patients and their carers as appropriate, this may tie up with other agendas in the hospital.

<table>
<thead>
<tr>
<th>Strategies / components</th>
<th>Tips, Support, Resources and Tools</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gain agreement that there is a problem worth solving</td>
<td>Review data sources such as M&amp;M findings, complaints, RCAs, MET call data. Undertake heat map exercise to identify those wards that have the highest proportion of patients with end of life care needs and use results to inform approach to implementation of the AMBER care bundle and engaging medical, nursing and allied health staff in the wards. Gain agreement from executive and clinicians that the AMBER care bundle can address the identified issue</td>
<td>Allow several weeks to gain support and engagement from all the key team members</td>
</tr>
<tr>
<td>Is end of life planning an area of care that needs improvement in your facility/clinical unit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so what do you want to achieve by introducing the AMBER care bundle?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Executive sign off and Senior leaders demonstrate their support</td>
<td>The CEC End of Life team are available to provide support to local leadership of the program throughout all stages of development and implementation</td>
<td>Allow several weeks to gain support and engagement from key team members</td>
</tr>
<tr>
<td>Influential medical and nursing staff recognise there is a need to improve care for patients whose recovery is uncertain</td>
<td>Identify a medical and nursing leader • co-leadership and management of the program provides direction and models a high standard of clinical care across disciplines</td>
<td>Allow several weeks to gain support and engagement from key team members</td>
</tr>
<tr>
<td>Link in with like units who have already implemented the AMBER care bundle or compatible projects such as In Safe Hands</td>
<td>Access units that have implemented AMBER care bundle as mentors for units in planning stage units that have implemented the ISH program may be suitable to commence the AMBER care bundle</td>
<td>Allow 2 – 4 weeks</td>
</tr>
<tr>
<td>A governance framework and communication strategy for implementation of the program is established</td>
<td>Integrate governance for the AMBER care bundle with existing structures for EOL e.g. District or facility End of Life Committee The governance framework will include a reporting schedule and a plan for ensuring that communication with all team members occurs regularly</td>
<td></td>
</tr>
</tbody>
</table>

Resources available to support Phase 1

- AMBER care bundle – Information for clinicians
- Introductory presentation
- Measurement and minimum Dataset guidance
- Baseline Audit Data Collection tool – Excel spreadsheet
- Data Collection and Reporting requirements - PPP
Phase 2: Hospital wide project preparation

This phase is all about practical project preparation. One of the most important tasks is to establish an Executive Sponsor who is part of the hospital executive and is in a position to provide organisational support for development and implementation of the program. It is essential to identify key members of the leadership team and engage them in the program. A project team should be established with both medical and nursing clinical leads.

<table>
<thead>
<tr>
<th>Strategies / components</th>
<th>Tips, Support, Resources and Tools</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| Establish an Executive Sponsor who is part of the hospital executive and in a position to provide organisational support for development and implementation of the program | The CEC End of Life team are available to provide support to local leadership of the program throughout all stages of development and implementation | Up to 6 weeks  
This is essential for success |
| Established governance framework & communication strategy for implementation of the program | District or facility End of Life Committee to provide oversight for AMBER care bundle |  
| Engage & identify key members of the leadership team  
• A clinical lead is identified to lead the program by example at a clinical level  
• Other key team members may include Senior Nursing and Medical staff, Social Worker  
• Generate interest among all health care team members | The leadership team should be inclusive and involve any team members who are interested and motivated to engage in the activities required to implement the program within the clinical unit  
The team members will vary depending on the unit structure, patient population and clinical needs  
The Palliative Care team should be aware of the program and be involved in project implementation |  
| Begin your implementation on the wards which have the highest proportion of patients with end of life care needs before moving onto other wards.  
Plan a potential order of implementation and approach to implementation depending upon the ward (for example a ward that provides end of life care infrequently may need a different approach to one where this is more common). | Ensure that an engaged ward has sufficient end of life care activity if they are one of first wards to pilot or implement the AMBER care bundle  
Connect this information to other improvement activities that the ward may be involved. |  

Resources available to support Phase 2

• Pre implementation Checklist  
• AMBER care bundle implementation guide  
• AMBER care bundle implementation plan – template  
• Lesson plan for introducing the AMBER care bundle  
• Getting started – PPP
Phase 3: Ward / team implementation

This phase is about introducing AMBER care bundle to ward or clinical team. Assessment of the current unit environment is essential to clearly establish the desired outcomes and goals of the program. Assessment should investigate current unit culture, existing communication and team work practices and safety and quality concerns. The roles and responsibilities of the team, as related to developing patient goals of care are established.

Staff training and development focuses on how to identify appropriate patients and communication skills. An interdisciplinary training approach ensures all team members receive the same message and work together as a team to meet the goals of supporting patients with the AMBER care bundle.

<table>
<thead>
<tr>
<th>Strategies / components</th>
<th>Tips, Support, Resources and Tools</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| Assess current unit environment to clearly establish the desired outcomes and goals of the program | Review clinical incidents/audit can to identify safety and quality concerns around end of life care. Consider such things as:  
• roles and responsibilities of team in developing patient goals of care  
• How will you first identify that a newly admitted patient is in the target population for this project  
A clear plan will help to identify evaluation points later and establish a method for reporting, evaluation and keeping on track | Up to 6 weeks |
| Provide staff education on how to identify appropriate patients and communication skills | Education  
Nursing staff: minimum 80% have undertaken a basic level of education on how to use the AMBER care bundle  
Medical staff: one senior medical meeting (min requirement) / junior doctors induction / education sessions  
Use generic presentation and educator’s guide to support training for interdisciplinary teams.  
Evaluation  
Staff are able to independently identify & manage patients using the AMBER care bundle | Up to 6 weeks |
| Resources available to support Phase 3 | Resources available to support Phase 3 |
| • Facilitating AMBER care bundle introduction guide  
• How to conduct initial team meeting  
• AMBER care bundle introduction workshop – PPP  
• AMBER care bundle – getting started – PPP  
• AMBER care bundle – Information for clinicians  
• AMBER care bundle – Information for patient and families | Resources available to support Phase 3 |
Phase 4: Making it stick - ward sustainability

This phase also focuses on the clinical teams or wards and preparing them to commence the AMBER care bundle. Most hospitals have a focus on ward by ward implementation and the speed of implementation depends upon the level of support for the AMBER care bundle, culture and leadership and confidence and skills of the ward (in particular relating to communication skills).

Generally speaking, start with a ward that is supportive of the AMBER care bundle and it is anticipated that there will be sufficient patients who are suitable for the care bundle to be able to demonstrate impact.

<table>
<thead>
<tr>
<th>Strategies / components</th>
<th>Tips, Support, Resources and Tools</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish a start date for the AMBER care bundle</td>
<td>The End of Life program team are available to provide support and guidance during implementation of the program</td>
<td>Allow 2 – 3 months for the structured process to become embedded into practice</td>
</tr>
<tr>
<td>Ensure all key members of the leadership team are available during the implementation phase to provide support, leadership and encouragement</td>
<td>Provide real time feedback and encouragement to staff that recognises good work and improve overall team performance</td>
<td></td>
</tr>
<tr>
<td>Schedule regular team meetings and debrief sessions to enable reflection and adaptation of processes as required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify evaluation strategies and undertake baseline measurement</td>
<td>A minimum monthly data set</td>
<td>Can be undertaken simultaneously to preparation and customisation</td>
</tr>
<tr>
<td>This may include baseline data analysis, staff and patient satisfaction surveys, incident rates specifically related to end of life care and management</td>
<td>• No. of AMBER care bundles initiated</td>
<td>Allow 3 – 4 weeks for baseline evaluation particularly if patient experience is surveyed</td>
</tr>
<tr>
<td></td>
<td>• 4 parts of AMBER care bundle tool completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• length of time patient supported by the AMBER care bundle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any issues with completing the AMBER care bundle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A patient or staff story illustrating the impact of the AMBER care bundle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use IIMs and local audit data to evaluate any issues around end of life care and management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify local unit level information relating to numbers of clinical review and medical emergency calls through the Between the Flags program to identify changes in the number of patients with acute clinical deterioration</td>
<td></td>
</tr>
</tbody>
</table>

Resources available to support Phase 4

- MJA Clinical Practice Guidelines for EOL conversations
- Supportive and Palliative Care Indicators Tool (SPICT)
- Minimum Dataset guidance
- Monthly data collection – Excel spreadsheet
- Data collection and reporting requirements - PPP
- Sustainability self-assessment tool
Phase 5: Making it stick - hospital sustainability

The fifth phase focuses on hospital wide sustainability. It is linked with phase 4 and the two initial phases. There are two approaches to sustainability. The first aspect is to focus on the practical i.e. to plan for the exit of any additional resources put into the implementation at the outset. The sustainability tool developed by the NHS Institute for Innovation and Improvement will also help you to spot areas of weakness and how to incorporate the AMBER care bundle into the daily practice and habits of wards. The program resources also highlight aspects of sustainability – a careful exit from the wards, establishing and supporting local champions and ensuring there is a constant overview of the quality of care.

The second aspect is around strategic infrastructure and overview. Ensuring the implementation is supported by an organisational strategic plan including end of life care plan, strategic education and development plan and ongoing monitoring and overview. The ability to have hospital wide sustainable measurement and overview systems often need organisational level support. Having a formal process for the evaluation of the program is essential to provide evidence of the programs effect in improving end of life processes and also to identify any unintended consequences of the program.

<table>
<thead>
<tr>
<th>Strategies / components</th>
<th>Tips, Support, Resources and Tools</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish formal evaluation points e.g. Baseline, 3 months, 6 months 12 months</td>
<td>It is reasonable to measure staff and patient satisfaction after 3 months</td>
<td>On going</td>
</tr>
<tr>
<td>Review and revise strategies based on team feedback and evaluation to ensure optimum outcomes are achieved</td>
<td>It will take up to 12 months to establish sustained change in clinical data</td>
<td></td>
</tr>
</tbody>
</table>

Resources available to support Phase 5

- Sustainability self-assessment tool
- Spread and sustainability guide – CEC