Advance Planning for Quality Care at End of Life

Action Plan 2013-2018

FINAL PROJECT REPORT

NSW GOVERNMENT

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Introduction

In July 2013 NSW Health's *Advance Planning for Quality Care at End of Life: Action Plan 2013-2018* (Action Plan) was released with the aim 'to normalise Advance Care Planning (ACP) and improve end of life care'[1]. The Action Plan was part of a suite of tools that were developed to address palliative care and end of life issues in the NSW health system.

The Action Plan outlined six outcomes and three enablers, with 48 supporting actions that were to help achieve its aim. The outcomes and enablers are what NSW Health will do to help extend the practice of Advance Care Planning in the NSW health system and improve patients' wishes at end of life.

With the Action Plan ending in 2018, this Report provides an update on the Action Plan's implementation to the Ministry of Health's *End of Life Implementation Advisory Committee* (EOLIAC).

The Report has been prepared by the Ministry of Health's Office of the Chief Health Officer in partnership with the Agency for Clinical Innovation (ACI), the Clinical Excellence Commission (CEC) and other NSW Health agencies who were leads for outcomes under the Action Plan.

1 NSW Health, *Advance Planning for Quality Care at End of Life,* 2013, p 2

Summary of Outcomes and Enablers of the Action Plan

In total there were six Outcomes (with 39 actions) and three Enablers (with 9 actions) set out under the Action Plan. The Report uses '**completed**', '**completed and ongoing**', '**ongoing**' and '**in progress**' for each of the action items.

Outcome 1 – Patients consider earlier in life and throughout the course of illness who can best make treatment and care decisions on their behalf should they lose the capacity to do so

#	Action	Lead / partners	Status and Comment
1.1	Promote Advance Care Planning earlier in life by supporting lawyers to prompt clients to consider appointing an Enduring Guardian.	**MOH**/ Department of Attorney General and Justice	**Completed and ongoing** NSW Health website on Advance Care Planning (ACP) (https://www.health.nsw.gov.au/patients/acp/Pages/more-info.aspx) and the NSW Government website http://www.planningaheadtools.com.au have valuable information on Advance Care Planning, Making a Will and appointing an Enduring Guardian in NSW. The Law Society of NSW, NSW Civil and Administrative Tribunal (NCAT) Guardianship Division and the Office of the Public Guardian have also been engaged through the End of Life Implementation Advisory Committee (EOLIAC). Ongoing promotion activity to be planned and prioritised as part of implementation of the *NSW End of Life and Palliative Care Framework 2019-24*
1.2	Incorporate Advance Care Planning into models of care for chronic disease self-management and decision-making from diagnosis through to end stage clinical management.	**ACI**/LHDs/SHNs	**Completed** The ACI's Chronic Disease Management Program has merged into the Integrated Care Program which will include Advance Care Planning.
1.3	Promote use of specialty-agreed clinical triggers for Advance Care Planning.	**ACI**/LHDs/SHNs	**Completed and ongoing** The ACI's *Palliative and End of Life Care: A Blueprint for Improvement* identifies a number of resources to assist clinicians, patients and families with Advance Care Planning discussions: https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0006/292578/where-are-we-at.pdf Improving care in the last year of life is an identified priority in the renal supportive care, chronic heart failure, and chronic obstructive pulmonary disease projects within the Leading Better Value Care Program.

1.4	Identify appropriate subgroups of patients with chronic life-limiting illness for introducing or strengthening Advance Care Planning.	**LHDs/SHNs**	**Ongoing and in progress** For further consideration under *NSW Health End of Life and Palliative Care Framework* (2019-2024)
1.5	Ensure the Person Responsible is documented for patients who enrol in the *Chronic Disease Management Program*.	**ACI**/LHDs/SHNs	**Completed** ACI's Chronic Disease Management Program has merged into the Integrated Care Program which will include Person Responsible documentation.
1.6	Support development of Advance Care Plans for all residents in aged-care facilities and advocate with the Commonwealth for integration of Advance Care Planning into Residential Aged Care standards and policy.	**ACI**/MOH/NSW Office of Ageing/ Commonwealth Health and Ageing	**Ongoing and in progress** ACI Aged Health Network Member Ann Meller has led a Translational Research Grants (TRGs) project investigating ACP in the Outpatient setting. Discussions continue with the Ministry's Aged Care Unit. There has also been ongoing engagement with the aged care sector through the End of Life Implementation Advisory Committee (EOLIAC) and direct communication of the Ministry's 'Making an ACD' package to NSW residential aged care facilities.
1.7	Promote family discussion about, and documentation of organ and tissue donation decisions in Advance Care Plans (see also 5.3).	**MOH**/LHDs/SHNs	**Completed** The Ministry's 'Making an ACD' package includes a section for organ and tissue donations - www.health.nsw.gov.au/patients/acp/Pages/acd-form-info-book.aspx
1.8	Promote compatible, consistent approaches for Advance Care Planning across acute, community and primary care sectors.	**MOH**/LHDs/ SHNs/ACI	**Completed and ongoing** The Ministry's 'Making an ACD' package promotes a consistent approach. The Ministry is also working with eHealth on consistent approaches for dealing with ACDs/ACPs presented in the clinical setting through My Health Records. Further consideration and action to be undertaken as part of implementation of the *NSW Health End of Life and Palliative Care Framework 2019-2024 (The Framework)*.

Outcome 2 – Patients' wishes are appropriately documented and understood by their treating health professionals

#	Action	Lead / partners	Status and Comment
2.1	Develop a suite of standard Advance Care Planning tools and forms for NSW Health and related resources and liaise with primary, aged and community care regarding uptake across care settings.	**MOH**/LHDs/ SHNs/ACI	**Completed** The Ministry's 'Making an ACD' package promotes a consistent approach and has been communicated to key groups and is widely available.
2.2	Develop new adult and paediatric Acute Resuscitation Plan forms and implementation policy.	**MOH**/LHDs/ SHNs/ACI	**Completed** The policy and forms were published in late 2014 describing the standards and principles relating to appropriate use of adult and paediatric Resuscitation Plans by NSW Public Health Organisations. These are available at https://www.health.nsw.gov.au/patients/acp/Pages/policy-and-guidelines.aspx
2.3	Develop resources to support health professionals interpret and translate Advance Care Directives and Advance Care Plans into clinical care plans in emergency departments and acute care settings.	**MOH**/LHDs/ SHNs/ACI	**Completed** The Ministry's 'Making an ACD' package promotes a consistent approach with supporting information on ACDs and ACPs available to clinicians on http://healthlaw.planningaheadtools.com.au/ The Ministry has also developed resources on the use of ACDs/ACPs in emergency departments and acute care settings. These are available to health professionals on https://www.health.nsw.gov.au/patients/acp/Pages/access-procedures-emergency-faqs.aspx
2.4	Revise NSW Health Guideline 2005_056 *Using Advance Care Directives*.	**MOH**	**In progress** The Ministry is reviewing the update of this policy in line with the new *Framework*.
2.5	Revise NSW Health Guideline 2005_057 *Guidelines for end of life care and decision-making*.	**MOH**	**In progress** The Ministry is reviewing the update of this policy in line with the new *Framework*.

Outcome 3 – Patients are provided with care, within therapeutic limits, that is consistent with their wishes, always focused on quality symptom management and best practice

#	Action	Lead / partners	Status and Comment
3.1	Improve identification of dying patients using the *Between the Flags Program (BTF)*.	**CEC**/ACI	**Completed** Evaluation Report of BTF: significantly reduced unexpected cardiac arrest by about 25% across the state: http://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0004/258151/btf-program-interim-evaluation-report-april-2013-v2.pdf • The DETECT education package has been updated and now includes EOL and identification of the dying patient. • As part of updated *Recognition and Management of Patients who are Deteriorating* policy, end of life is integrated with other programs and frameworks in the NSW Deteriorating Patient Safety Net System. • The AMBER care bundle is included in the ACP eMR package which also includes the Resuscitation Plan. This is presently under pilot in two local health districts
3.2	Pilot an End of Life Observation Chart based on *Between the Flags Program* documentation that helps monitor the quality of care provided to dying patients, including escalation for clinical review.	**CEC**/Hunter New England LHD	**Completed** A Care of the Dying Observation chart developed by Calvary Mater Hospital, Newcastle, was piloted from October 2014 to January 2015 in 13 clinical units. From the pilot a *Last Days of Life Toolkit* was developed and piloted by CEC. It was released in May 2017 and has been taken up widely. The tools relate to: • Recognition of the dying patient and development of individualised management plans • Initiation and escalation of medications • Information for patients and their families/carers • Accelerated transfer to die at home.

3.3	Pilot *AMBER Care Bundles* in selected NSW hospitals. (http://www.cec.health.nsw.gov.au/quality-improvement/people-and-culture/end-of-life-care/amber-care/implementing-the-bundle)	**CEC**/LHDs/SHNs	**Completed** AMBER Care Bundle forms introduced to acute facilities in NSW: http://www.cec.health.nsw.gov.au/quality-improvement/people-and-culture/end-of-life-care The program is available for implementation at facilities where end of life management could be improved. At present there are few sites with the AMBER care bundle implemented but there is growing interest in the program from across the state. The AMBER care bundle is included in the ACP eMR package which also includes the Resuscitation Plan. This is presently under pilot in two local health districts.
3.4	Promote use of Quality Systems Assessments by LHDs and SHNs and implement the findings to improve end of life care. (http://www.eih.health.nsw.gov.au/initiatives/quality-systems-assessment)	**CEC**/LHDs/SHNs	**Completed** Following state-wide consultation the QSA program has ceased
3.5	Measure the quality of care provided to dying patients and implement improvements where possible.	**CEC**/LHDs/SHNs	**Completed** The admitted patient death screening tool standardises screening of all inpatient deaths and includes indicators on advance care planning and care in the last 48 hours of life Over 92% of NSW facilities are using the screening tool and database. The database provides straightforward reporting capability to facilitate improvement.

3.6	Enhance local death audit: 3.6.1 Improve audit tools to include evidence of Advance Care Planning and quality of dying and their use in target populations.	**CEC**/LHDs/SHNs	**Completed** The Admitted patient screening tool provides a standardised and consistent approach to the review of inpatient deaths and includes EOL criteria.
	3.6.2 Determine how death audits will be reviewed at a local level, based on predicted, as well as unexpected, hospital deaths.		**Completed** The Admitted patient screening tool provides a standardised and consistent approach to the review of inpatient deaths and includes EOL criteria.
	3.6.3 Review the care of dying patients in regular hospital mortality and morbidity review meetings.		**Completed** (http://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0018/352215/clinical-review-m-and-m-oct-2016.pdf) A review of LHDs/facility M&M processes occurred in 2017 and demonstrated that half of LHDs were using the CEC guides and had adapted the templates for local use. The Mortality & Morbidity guides were then updated to include such issues as delegation, supervision and diagnostic error. There is ongoing work on updating the guides, testing the reporting from M&Ms and increased involvement of the multidisciplinary team.
	3.6.4 Monitor documentation of organ donation decisions via the Donatelife Death Audit system.	**Organ and Tissue Donation Service**	**Completed** DonateLife Audit (DLA) retrospectively audits all deaths in DLN hospitals. Request, consent and conversion rates are collected and rated since Feb 2016. https://donatelife.gov.au/sites/default/files/OTA_AR2015_Part_2.pdf

Outcome 4 – Patients' preferences about where they want to die are respected and appropriate support and resources are available to provide this

#	Action	Lead / partners	Status, Results and Detail
4.1	Develop admission procedures that routinely include identification of prior Advance Care Planning.	**LHDs**/SHNs	**Completed and ongoing** Included as part of the eMR2 ACD enhancement e.g. NSW Health Admission Policy PD2017_015 (S3 Admission Guidelines, S5.3 Client Registration: Registration Policy PD2007_094 and Guideline PD2007_024)
4.2	Ensure Advance Care Directives, Advance Care Plans and Acute Resuscitation Plans are flagged in medical records, patient data systems and electronic medical records.	**LHD**/SHNs/ HealthShare NSW	**Completed and ongoing** Patients, or their nominated representatives, can upload ACDs and ACPs onto their My Health Record (MHR). The MHR record is accessed in NSW Health via the hospital's Electronic Medical Record (EMR) through the HealtheNet Clinical Portal. The Ministry has developed resources for health professionals on the use of ACDs/ACPs in emergency departments and acute care settings.
4.3	Ensure the *Safe Clinical Handover Program* addresses integration of Advance Care Planning documents into discharge planning and transfer between acute, community and residential aged care settings.	**CEC**/LHDs/SHNs	**Completed** The CEC is working with eHealth NSW and MOH to pilot an ACP package for emr2 that includes the state resuscitation plan and AMBER care bundle. The *Clinical Handover* policy was updated in 2019 (PD2019_020). Changes made to the policy include strengthening the focus on partnering with patients and their families/carers during clinical handover which includes discussing goals of care.
4.4	Promote use of Advance Care Plans and Advance Care Directives in the Personally Controlled Electronic Health Record.	**MOH**	**Ongoing** Patients, or their nominated representatives, can upload ACDs and ACPs onto their My Health Record (MHR). The Ministry has developed resources for health professionals on the use of ACDs/ACPs in emergency departments and acute care settings.

4.5	Advocate for information system capacity to support electronic transfer of Advance Care Planning documents between primary and acute care.	**MOH**/LHD/SHNs/ HealthShare NSW	**Completed** The MHR ACP functionality is consumer/patient controlled only. The MHR record is accessed in NSW Health via the hospital's Electronic Medical Record (EMR) through the HealtheNet Clinical Portal. The Ministry has developed resources for health professionals on the use of ACDs/ACPs in emergency departments and acute care settings.
4.6	Implement the NSW Government *Plan to Increase Access to Palliative Care 2012-2016* to enable support for dying at home.	**MOH**/LHDs/ SHNs/ACI	**Completed and ongoing** Identified as part of the framework and Death at Home policy directive PD_2015-040 This Plan has been superseded by the new Framework https://www.health.nsw.gov.au/palliativecare/Pages/eol-pc-framework.aspx
4.7	Develop the framework for the State-Wide *Model for Palliative Care and End of Life Service Provision*, including recognition of the need for support for care in non-hospital settings.	**ACI**/LHDs/SHNs	**Completed** The ACI's publication, Framework for the Statewide Model for Palliative and End of Life Care Service Provision (2013), page 14 states local needs-based access and supportive and supported primary care providers, medical specialists and service providers: https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0019/184600/ACI-Framework-for-Statewide-Model-of-PEoLC-Service-Provision.pdf. This work will be taken into account as part of ongoing work to develop and embed system guidance and support on models of care through implementation of the *NSW End of Life and Palliative Care Framework 2019-2024*
4.8	Revise the documentation and processes for certifying death at home to reduce the burden on families caring for people dying at home and enable timely transfer of the deceased to an appropriate location.	**MOH**/LHDs/ SHNs/ACI/ Ambulance Service of NSW/ NSW Police	**Completed** 'Death - Verification of Death and Medical Certificate of Cause of Death' (PD2015_040). Section 2.3.2 details process and/or document Death Certification Arrangements for Expected Home Death SMR010531 as well as completion of Medical Certificate of Cause of Death.

Outcome 5 – Families and carers are clear about patients' wishes in advance so that they experience reduced burden of decision-making on patient's behalf

#	Action	Lead / partners	Status, Results and Detail
5.1	Encourage patients with chronic life-limiting illness to identify their substitute decision maker early in the course of illness.	**LHDs**/**SHNs**/ACI	**Completed and ongoing** NSW Health website on ACP (https://www.health.nsw.gov.au/patients/acp/Pages/more-info.aspx) and the NSW Government website http://www.planningaheadtools.com.au have valuable information on Advance Care Planning and appointing an Enduring Guardian in NSW. The Ministry's 'Making an ACD' package also discusses substitute decision makers.
5.2	Develop hospital admission procedures that identify the Person Responsible.	**LHDs**/**SHNs**	**Completed** Covered as part of *Guardianship Act 1987*
5.3	Encourage healthy adults to consider and discuss their organ and tissue donation preferences at the same time as they make plans about who should make treatment decisions on their behalf.	**MOH**/LHDs/SHNs	**Completed and ongoing** The Ministry's 'Making an ACD' package includes a section dedicated to organ and tissue donation.

Outcome 6 – Health professionals see Advance Care Planning for end of life as an expected part of clinical care, understand the clinical and other requirements for doing so, and are supported in providing best practice treatment and care to dying patients

#	Action	Lead / partners	Status, Results and Detail
6.1	Provide training for health professionals in the communication skills required for Advance Care Planning.	**HETI**	**Completed and ongoing** In collaboration with the Ministry of Health, HETI developed an online module and face-to-face workshop titled 'SHAPE: End of life conversations'. The blended approach provides a step by step communication framework for clinicians to conduct effective end of life conversations with patients, families and carers. The courses aims: • To identify the benefits and opportunities to timely initiation of end of life conversations for patients, family carers and the health system • To recognise barriers, challenges and cultural aspects of initiating conversations about deteriorating prognosis and end of life issues • To apply the relevant ethical, legal and professional frameworks that guide work in this area • To demonstrate knowledge, skills and confidence in having these conversations with patients, families and carers in a range of clinical scenarios. Ongoing activity to monitor, promote, embed, evaluate and further develop training to be planned and prioritised as part of implementation of the *NSW End of Life and Palliative Care Framework 2019-2024*
6.2	Advocate for inclusion of Advance Care Planning in under- and post-graduate training of health care professionals.	**MOH**/HETI	**Completed and ongoing** The Ministry through HETI has ('postgraduate') training of its workforce through: SHAPE End of Life conversations, End of Life Supportive Care, 'Learning Path Supporting Health Professionals in ACP' https://nswhealth.seertechsolutions.com.au/lmt/clmsCatalogSummary.prMain.
6.3	Advocate for attribution of CPD points for Advance Care Planning education and training.	**MOH**/HETI	**Completed and ongoing** 'Introduction to ACP' (and SHAPE Conversations) enrolment page: 'This course is applicable for all NSW Health Clinical Staff (SHAPE: staff working in palliative care, and community settings) and may qualify for up to 0.5 hrs of Continuous Professional Development.'

6.4	Develop and publish online 'myth busters' addressing legal and other common knowledge gaps and concerns related to Advance Care Planning, end of life decisions and care.	**MOH**	**Completed** NSW Health website on ACP (https://www.health.nsw.gov.au/patients/acp/Pages/more-info.aspx) and the NSW Government website http://www.planningaheadtools.com.au have valuable information on Advance Care Planning, Making a Will and appointing an Enduring Guardian in NSW. The Ministry has also developed a health law website for clinicians on http://healthlaw.planningaheadtools.com.au/. This resource has been endorsed by AMA (NSW), ASMOF (NSW) and NSWNMA.
6.5	Develop and publish online a 'Frequently Asked Questions' resource about Advance Care Planning for end of life in mental health settings in consultation with the mental health sector.	**MOH**/Mental Health Commission of NSW	**Completed** The Ministry developed '*Dignity, Respect and Choice: Advance Care Planning for End of Life for People with Mental Illness*' a two part resource to help support people with mental illness, their families and carers, and health professionals with the complex and diverse issues which might arise around Advance Care Planning for End of Life. https://www.health.nsw.gov.au/patients/acp/Publications/comprehensive-guide.pdf.
6.6	Develop an *End of life Decisions Conflict Toolkit* for health professionals and administrators.	**MOH**/HETI/LHDs/SHNs	**Completed** The Final Report 2010 from *NSW Health Conflict Resolution in End of Life Settings* (CRELS): https://stgrenal.org.au/sites/default/files/upload/Renal_supportive_care/conflict-resolution.pdf was published
6.7	Develop guidance for health professionals regarding Advance Care Planning and end of life care for prisoners and forensic mental health patients.	**MOH**/JFMHN/Mental Health Commission of NSW	**Completed** The *Dignity, Respect and Choice: Advance Care Planning for End of Life for People with Mental Illness* - A Comprehensive Guide, for health professionals refers to prisoners and forensic mental health patients. https://www.health.nsw.gov.au/patients/acp/Publications/comprehensive-guide.pdf. Discussions between OCHO and Justice Health and Forensic Mental Health Network (JH&FMHN) have occurred on advance care planning and end of life care. JH&FMHN have a current process to deal with ACD and palliative care.

6.8	Develop an e-learning resource for health professionals on Advance Care Planning.	**HETI**	**Completed** HETI has developed an eLearning resource, "Introduction to Advanced Care Planning" which covers key terms, the importance of, the process for, resources to assist with ACP; and the goals of the AP document. The resource is available to all NSWH staff on My Health Learning.
6.9	Develop an education strategy to target priority health professional groups on Advance Care Planning.	**HETI**	**In progress** For further consideration as part of work undertaken under the new *Framework*.

Enabler 1 – Governance and collaborative implementation and planning

#	Action	Lead / partners	Status, Results and Detail
E1.1	Establish a governance group to oversee the implementation of the Plan and monitor performance.	**MOH**/ACI/CEC/ HETI/LHDs/SHNs	**Completed** NSW End of Life Implementation Advisory Committee was created and met throughout the life of the Action Plan.
E1.2	Include Key Performance Indicators and Service Measures in LHD and SHN Service Agreements and pillar Compacts to monitor implementation of this Plan.	**MOH**/ACI/CEC/ HETI/LHDs/SHNs	**Ongoing** KPIs should be considered and aligned to the overall work to be undertaken by the new Framework.
E1.3	Ensure clinical leadership, cross learning and sharing about end of life initiatives between health services, residential aged care and GPs.	**ACI**	**Completed** ACI's *Palliative and End of Life Care - A Blueprint for Improvement* ("The Blueprint") (2014) provides a flexible guide for health services to meet the needs of people approaching and reaching the end of life, their families and carers. The Blueprint can be implemented across all settings of care – acute, subacute, aged and community: https://www.aci.health.nsw.gov.au/palliative-care-blueprint. This work will be taken into account as part of ongoing work to develop and embed system guidance and support on models of care through implementation of the *NSW End of Life and Palliative Care Framework 2019-2024*.

Enabler 2 - building evidence about the experience of dying in NSW to improve care

#	Action	Lead / partners	Status and Comment
E2.1	Develop an enhanced database to support end of life planning and service delivery.	**CEC**/ACI	**Completed** Admitted patient death screening tool is a standardised tool that includes EOL KPIs. Database supports data collection and reporting
E2.2	Develop quality indicators for care of the dying.	**CEC**/ACI	**Completed** Admitted patient death screening tool is a standardised tool that includes EOL KPIs. Database supports data collection and reporting.
E2.3	Promote use of data linkage across care settings where end of life care is delivered.	**MOH**/CEC/ACI	**In progress** Centre for Health Record Linkage (CheReL), MOH is a service provider that provides data linkage services to researchers and government agencies, MOH is not involved in any of the project planning run by researchers.

Enabler 3 – Ongoing community consultation to raise awareness and participation

#	Action	Lead / partners	Status, Results and Detail
E3.1	Promote the NSW Attorney General and Justice Department's Planning Ahead Tools website www.planningaheadtools.com.au	**MOH**/NSW Attorney General and Justice Department/ Office of Ageing	**Completed and ongoing** The Ministry promotes the website https://www.health.nsw.gov.au/patients/acp/Pages/default.aspx as well as its brochures and its direct mail to enquiries on ACDs.
E3.2	Promote early phase Advance Care Planning with lawyers, thus prompting their clients to appoint Enduring Guardians, as part of broader planning for later life e.g. when making wills.	**MOH**/NSW Attorney General and Justice Department/ Office of Ageing	**Completed and ongoing** Also a NSW Law Society Representative was engaged to participate as a member of the EOLIAC.
E3.3	Work with NSW government agencies to promote improved processes for appointment of Enduring Guardians in community and residential aged care settings.	**MOH**/NSW Attorney General and Justice Department/ Office of Ageing	**Completed and ongoing** NSW Health website on ACP (https://www.health.nsw.gov.au/patients/acp/Pages/more-info.aspx) and the NSW Government website http://www.planningaheadtools.com.au have valuable information on Advance Care Planning and appointing an Enduring Guardian in NSW. A NSW Law Society Representative and a Leading Aged Care Services Representative are engaged on the EOLIAC.

Conclusion

The implementation of the outcomes and enablers of the Action Plan has included collaboration and work across the Ministry of Health, NSW Health's pillars and agencies as well as other government agencies.

The Action Plan was supported by 48 action items, with the majority of the action items (26 items) completed. Only 14 items are marked as 'completed and ongoing', four items are 'ongoing and/or in progress' and four items are 'in progress'.

The implementation of the Action Plan has achieved:

- Earlier consideration about patients' wishes and more discussions around end of life
- A suite of tools to support patients, families, carers and health professionals' understand advance care planning and end of life
- A standard template for an Advance Care Directive in NSW with supporting information under the 'Making an ACD' package
- Resources to help health professionals talk more about ACP with patients and their carers
- Improved the quality of death in NSW

In 2019, NSW Health released the *NSW End of Life and Palliative Care Framework 2019-2024* (the Framework) which now sets out the future vision of an integrated approach to palliative and end of life care planning[2]. Implementation of the Framework will continue and build on the work undertaken as part of the Action Plan.

As the Action Plan has come to an end, any action items that are 'in progress' and/or 'ongoing' will, where possible, be considered under the priorities of the new Framework.

2 NSW Ministry of Health, NSW Health Committee for End of Life and Palliative Care - Terms of Reference, ToR – End of Life and Palliative Care Framework Implementation Working Group, December 2018, p 3,

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