

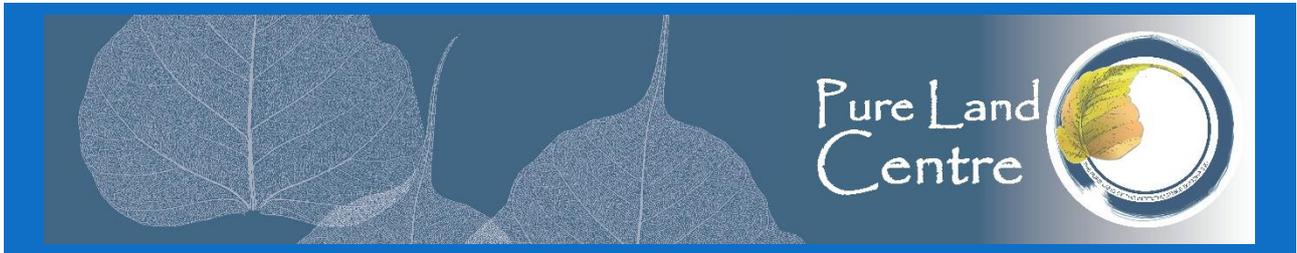
The Pure Land of the Indestructible Buddha, Incorporated

**MODEL OF
CARE**

Pilot Project 2020



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MODEL OF CARE

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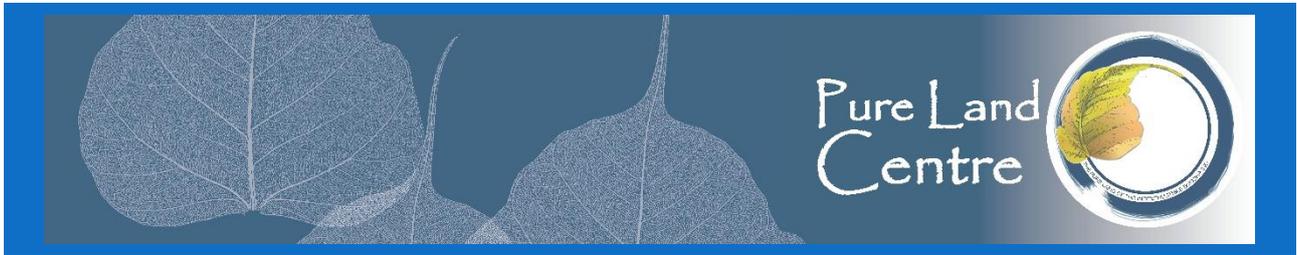
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1. Scope

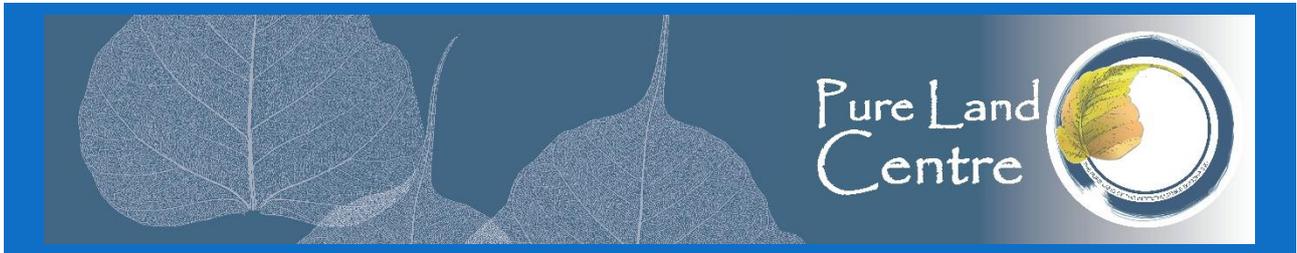
1.1 Objectives of The Pure Land

The Objectives of The Pure Land of the Indestructible Buddha Incorporated are as follows:

The Pure Land of the Indestructible Buddha Incorporated is established as a charity whose purpose is to advance mental health and spiritual practice in the last weeks of life by:

- i. Establishing a peaceful residential accommodation centre for the client in the last weeks of their life, and accommodation for their carers;
- ii. Providing spiritual, emotional and physical support for the client and their carer(s);
- iii. Ensuring access for registered health care professionals engaged by the dying person and/or their carers. The Association itself does not provide medical or nursing care and admission is contingent on the client being under the care of a medical practitioner and visiting registered nurses;
- iv. Providing volunteers (trained in accordance with the Association's operational documents) to support the client and their carer(s) and to maintain the centre;
- v. Ensuring the safety and wellbeing of the client, their carers, visitors, and volunteers and staff in accordance with the Association's operational documents;
- vi. Conducting our operations in such a way that reflects the Buddhist philosophy as taught by the Foundation for the Preservation of the Mahayana Tradition (FPMT).
- vii. Conducting our operations in such a way that it minimises negative effects on the peace and normally expected amenities of the surrounding environment.

Thus, in summary, the objective of The Pure Land is to offer a safe and caring environment for those suffering terminal conditions, who wish to end their lives in a spiritual environment.



1.2 Objectives of the Model of Care

The “Model of Care” defines the way our services are delivered, both in broad scope and in detail.

It outlines best practice care and services for the client, covering admission, period of admission, discharge or death.

It is a guide for the Centre organisers and staff as to the standards of care and the type of care, to be provided.

It aims to ensure the right care, in a safe and appropriate environment that meets the needs of the client, their family and/or carers, the visiting professionals, and the volunteer staff.

Appendix 4.

1.3 Scope of the Care Provided

The Pure Land is organised on Buddhist principles but it welcomes all people regardless of their belief systems, providing they meet the admission criteria.

The care offered to the client is based on an end of life care model* with appropriate medical/nursing care assisted by the client’s carers and Pure Land volunteers, who will offer companionship, emotional and spiritual support. *Appendix 6.

Within the limits of their non-healthcare backgrounds, volunteers will offer assistance with activities of daily living.

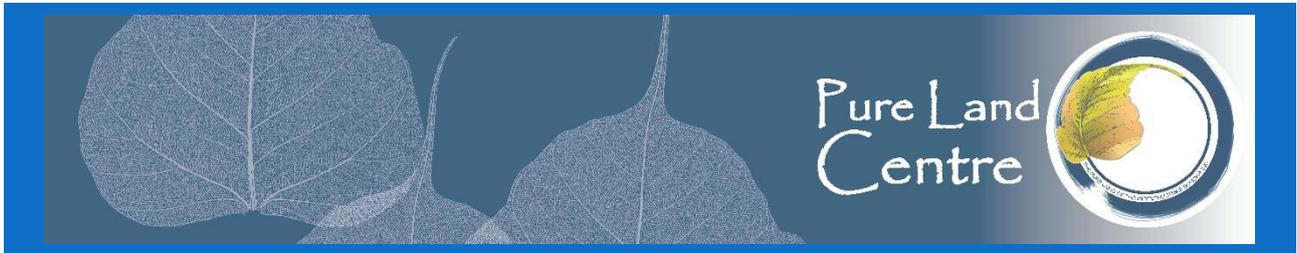
The care offered does not attempt to develop medical case management with the objective of curing the client. It offers a continuation of the care that the client is currently receiving at home, augmented to provide a better quality of life in the client’s last weeks.

It is accepted by all parties that the client’s condition is deteriorating and not expected to improve.

The Pure Land will have several different types of volunteers doing different jobs. Only those trained as ‘Direct Care Volunteers’ will have direct contact with the client. Volunteers doing other jobs are ‘General Volunteers’.

The care delivered by the volunteers adheres to the guidelines, policies and procedures set and maintained by the centre.

In addition, the client’s relatives, carers and spiritual guides will be expected to attend the centre to provide support.



The Centre will ensure assistance with all activities of daily living, whether by the volunteers or by the carers.

Effective communication will ensure that all connected with the client's care are in accord and function as a team.

1.3 Scope of the Care Provided (continued)

All care falls within the scope allowed by the Commonwealth of Australia and the state of Western Australia.

In accordance with Buddhist principles, assisted suicide and assisted euthanasia are not allowed at the centre, notwithstanding any changes in legislation.

The credentialing system ensures that all health care professionals coming onto The Pure Land site are appropriately qualified, registered and insured.

The care provided takes place only on the site of The Pure Land.

The governing body of the centre has the right to:

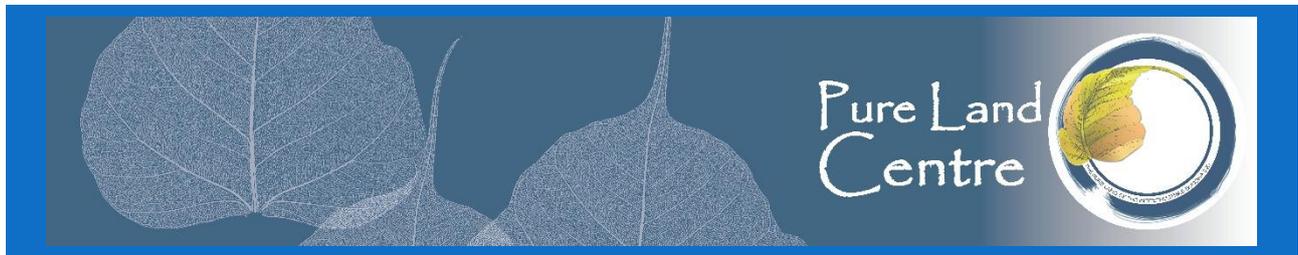
- Disallow the presence of particular individuals on the site.
- Disallow particular activities or types of alternative therapy on the site.

It is understood that some clients may have given an Enduring Power of Guardianship to their agent, so that should they lose capacity, the Guardian can act on their behalf. The 'Hierarchy of Decision-Makers' states that should the client also have completed an 'Advance Health Directive', then if capacity is lost, the Advance Health Directive takes precedence over the Guardian.

2. Client

2.1 Referral Criteria

- To be admitted to the centre, the client must be under the care of a registered medical practitioner – hereafter 'the doctor'.
- The doctor must approve the client's admission to the centre.
- Planning for the client's care is carried out in consultation with the doctor.
- A client may refer themselves to the centre but their doctor must approve.
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- Nurses already visiting the client in his/her home will be consulted for their opinion about when to move the client to the centre.

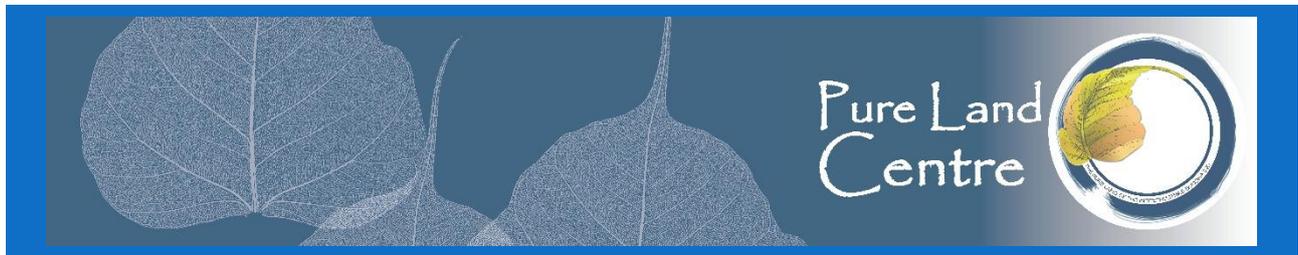
The client:

- Requests spiritual care in addition to health care.
- Is normally being cared for in their own home at the time of referral to the centre.
- Is suffering a terminal disease or condition. This can include natural ageing.
- Is not suffering a transmittable disease.
- Is not suffering a medically diagnosed mental health condition.
- Is under the care of their doctor.
- Is medically deemed “not for resuscitation”.
- Is not in need of hospital care.
- Is not medically classified “bariatric” (Weights ≥ 120 kgs, BMI ≥ 35 , seated hips width > 51 cms).

2.2 Admission

To be admitted to the centre:

- The client must be under the care of a registered medical practitioner, the doctor.
- The doctor must approve the client’s referral to the centre.
- Planning for the client’s care is carried out in consultation with the doctor.
- The client may be under the care of a guardian and/or an enduring power of attorney may be in place. In this case, all legal documents relating to the case must be witnessed and copies filed.
- The client may have completed an Advance Care Directive and/or an Enduring Power of Guardianship (health and lifestyle), in which case the instructions will be followed and copies of the documents filed.
- The client is required to sign the form: “Agreement to Services Provided by the Pure Land Centre”.
- The client is admitted according to a set process including consultation with their doctor and nurse regarding their care requirements and equipment.



2.2 Admission (continued)

- The client's current care arrangements will be assessed to ascertain any short-falls in service, and a decision made as to the Pure Land's ability to provide for those as additional services.
- Safe manual handling techniques will be discussed with the carer by the attending nurse so that safe handling protocols are understood and observed by the carer during the admission.
- The centre cannot accept emergency admissions. Time for all the full admission procedures has to be assured.
- Should the legislation be changed in favour of assisted suicide and /or euthanasia, the admitting doctor will be required to sign an agreement stating that:

The client's life will not be terminated using any means that would result in death sooner than the natural course of their condition would dictate.

This will be filed in the client's file.

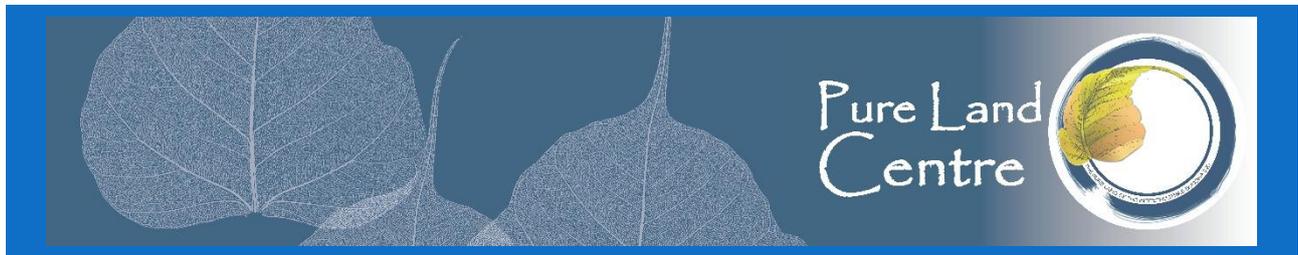
3. Type of Care

3.1 Accommodation.

The centre will provide accommodation in a peaceful and virtuous environment for the client and their carers.

3.2 Companionship, Spiritual and Emotional Care

- Care is aimed at providing a peaceful, home-like environment for those at the end of their lives. It is similar to that which they would experience in their own homes but with the additional aim of providing a spiritual atmosphere that will enhance their last days or weeks.
- The centre will also provide short-term respite for carers by having volunteers on duty 24 hours a day, in addition to the Resident Manager, who will live on site.
- Aids to meditation and spiritual practice will vary with the particular tradition of the client, Buddhist or otherwise, and be arranged primarily by the client. Aids may include a bedside altar, photos, wall hangings, recordings of chanting, mantras, songs.
- Volunteers will be trained in the Buddhist principles that are common among Buddhist traditions, but not in the aspects specific to the different Buddhist traditions.



- Monks and nuns from various recognised Buddhist monasteries or centres, as appropriate to the client, will be able to attend the centre and be available for comfort, counselling and meditation as required.
- Clients of other spiritual traditions are permitted to arrange their spiritual guides or mentors to attend them at the centre.

3.3 Spiritual and Emotional Education

Occasional training courses in how to care for a loved one who is dying, will be offered. These courses are designed to be suitable for people of all spiritual traditions, but will be based on Buddhist philosophy and principles.

These courses will be suitable available particularly to the client's carers and family.

3.4 Psychological debriefing

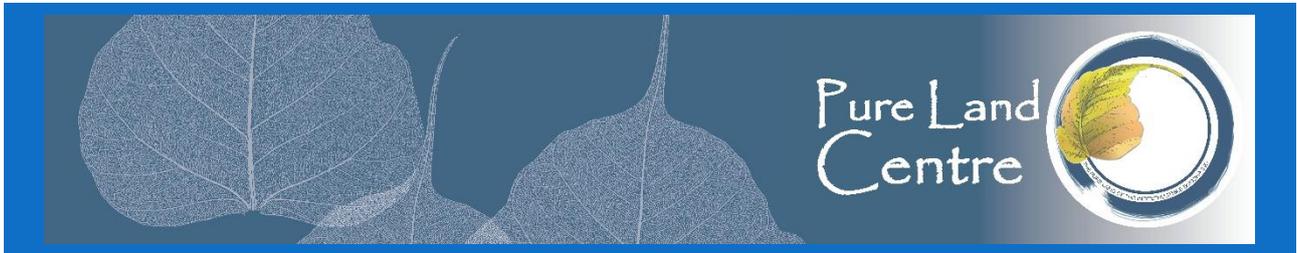
- Psychological debriefing will be provided for carers and volunteers after they have attended a client during the last days of their life.
- A group of trained people willing to participate, will be sourced from the Wheel of Life group. A list of these contacts will be kept in the Manager's Office.
- A small group approach will be used in the first event, followed by consultation with the Medical Consultant should this be required.

3.5 Medical and Nursing Care

- Medical and nursing care will be provided by registered doctors and nurses, who will visit the centre by arrangement with the carers and the client.
- The care will be as if the client were at home with all expected in-home palliative care services.
- Should the professional staff believe at any time that the client's care would be better carried out in another location, the client will be transferred according to their instructions and at their expense.

3.6 Daily Requirements

- Daily requirements such as bathing and grooming, administration of medications, provision of food and feeding, room cleaning and changing of bed linen etc., will be carried out by the nurses, care-aides, carers or volunteers, as appropriate, in consultation with the nursing staff and/or the client's carer.



- Allied Health care such as physiotherapy may be carried out on the premises if the client requests this and pays for the service.
- Alternative health practitioners may attend the clients at the discretion of the doctor.

3.7 Equipment

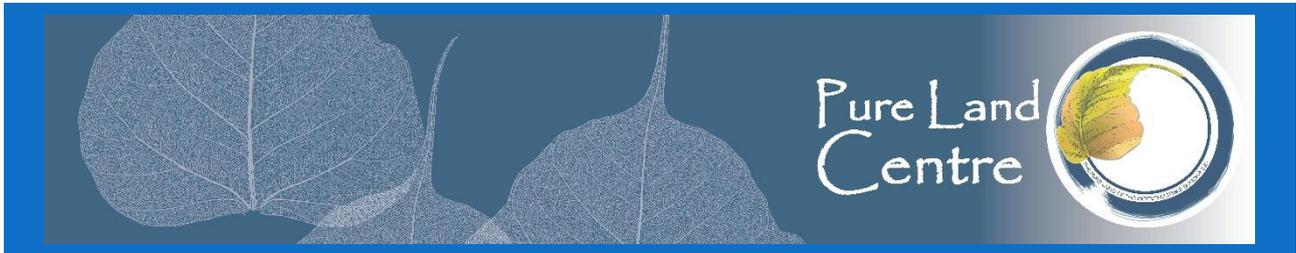
- The client may require the use of portable oxygen. No cylinders will be stored on site, but the client's cylinder will be kept near their person, and serviced as per their usual protocols.
- The client may require the use of equipment such as but not restricted to, a hoist or slide board for transferring, wheelchair, commode, walking frame or crutches.
- Some basic equipment may be supplied by the centre but generally the client will supply such equipment as they normally use, and will be responsible for its maintenance and safe use.
- Should the client require an aid that is new to them, they are required to provide the necessary professional staff to teach them to use it safely.
- The addition of any such items is to be documented in the client's file along with their written agreement to the terms and condition of use.

4. Documentation and Communication

4.1 Admission information

During the period that they reside at the centre, a personal file will be created for each client. This will include:

- Name, address and personal identification details sufficient to identify the client for legal purposes.
- Contact details of next-of-kin and/or emergency contact details for the client(s)
- Legal status regarding guardianship or not, power of attorney or not.
- Details of any aids and equipment that they own, and written agreement to the terms and conditions of use. This will state that the client owns the aid or equipment, and is responsible for its efficient working, its maintenance and use.
- Doctor's name
-



- Names of any health professionals, alternative health workers or spiritual advisors who will be visiting the client.
- Arrangements to be made if the client is deceased during his/her stay.

4.2 Daily Log Book

A daily log book will record:

- All relevant occasions of service to the client(s)
- Contact details of next-of-kin and/or emergency contact details for the client(s)
- Observations about the client(s)
- Any information about the daily running of the centre

All of which to ensure seamless, safe and appropriate care for the client, and efficient communication between all who work or stay at the centre.

4.3 Clinical

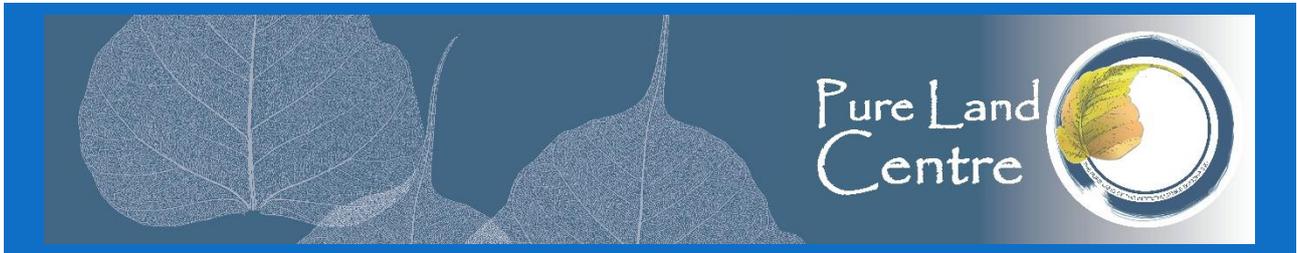
Nursing staff will adhere to the format approved by their employer, be it Silver Chain or another nursing agency, but either the original notes or exact copies must be filed at the centre at all times for the information of the following nursing shift or the attending doctor.

This may include use of the daily log.

4.4 Volunteers

Volunteers will use the centre's log book to record:

- All occasions of service that they deliver to the client
- Any relevant observations about the client and any relevant items regarding the building, grounds
- Any other business related to the running of the centre that may arise.



○

4.5 Staff Resources

A resource file will be collated and will include:

- Induction information.
- Procedures.
- Details about the building and any relevant plant and equipment.
- Contact details for emergency care, repairs and staffing issues etc.
- Emergency Plan. Appendix 3.
- Quality schedule.

4.6 Staff Induction Checklists

Checklists covering all aspects of induction and training will be checked off during induction or training of all volunteers, and signed by the inductee and inductor.

These will be kept on file.

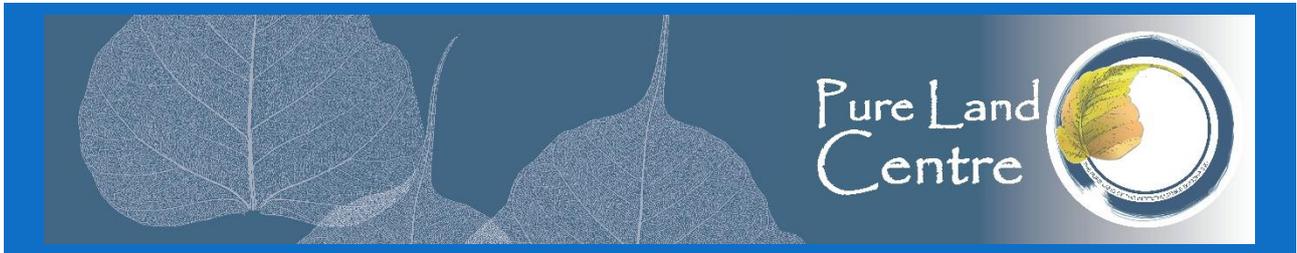
5. Staffing

5.1 Staff register.

- All staff and health professionals visiting and attending the Pure Land, will be listed on the “approved staff” register.
- Staff members are entered in the register upon clearance conducted as per the protocol (6.3.1).
- The register is kept by the Resident Manager.

5.2 Provided by the client:

- The client’s doctor or specialist.
- Nurses – via Silver Chain or similar organisation.
- Allied Health professionals.
- Alternative health practitioners.



- Dharma teachers, monks, nuns, friends from the client's spiritual tradition.

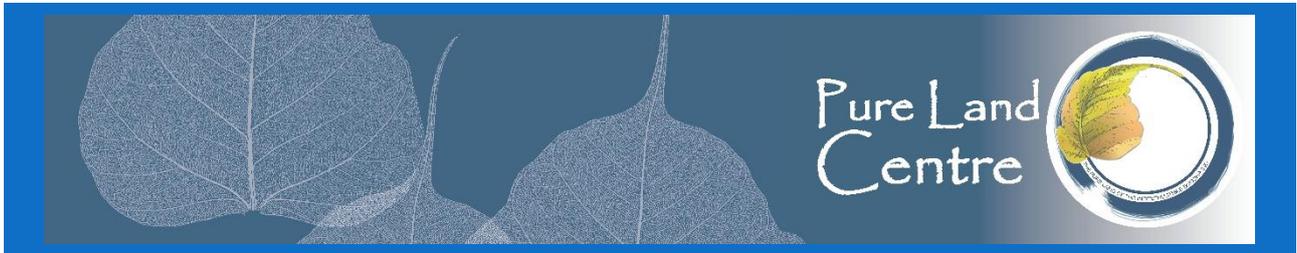
All of the above, with the exception of the final category, will be known as the professional staff. The final category will be known as the sangha.

5.3 Provided by the Centre:

- Resident Manager
- Honorary Medical Supervisor
- Volunteer Supervisor
- Trained volunteer staff including administration, housekeeping, grounds keeping, care of the clients

5.4 Staff Roles

- **Resident Manager:**
The Resident Manager will have overall responsibility for the day-to-day management of the centre, including of the client, their carers, visits by professional staff, and volunteers. The Resident Manager will be responsible for the centre's database (volunteers may help maintain this).
- **Honorary Medical Consultant:**
The Honorary Medical Consultant will be consulted to ensure that visiting medical staff have appropriate credentials, and will be expected to pass on the relevant details to the Resident Manager.
The Honorary Medical Consultant will also be consulted for advice regarding any issues related to medical staff.
- **Volunteer Supervisor:**
The Volunteer Supervisor will be responsible for supervising volunteers in matters such as induction to the centre and to their job roles, rostering, training, credentialing, performance management.
The Volunteer Supervisor will be responsible for maintaining records of volunteers on the centre's database, under the guidance of the resident manager.



○ **Direct Care Volunteers:**

Direct Care Volunteers, in conjunction with the carers, and under the general supervision of the Resident Manager, will provide the client with companionship and support, spending time with the client at the bedside and as they move about the centre.

Direct Care Volunteers will help carers set up an altar, decorations, flowers as appropriate, and supervise the playing of recorded prayers, chanting and music.

○ **General Volunteers:**

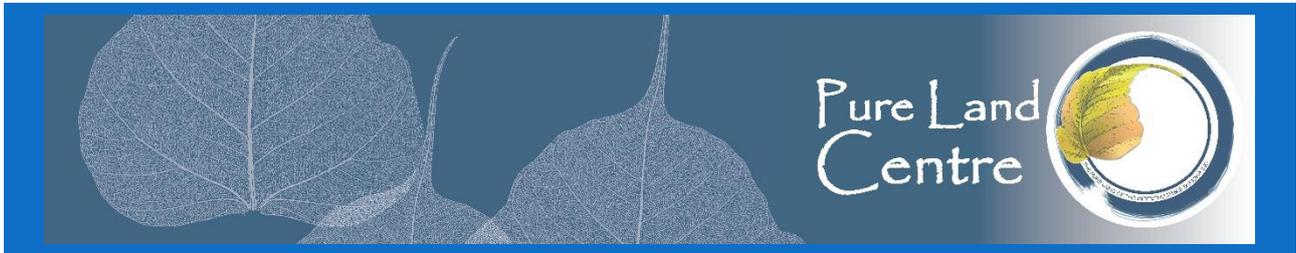
General Volunteers, under the general supervision of the Resident Manager, will maintain the cleanliness and the fabric of the centre, inside and outside, and also assist in kitchen and laundry duties associated with the client, including cooking.

5.5 Rostering

- Volunteers will not be rostered on duty until all matters connected with their training needs and induction are completed.
- Hours of work will follow industrial regulations, ensuring meal and rest breaks as per industrial regulations, and hours of work not to exceed 38 hours per week.
- Shifts may vary in length, but generally will be in the order of 4 hours.
- If carers are given a short break, volunteers will be rostered to be present through the night.
- Respite breaks for carers will be arranged subject to the availability of volunteer staff.

5.6 Supervision

- Volunteers will be supervised by a designated supervisor or delegate until such time as agreement is reached between them that the volunteer is competent to work unsupervised.
- Regular performance meetings are scheduled with the supervisor to:
 - Identify training needs
 - Provide on-going advice and improvement strategies where required.
 - Review the documentation for the annually repeated training.



6. Induction, Training and Credentialing

6.1 Induction

- Induction must be carried out before work commences.
- Induction and procedure manuals will be compiled and kept on the premises with/in easy reach of all at the centre.

Sangha (monks and nuns)

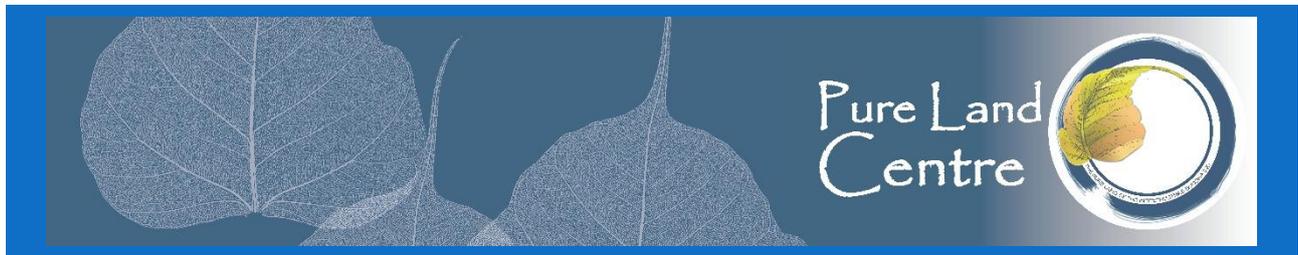
- Induction to the centre for the sangha will be conducted by the Resident Manager or a volunteer and will follow the established procedure, which will be documented.
- This will include the layout of the facility and the sangha's room, safety exits and introductions to relevant staff.
- The monks and nuns will have been trained and ordained at a recognised monastery or centre.

Volunteers

Induction for all volunteers will include:

- An overview of the service and its objectives, location and facilities orientation, introductions to relevant staff and safety training.
- Safety training including a review of the emergency plan* and contact details.
- Check of personal indemnity documentation, Criminal Record Screening, and evidence of manual handling and hand hygiene training.
- Overview of the role of the volunteer and details of the jobs to be done, resources available, people to consult and hours to be worked.
- A list of tasks that can and cannot be performed by the volunteer will be provided and a copy kept in the resource file – Appendix 7.
- A resource file will contain the induction material and all useful information and will be kept within easy reach of all at the centre.

* Appendix 5.



6.2 Training and Care

- Safety training includes a review of the emergency plan* and contact details.
- Occupational Safety and Health (OSH) training and Hand Hygiene training should be completed by the volunteer prior to commencement and the evidence sighted.
- Manual Handling which includes handling of the client and equipment, activities of daily living and emergency exit, relevant to the site.
- Training in working with the dying will generally have been completed at a recognised centre or a training course, prior to commencement. Training requirements for Direct Care Volunteers will be more extensive than for General Volunteers. On commencement, the Volunteer Supervisor will need to approve the training undertaken.
- Emergency training will be carried out by the staff at regular intervals according to set protocols.
- Psychological debriefing will be provided for volunteers after attending a client during the last days of their life (details see 3.5).

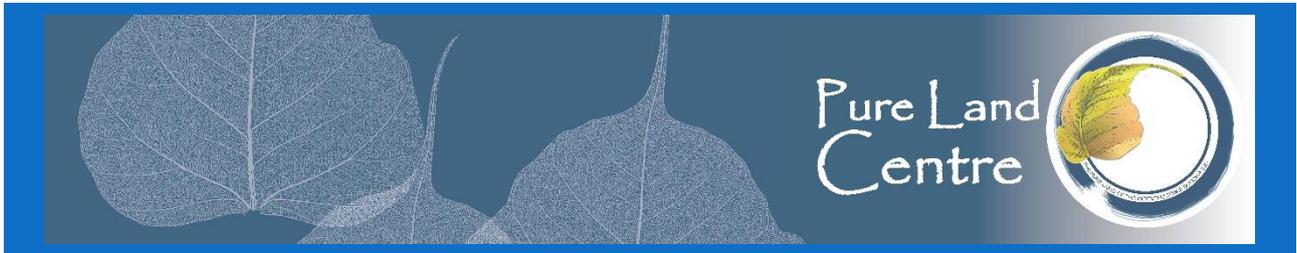
* Appendix 5.

6.3 Credentialing

Only registered members of Pure Land of the Indestructible Buddha Inc, may be employed as staff or volunteers.

6.3.1 Qualifications

- Visiting medical personnel.
 - Credentialing of all doctors and specialist will be carried out by the Honorary Medical Supervisor to ensure their registration with AHPRA and that they carry current professional indemnity.
 - All relevant details of both items are to be recorded on the Centre's database.
- Nursing staff.
 - Credentialing will be carried out by the centre supervisor to ensure:
 - Their employment by an accredited nursing organisation, in which case no further action need be taken.
 - Their private employment by the client, in which case their registration with AHPRA is to be checked and their professional indemnity checked.
 - All relevant details of both items are to be recorded on the Centre's database.



- Allied Health Staff
 - Their registration with AHPRA and their professional indemnity is to be checked and recorded on the Centre's database.
- Alternative Health Practitioners
 - Practitioners may not be governed by a government registration body and as such pose an element of risk to the centre. Therefore, their inclusion needs to be vetted by the doctor.

6.3.2 Competencies

Occupational Safety and Health (OSH) and Hand Hygiene training will be repeated annually and evidence sighted.

6.3.3 Criminal Record Screening (CRS)

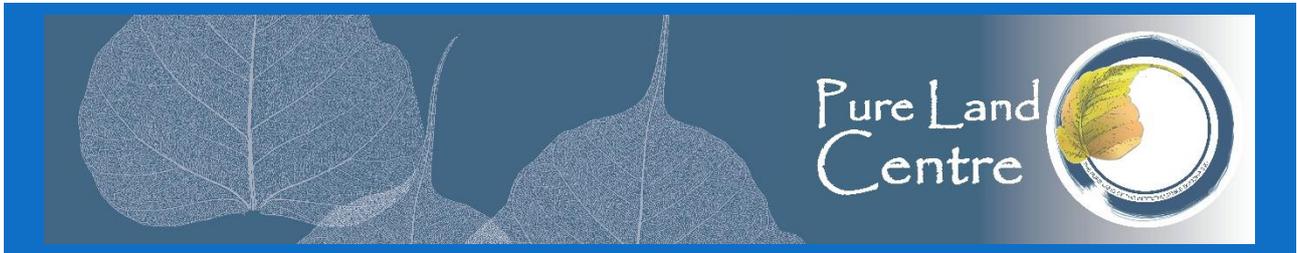
- Criminal Record Screening evidence will be provided on induction and will be checked annually.
- Current requirements are that if an individual has been continuously employed since the original evidence was supplied, with breaks not to exceed 6 months, then the screening does not have to be repeated.
- The said employment would need to be within The Pure Land or the Hayagriva Buddhist Centre for verification purposes.
- A criminal record does not always preclude employment but an assessment needs to be carried out to judge whether the particular offence has relevance to the job in question.

7. Risk

7.1 Insurance – professional and volunteer staff

7.1.1 Professional indemnity insurance.

- Professional indemnity insurance has to be assured for all professionals which includes doctors, nurses and allied health professionals.
- Health professionals working for an organisation such as Silver Chain are insured under their employment agreement.



- Doctors, Nurses and Allied Health Professionals attending the centre in a private capacity and providing health care must provide evidence of current professional indemnity insurance.

7.1.2 Personal indemnity insurance

- All volunteers must provide evidence of current personal indemnity insurance. It is expected that The Pure Land will carry personal indemnity insurance for volunteers and staff.
- Alternative health practitioners carrying out health related services for the client must provide evidence of current personal indemnity insurance.

7.2 Insurance - Public Liability

To cover general risk to clients, staff and visitors at the centre, The Pure Land shall ensure public liability insurance is maintained to cover the entire site.

7.3 Criminal Record Screening

- All volunteer staff working at the centre and any alternative health professionals not registered with AHPRA, are required to provide evidence of current Criminal Record Screening. (See 6.3.3).
- Annual checks will ensure that this remains current.
- Documented evidence will be kept in the personal file.

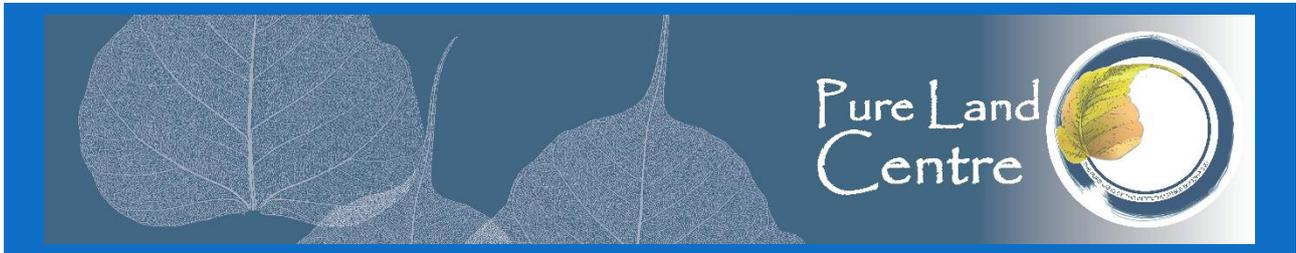
7.4 Fire and Emergency

Induction for all volunteer staff includes a comprehensive emergency plan* supported by up-to-date procedure manual and emergency contacts.

* Appendix 5

7.5 Occupational Safety and Health

- All volunteer staff must attend an approved **manual handling safety** and **hand hygiene** courses on induction.
- Annual up-dates must be assured.



7.6 Medical approval – alternative health practitioners

An alternative health practitioner not registered with an Australian Commonwealth or Western Australian government registration agency, cannot provide services at the centre unless approved by the client's doctor.

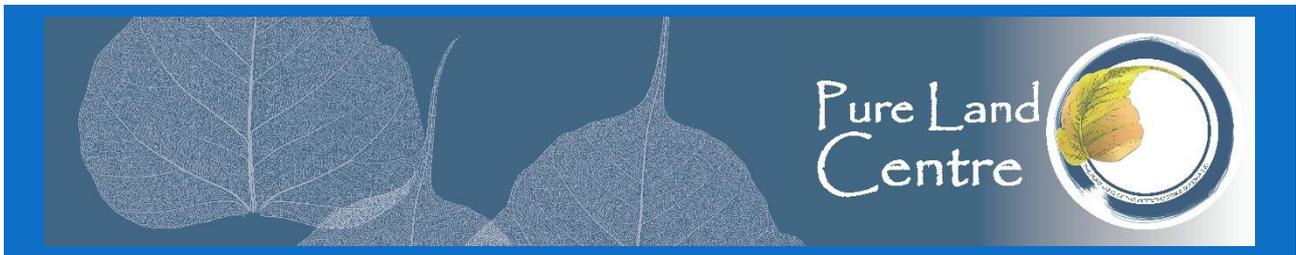
7.7 Carer Safety

- To manage the risk of manual handling injury to carers while caring for the client, their handling techniques will be assessed by the nurse as part of the admission assessment.
- If found to be below accepted standards, remedial protocols will be put in place and agreed by both parties.
- The client will not be admitted should the nurse be unsatisfied with safety issues related to manual handling.
- Psychological debriefing will alleviate and manage distress that may be experienced by carers in the course of their observing a client's death process.

8. Disposal and Storage Management

8.1 Waste Management

- Normal waste
The Centre will obtain Waste Management protocols from the local council.
Waste that meets the normal requirements for garbage collection will be placed for collection in the appropriate bins, and left for collection on the designated days.
- Hazardous Waste
This may include items such as needles and sharp objects, medications and chemicals.
 - Visiting health professionals will take away with them any hazardous medical waste resulting from their visit. The only other hazardous waste will be small amounts of normal household chemicals, which will be disposed of in the manner required by the local council.



8.1 Waste Management (continued)

- Should medications be left behind following the death of the client, these will be disposed of according to the local council's protocol.
- Information regarding disposal of hazardous and non-disposable waste can be found at Appendix 1.

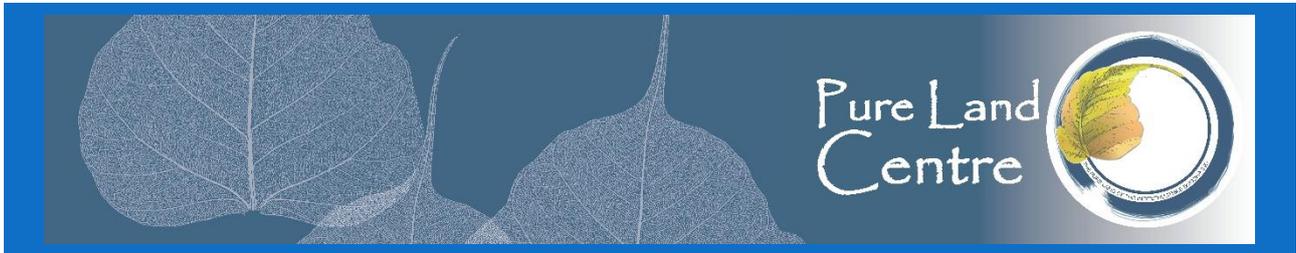
8.2 Cadaver Management

On the death of a client:

- The client's doctor will be informed so that confirmation of death and possible cause of death can be determined, and a death certificate issued.
- Relatives and or carers will be informed of the death.
- Any instructions from the deceased regarding touching or handling the body in the hours immediately after death will be followed as closely as possible.
- Prayers may be said until the spirit has departed from the body, according to the beliefs of the client and/or their family.
- Arrangements will be made to transfer the body a funeral home or morgue, in accordance with the family's wishes.
- Preparation of the cadaver for transfer may be carried out by nursing staff, or by the family according to cultural requirements.

8.3 Storage of hazardous materials

- Clients' medications.
A lockable cabinet will house client's medications during the stay. This will be located in or near the client's room, and the key will be in the keeping of the Resident Manager.
- No non-prescription drugs will be kept on the premises.
- Cleaning materials, gardening fertilisers, weed killer, insecticides, etc.
Lockable storage that ensures adequate ventilation, will be provided where the materials are labelled "hazardous". This will be convenient to the location of the work to be carried out.



8.4 Storage of clients' valuables

It is preferred that clients do not bring valuables with them for their stay. However:

- In the case that a client does not have safe storage at home and is concerned about safety of the item(s) during their stay, and within reason at the discretion of the Manager, the Centre will provide locked storage for their items. This will be in the client's room or in the Manager's office.
- All such items will be documented, sums of money counted and documented, then packaged in envelopes, sealed and witnessed by two Centre staff members in the presence of the client or their carer, and placed in the locked cabinet.
- The key to the cabinet will be in the keeping of the Manager.
- The witnessed documents will be filed with the items, in the locked cabinet.
- All storage of valuable items will be at the personal risk of the client, who will sign an undertaking to this effect.

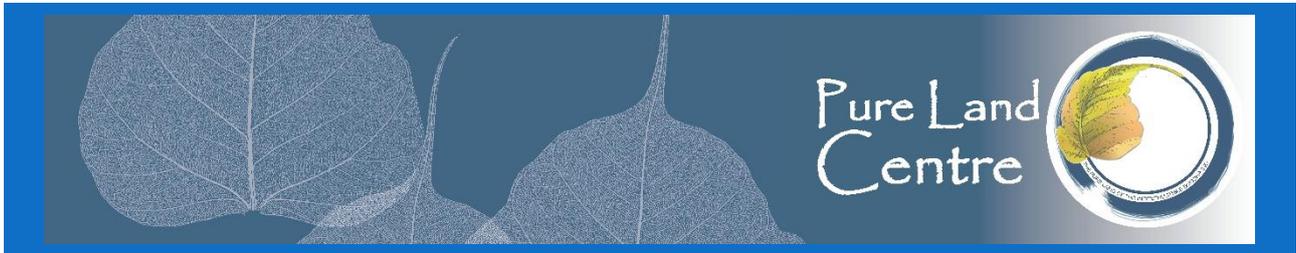
9. Access and Environment

9.1 Within the building

- Access from the outdoor entrances and from room to room, will allow passage for wheelchairs and trolleys.
- There will be clear passage from a nominated outdoor entrance to the patient's room to allow an ambulance stretcher.
- All passageways within the building will be kept clear at all times to allow emergency access.

9.2 Street and outside the building.

- Ambulance access will be arranged to ensure patient privacy and uninterrupted public use of the street.
- Visitors and staff will use the designated parking bays.
- Access passageways from the entrances to the road and to any back laneway, will be kept clear at all times to allow emergency access.



9.3 Security

- Security and access for volunteers and staff will be via a key safe installed on site. This will be managed by allowing keyed access for the Manager and maintaining a controlled list of registered volunteers.
- The code for the keyed safe will be regularly up-dated to maintain security. This will coincide with each new client admission.

10. Quality

The Centre will adhere to these governance principles in the provision of its services:

10.1. Clear roles, responsibilities and accountabilities.

- Well documented role responsibilities and good staff induction will ensure that all are able to work within their allotted scope.

10.2. Clarity and consistency.

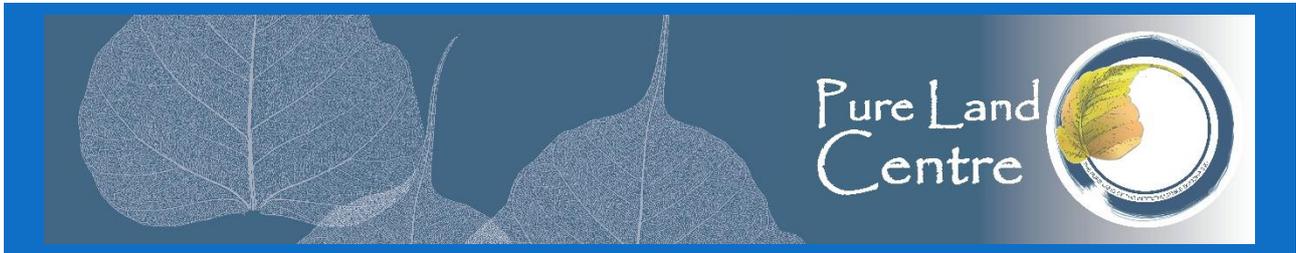
- The standards that are expected are well documented, easy to understand, and staff are well equipped to meet those standards by good induction and training.
- The standards are equally applied to all staff.
- Communication is optimised by good documentation procedures.

10.3. A culture of openness and transparency.

- Processes and procedures to be followed, are documented and are within easy reach.
- Care given to clients is documented for the information of all staff.
- Reporting of problems is encouraged and problems are addressed promptly.

10.4. Good performance management.

- Advice and assistance are readily available in the workplace.
- Regular performance interviews will ensure that performance difficulties are identified early and assistance provided.
- Opportunities for development are identified and addressed.

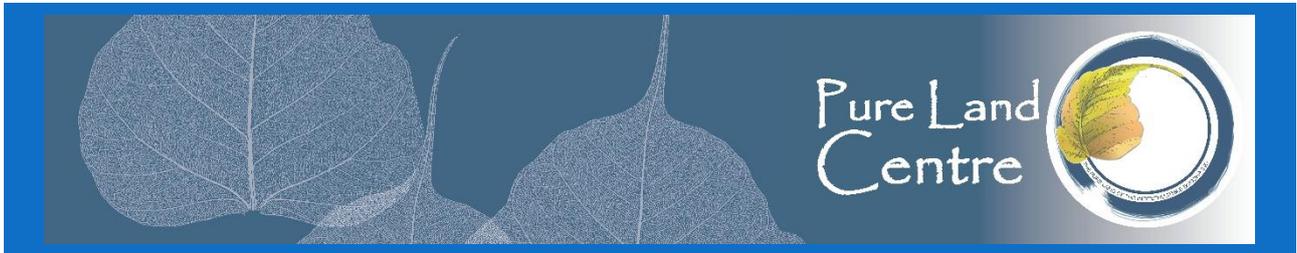


10.5. A culture of continuous improvement.

- Ideas for improvement are welcomed and processes are in place to make improvements that have meaning for the staff, carers and clients.
- The centre shall ensure the quality of the service offered by the use of accepted measures such as survey, questionnaire, assay, assessment, audit, benchmark with other services and any other investigations that they see fit.
- Topics to be investigated should include client/carer satisfaction, safety, staff satisfaction, credentialing of staff, emergency procedures, emergency access, equipment maintenance or any other issues that they deem fit.
- A schedule of essential quality activities shall be filed in the Resource file.
- Findings of the quality activities shall be filed in the Resource file, along with the suggested improvements that result from the activities.

10.6. A clear client focus.

The quality program will first and foremost, aim to improve the comfort and safety of its clients.



Appendices and References

Appendix 1 : Waste management Links



Not_Accepted_Materials-Disposal_Options_02_12_15.pdf (Co

- WASTENET <https://www.wastenet.net.au/>
- Health Act 1911 Local Government Act 1995 HEALTH LOCAL LAW 2009 (the local council will have their own edition, to be found on their website).

Appendix 2: Training for Pure Land Volunteers

'Twenty Non-Medical Ways of Coping with Pain and Suffering' (document details pending).

Appendix 3: Public Trustee Act 1941.

https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a649_currencies.html

Appendix 4: Understanding the process to develop a Model of Care: An ACI Framework, AGENCY FOR CLINICAL INNOVATION.

Appendix 5: Emergency Plan

Appendix 6: WA Cancer and Palliative Care Network: Palliative Care Model of Care



Palliative-Care-Model-of-Care.pdf

Appendix 6: Australian Commission on Safety and Quality ion healthcare.

<https://www.safetyandquality.gov.au/>

Appendix 7: Tasks that can and Cannot be carried out by Volunteers. (Pending)

13/8/2020