

PACOP Quality Improvement Audit

Response to PACOP Assessment

Objective

Determine if PACOP assessments trigger timely and appropriate responses in line with the Clinical Response Guide for identified palliative care needs (i.e. changes to care plans, further assessments, referrals).

Audit instructions

1. This Audit is retrospective.
2. Select 5- 10 residents.
3. Answer questions 1–10 for each resident, using completed PACOP assessments and clinical documentation in the resident’s file and clinical notes. Mark N/A where a question does not apply for the assessment type being reviewed i.e.; Deteriorating Resident Tool.
4. Use your answers from the audit to summarise the key findings and planned actions.
5. Develop a PACOP quality improvement project plan to address your key findings, and share with relevant clinical staff and other stakeholders .

Summary of findings

What were the key findings of the audit? *i.e.; how will you measure improvement.*

Report and feedback process

How do you plan to report on key findings of the audit and provide feedback to relevant stakeholders? *Staff meetings, board reports, resident relative forums, home newsletter, notice boards.*

Audit completion details

Name:

Position:

Signature:

Date: _____/_____/_____

Quality Improvement Tips

- PACOP’s Clinical Response Guide supports staff to assess, identify, respond to and communicate about resident and family/carer needs.
- Participation in PACOP Communities of Practice provide ongoing support and mentoring for quality improvement activities and includes education, resources and training updates.

Audit Questions (select a PACOP assessment at random where multiple PACOP assessments are completed, exclude the Daily SAS assessment).

Resident Audited	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8	Resident 9	Resident 10
1. Has at least one PACOP assessment been completed in the previous 3 months?										
2. Any moderate (4-7) or severe (8-10) SAS scores triggered timely interventions, care planning actions, including appropriate escalation or referrals?										
3. Was the SAS score resident-rated where the individual had the ability to communicate their distress?										
4. Any moderate or severe scores in PCPSS domains triggered timely interventions, care planning actions, including appropriate escalation or referral?										
5. A decrease in AKPS scores triggered timely review of the resident's needs (Including further assessment, allied health referral, or equipment where necessary)?										
6. An increase in the RUG-ADL score triggered timely review of the resident's needs (Including further assessment, allied health referral or equipment where necessary)?										
7. An increase in the RCFS score triggered timely review of the resident's needs (including further assessment, escalation or referral as appropriate)?										
8. The correct Phase was allocated based on assessment scores and actions required, in line with the Phase definitions and clinical response protocol.										
9. Any Phase changes made, triggered appropriate action, in line with the responses below: <ul style="list-style-type: none"> • Stable = Monitor • Unstable = Urgent action (review within 24 hrs) • Deteriorating = Review care plan • Terminal = End-of-Life pathway commenced 										

