

Tool 4: Education and Training Framework for Resuscitation Planning– 7 Step Pathway



1. Aims

The aims of this framework are to:

- 1.1 assist in the implementation of the SA Health Resuscitation Planning– 7 Step Pathway Policy Directive
- 1.2 guide the selection, development and delivery of effective learning programs across SA Health for all workers outlining mandatory requirements for a learning program provided by a health service
- 1.3 describe core learning requirements and minimum standards for the development of skills and knowledge in relation to the effective implementation and application of the Resuscitation Planning-7 Step Pathway. These minimum standards allow flexibility in the development and implementation of local programs but maintain standard outcomes.

2. Objectives

Health services can use this framework to:

- 2.1 meet their obligations to ensure that all workers receive sufficient training, instruction and supervision to enable them to use and apply the Resuscitation Planning- 7 Step Pathway
- 2.2 guide annual analysis of training needs, to determine which workers require training and education, and what skills, knowledge, attitudes, values and abilities they require
- 2.3 guide delivery of learning programs, including the frequency of refreshers or updates, to meet staff training needs as it relates to the Resuscitation Planning– 7 Step Pathway
- 2.4 guide development of learning programs that will support workers to:
 - act in accordance with relevant legislation, the SA Health Resuscitation Planning– 7 Step Pathway Policy Directive, National End of Life Consensus Statement and Accreditation Standards
 - ensure that a patient's ACD, or instructions from the patient themselves, and including where relevant their Substitute Decision Makers/Person Responsible, guide decision-making in the planning and delivery of a patient-centred approach to safe and high quality end-of- life care
 - support quality improvement activities to ensure the ongoing and quality implementation of the SA Health Resuscitation Planning– 7 Step Pathway in all SA Health facilities and services
 - develop and implement service-wide systems and processes compliant with the SA Health Resuscitation Planning– 7 Step Pathway Policy Directive, Resuscitation Planning– 7 Step Pathway process and other relevant, supporting resources
 - operate as high functioning, health care teams, with patients who are approaching end-of-life and who may benefit from a Resuscitation Planning– 7 Step Pathway
 - analyse, take appropriate actions, learn and improve following an adverse incident associated with Resuscitation Planning– 7 Step Pathway.
- 2.5 guide evaluation of the learning programs in facilitating appropriate application of the Resuscitation Planning– 7 Step Pathway in all SA Health facilities and services.

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3. Principles

All education and training strategies will be based around the principles outlined in the SA Health Resuscitation Planning– 7 Step Pathway Policy Directive. Key principles include:

- 3.1 delivering work force education and training in a context relevant to the roles and responsibilities of the individual
- 3.2 delivering workforce and training strategies that result in skilled, high performance health care teams with expertise tailored to the clinical context and health service in which they work
- 3.3 applying best practice, end of life, clinical care planning, as a major focus in improving safe and high quality end of life care
- 3.4 providing patient centred approaches to resuscitation and end of life, clinical care planning
- 3.5 implementing processes for ongoing monitoring, evaluation and reporting on the Resuscitation Plan- 7 Step Pathway and its implementation.

4. Basis of an effective learning program

- 4.1 Learning programs should reflect the principles of continuing workplace learning - Principle 6 of the National Patient Safety Education Framework.
- 4.2 Learning programs should be based on the relevant legislation underpinning the SA Health Resuscitation Planning- 7 Step Pathway Policy Directive and including the SA Health Resuscitation Planning- 7 Step Pathway Policy Directive itself, the Resuscitation Planning- 7 Step Pathway and other relevant and supporting SA Health resources (eg factsheets, quick guides etc).
- 4.3 A variety of appropriate training modes, learning resources and flexible training delivery is used to:
 - meet the different needs of staff, work groups and students
 - match adult learning principles and recognise prior learning
 - suit the differing skills and knowledge being taught.Learning modalities can include e learning, interactive workshops, discussion groups, scenario based learning, simulation activities, webinars, web resources, mobile learning technologies, teaching on the run; and including mentoring and coaching to support learners in meet their learning objectives.
- 4.4 Learning programs where appropriate can include consumers in the planning and delivery of education and training programs.
- 4.5 Learning programs include evidence-based content; are multidisciplinary, consumer-centred and teamwork-focussed.
- 4.6 Learning programs are developed, delivered, updated, recorded and evaluated by clinical educators with relevant qualifications and experience. Collaborators include but are not limited to clinical experts, managers, consumers, and clinical governance.
- 4.7 Learning programs contribute to professional development points and credentialing; and are linked to induction, continuing professional development, annual performance agreements and other accountability systems as applicable.

5. Training needs analysis

- 5.1 Annual analysis of training needs will determine which workers require training and education, when and how frequently, and also, their learning needs (skills, knowledge, attitudes, values and abilities, ie competence. As well as individual differences, learning needs will depend on:
 - the workers role, responsibilities and accountabilities
 - the types of patients they provide service to, and the health conditions they present with
 - the workers they are responsible for
 - the workplace environment.
- 5.2 Existing training will be reviewed. Those that meet these requirements should continue.

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6. Core skills and knowledge

- 6.1 The SA Health online eLearning course, Resuscitation Planning – 7 Step Pathway provides accessible core information, and is recommended for all SA Health workers at induction.
- 6.2 The behaviours, attitudes, learning objectives, knowledge and skills required by staff who undertake various roles in SA Health services and facilities are described in Appendix 1.
- 6.3 The level of knowledge, skill and performance required by an individual is determined by their role, responsibilities and level of accountability for the patient.
- 6.4 Workers who are more frequently engaged with patients who are at end-of-life may require more detailed knowledge and skill development, as well as the opportunity to practice physical and communication skills.
- 6.5 Learning needs can be categorised as:

6.5.1 Underpinning knowledge

Legislative and legal frameworks

- The *South Australia Advance Care Directives Act 2013*
- The *Consent to Medical Treatment and Palliative Care Act 1995*

Guiding principles and best practice approaches

- Australian Commission on Safety and Quality in Health Care *National Consensus Statement Essential Elements for safe high quality end of life care (2015)*.
- Australian Commission on Safety and Quality in Health Care, *Patient-centred care: Improving quality and safety through partnerships with patients and consumers (2011)*.
- Australian Commission on Safety and Quality in HealthCare, *A guide to support implementation of the national consensus statement: essential elements for recognising and responding to clinical deterioration (2011)*.
- Australian Commission on Safety and Quality in Health Care, *National Patient Safety Education Framework, Commonwealth of Australia (July 2005)*.

SA Health policies and guidelines

- Resuscitation Planning-7 Step Pathway Policy Directive.
- Consent to Medical Treatment and Health Care Policy Guideline.
- Providing Medical Assessment and/ or treatment where patient consent cannot be obtained Policy Directive.
- Clinical Handover Policy Directive and Guideline.

6.5.2 Overarching principles

- Timely resuscitation and end-of-life clinical care planning.
- Patient centred resuscitation and end-of-life care planning.
- Resuscitation planning and its legal, ethical, policy and documentation requirements.
- Decision-making capacity.
- Substituted decision making, Substitute Decision-Makers and Persons Responsible.
- Role of health care teams in resuscitation and end-of-life clinical care planning.
- Shared decision-making.
- Culturally and linguistically responsive end-of-life care planning.

6.5.3 The Resuscitation Plan-7 Step pathway

- Step 1. Trigger.
- Step 2. Assessment.
- Step 3. Consultation.
- Step 4. Document Clinical Care Plan.
- Step 5. Transparency and Communication.
- Step 6. Implementation.
- Step 7. Support the patient, resident, Substitute Decision-Makers, Person Responsible and relatives.

continued

6.5.4 Teamwork and communication

- Clinical handover.
- Transfer within or between settings.
- Discharge to community.
- Referrals to other health care professionals or service providers.
- Documentation of SA Health Resuscitation Plans– 7 Step Pathway.
- Communicating effectively.
- Consumer education and health literacy.

6.5.5 Reporting, record keeping and using data for improvement

- Mandatory reporting systems.
- Investigating incidents.
- Auditing and evaluation of Resuscitation Planning- 7 Step Pathway.
- Evaluation of Education and Training Framework.

Health services will evaluate the effectiveness of their education and training program with respect to the skills and knowledge available in the workforce, and including the ability to meet policy requirements, and routine monitoring of outcome data in relation to Resuscitation Plan-7 Steps Pathway.

7. Evaluation

7.1 The Education Framework will be evaluated and results reported to the SA Health Safety and Quality Operational Governance Committee by June 30, 2017 and then every two years.

7.2 Health services will evaluate their education program with respect to the skills and knowledge required by the workforce.

Appendix 1

Educational Framework: Resuscitation Planning- 7 Step Pathway

The learning objectives by the category of learner:

Role 1: Non clinical workforce such as diet aides, ward staff, ancillary staff, personal care workers, volunteers, transport, catering, cleaning, reception staff

* Specific contextualised learning outcomes for the roles of admission, ward, medical records, officers and clerks.

Role 2: Health care workers (HCW) providing direct clinical care to patients, such as allied health practitioners, those working under supervision, tertiary/RTO education providers.

* Specific contextualised learning outcomes for the roles of nurse and midwife, doctor, allied health (social worker), paramedic and ambulance officer.

Role 3: Educators: nursing, medical, allied health, tertiary /RTO providers.

Role 4: Health care workers with responsibility for quality improvement such as quality improvement officers or facilitators, patient safety officers or coordinators.

Role 5: Health service managers such as nurse unit managers, clinical services coordinators, allied health managers, project managers, medical managers, department heads, accreditation managers, quality risk managers.

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SA Health staff will ensure all patients or clients receive care that is person-centred, safe and high-quality and that this care continues throughout their lives into end-of-life care.

SA Health staff will educate patient or clients on the importance of Advance Care Directives (ACD), end-of-life plans and consent, and will advocate and communicate on behalf of the patient or client.

Resuscitation and End-Of-Life Care Planning	At the completion of the training in resuscitation and care planning you will be able to describe end of life clinical care planning			
	Role 1	Role 2 and above		
1. Describe the purpose and process of the Resuscitation Plan- 7 Step Pathway.	X	X		
2. Describe your legal and professional obligations as it relates to resuscitation planning and the implementation of a Resuscitation Plan– 7 Step Pathway, <i>Advance Care Directive Act 2013</i> , and <i>Consent to Medical Treatment and Palliative Care Act 1995</i> .	X	X		
3. Describe your role in the Resuscitation Plan–7 Step Pathway and the implementation of a patient’s resuscitation and clinical care plan and ACD.	X	X		
4. Discuss the rights of the person, Substitute Decision-Maker (SDM), Person Responsible, family or carer in end-of-life care planning and how ACDs and the Resuscitation Plan– 7 Step Pathway are used to facilitate person-centred care.	X	X		
5. Describe the difference and relationship between an ACD, Advance Care Plan (ACP) and a resuscitation and clinical care plan.	X	X		
6. Describe in detail the 7 steps of the Resuscitation Plan- 7 Step Pathway and your role in relation to each step.		X		
7. Describe your role in resuscitation planning as it relates to recognising and managing a deteriorating patient.		X		
8. Discuss your role in the effective clinical handover of a patient with a Resuscitation Plan- 7 Step Pathway, including those received from health services external to SA Health (including discharge, admissions, transfers, referrals).	X	X		
9. Describe how and when you should access advice from a Specialist Palliative Care Service (24 hours a day, 7 days a week) and your role in requesting a referral.		X		
10. Within your role, identify and describe the correct processes for a Resuscitation Plan- 7 Step Pathway form: - Filing in the medical record. - Distribution for handovers.	X	X		
11. Within your role, identify and describe the correct processes for the completion of a Resuscitation Plan- 7 Step Pathway - Process for revocation. - Process for confirmation. - Process for confirmation/clarification pre- surgical or invasive procedure. - Filing in the medical record. - Distribution for handovers (including patient transfer/referral/discharge). - Providing patient with a copy. -*and equivalent process in EPAS.	X	X		

continued

12. Describe the individual roles of health care team members in identifying a person who may benefit from the completion of a Resuscitation Plan– 7 Step Pathway.		X		
13. State who can complete a Resuscitation Plan– 7 Step Pathway.	X	X		
14. Describe the considerations required when a patient with a Resuscitation Plan– 7 Step Pathway either: (a) presents with a Resuscitation Plan– 7 Step Pathway from another health service or practitioner (b) is being assessed or scheduled for a surgical or invasive procedure.	X	X		
15. Identify the triggers to initiate discussions with a patient (or their SDM or Person Responsible) for the completion of a Resuscitation Plan– 7 Step Pathway.		X		
16 Describe the process for translating an ACD into a clinical resuscitation plan (including Resuscitation Plan– 7 Step Pathway form, if appropriate), consistent with appointed SDMs and/or documented wishes and instructions, in particular binding refusals of health care and dying wishes.		X		
17 Demonstrate knowledge of correct completion of all steps in the Resuscitation Plan– 7 Step Pathway form, including requirements for communication and documentation.		X		
18 Discuss consultation and consent requirements with the patient, SDM, Person Responsible and family in resuscitation and end-of-life care planning.		X		
19 Discuss the considerations required to develop and implement a plan (or contingency plan) to provide palliation to maintain comfort and dignity in the event of deterioration whenever a patient is not for resuscitation or when resuscitation has a high likelihood of failure.		X		
20 Describe your role in the use of the deterioration and escalation process and Rapid Detection and Response Chart (MR59A or MR-59A-ED) in relation to the Resuscitation Plan– 7 Step Pathway.		X		
21 Describe your role in acting on a Resuscitation Plan– 7 Step Pathway for a person.		X		
22 Describe your role in the inclusion of ACD, ACP and/or Resuscitation Plan– 7 Step Pathway in clinical handover.		X		
23 Discuss the discharge planning and clinical handover requirements for a patient who has a Resuscitation Plan– 7 Step Pathway marked as “indefinite until revoked” and/or “not for return to hospital”.		X		
24 Demonstrate best practice communication skills, correct legal and ethical knowledge, and compliance with SA Health Policy Directives and Guidelines for ACD, Consent and Resuscitation Plan– 7 Step Pathway in discussing resuscitation planning with a patient and their SDM, Person Responsible, or family. (* medical and designated specialist nurses only and to be part of a blended learning approach).		X		
25 Discuss key elements for the preparation, facilitation, documentation and follow-up of end-of-life care conversations with a patient and/or their SDM, Person Responsible and family or carers.		X		
26 Discuss the rights of the person, SDm, Person Responsible and family or carer in resuscitation and end-of-life care planning.	X	X		

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27 Describe your role in the team approach to resuscitation and end-of-life care planning.	X	X		
28 Describe the considerations, communication and documentation requirements in developing a resuscitation plan, including medication and treatment orders for palliation.		X		
29 Identify when to use and how to access the SA Health Clinical Guideline for the Pharmacological Management of Symptoms for Adults in the Last Days of Life.		X		
30 Discuss the ongoing nature of the process to meet the needs of the patient and family in end-of-life planning and care.		X		
31 Explain the need for establishing and clearly communicating in writing to the patient and/or SDM, Person Responsible, family or carer and the care team, the name and contact information for the clinician responsible for leading and coordinating a patient's care.		X		
32 Describe your role in relation to the SA Health Resuscitation Planning-7 Step Pathway Policy Directive.	X	X		
33 Discuss the importance of, and opportunities for, proactive end of life discussions with patients and/or their SDM Person Responsible and family or carers.	X	X		

For more information

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