Palliative Care Australia

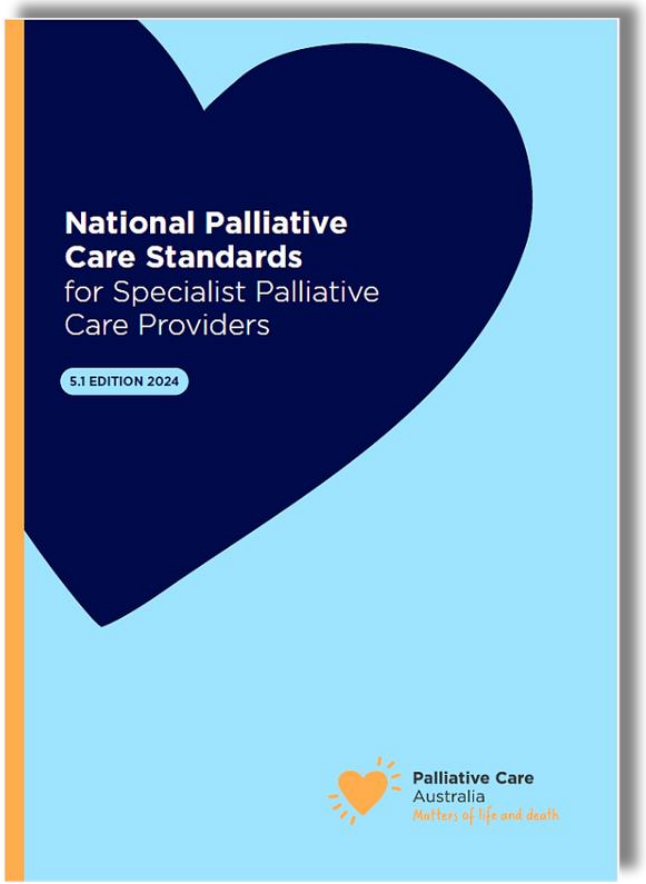
Matters of life and death

Turning Standards into Practice: Strengthening Quality Improvement through the Updated National Palliative Care Standards and PaCSA.

Kate Ritchie, Senior Project Officer

11 June 2026

National Palliative Care Standards for Specialist Palliative Care Providers



Importantly, we are also learning to celebrate the moments where practice has changed for the better, recognising when those changes align with and fulfil one or more of the National Palliative Care Standards.

What are the National Palliative Care Standards?

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STANDARD 1

Assessment of needs

Initial and ongoing assessment incorporates the person's physical, psychological, cultural, social and spiritual experiences and needs.

Intent of the standard

The person, their family* and carers are actively involved in the initial and ongoing person-centred assessment, which focuses on their physical, psychological, cultural, social and spiritual needs.

A comprehensive and holistic assessment of the person's needs and preferences is established on presentation and in early consultations, with assessment guided by the person. As more than one clinician may be involved, care is taken to ensure that assessment is coordinated and the information gathered is communicated effectively among the treating team and documented through digital health records (including My Health Record).

Reassessment should occur regularly, particularly at changes in the phase of care. This includes identifying when the person is imminently dying and incorporating assessment of the specific needs associated with this phase.

The life experiences of the person, their family* and carers will influence their preferences as they approach and reach the end of their life. Their life may be influenced by age, culture, religion, ethnicity or experience. Some people will have very deep attachments to such aspects– others less so. Consideration of the physical, psychological, cultural, social and spiritual experiences and needs of the person is an integral part of the initial and ongoing assessment.

The person's care plan, and any changes that may occur to it, are directly informed by comprehensive and holistic assessments.

To meet this Standard, the health service is expected to ensure:

1.1 The initial and ongoing assessments are carried out by qualified interdisciplinary personnel.

1.2 The assessment is coordinated to reduce the burden of duplication on the person, family* and carers.

1.3 Clinical assessment tools are informed by the best available evidence and identify those approaching the end of life as well as those that are imminently dying.

1.4 The person's needs are reassessed on a regular basis.

1.5 The person, their family* and carers are provided with clear information on how, and whom, to contact when there is a change in their illness or circumstances, including after hours.

1.6 Initial and ongoing assessments are documented in the person's clinical record.

1.7 Ongoing assessments are used to inform the care plan and any subsequent changes to it.

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Intent of the standard

Element 1.1: The initial and ongoing assessments are carried out by qualified interdisciplinary personnel.

Can you perform this service?

☐ Yes ☐ No

What is your service current capability within this element?

☐ Never ☐ Occasionally ☐ Mostly ☐ Always

Evidence category *(please tick all relevant)*

☐ Audit/statistical data ☐ Business record ☐ Policies and procedures
☐ Patient records/assessment ☐ Organisational wide surveys ☐ Other

Provide evidence *(service to make notes of what it has as evidence)*

Desired capability at next self-assessment

☐ Never ☐ Occasionally ☐ Mostly ☐ Always

Specify how and who will make improvements to this element

Action	Target date	Priority	Lead
		☐ High ☐ Med ☐ Low	
		☐ High ☐ Med ☐ Low	
		☐ High ☐ Med ☐ Low	

Mapped to NSQHS Standards
1.20; 1.23; 1.24
4.5; 4.6
5.5; 5.6; 5.7; 5.8; 5.10; 5.11; 5.14; 5.15; 5.21; 5.22; 5.24; 5.29; 5.30; 5.31; 5.33; 5.34

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I think the beauty of this assessment tool is that you've got that flexibility that you can do it at your own pace.

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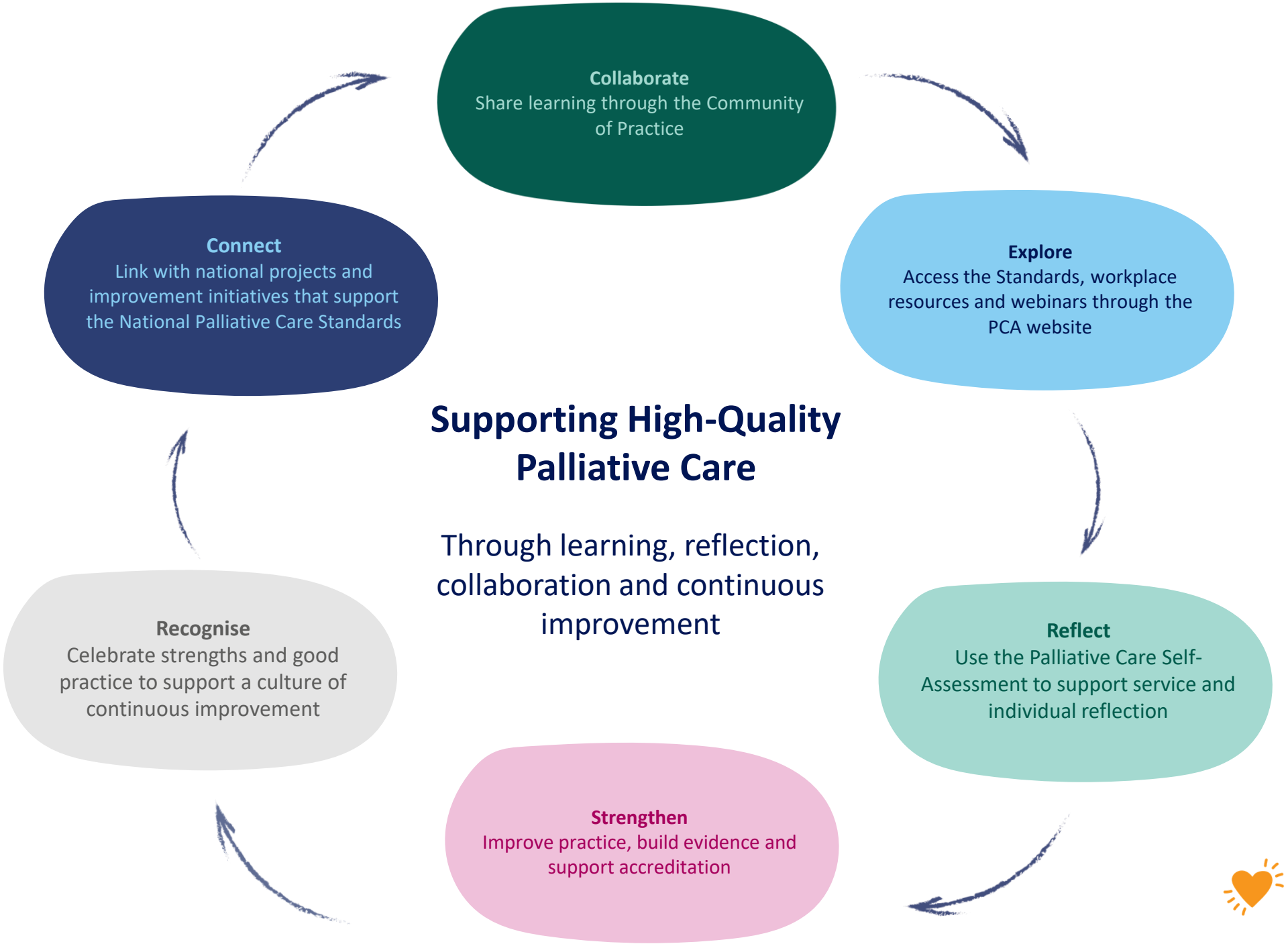
One of the beautiful things that this CoP will do is enable people to see how the standards can be embedded at the bedside with the patient and that … they're of course of value at the service level, but also even just thinking about your own CPD.

Scan to join now



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APHC 2027 OPCC

Asia Pacific Hospice Palliative Care Conference

Oceanic Palliative Care Conference

20–23 April 2027 / Adelaide Convention Centre

Stronger together:
Humanity at the heart of palliative care

Visit **aphc27opcc.com.**

KEY DATES

- Abstract submissions: closes 10 August 2026
- Early bird registrations: closes 30 November 2026

Asia Pacific Hospice Palliative Care Network

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