



**Australian Government
Department of Health
Evaluation of the End of Life
Directions for Aged Care Program
Final Evaluation Report - Summary**

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Table of abbreviations

ACFI	Aged Care Funding Instrument
ELDAC	End of Life Directions for Aged Care
EOI	Expression of interest
NRG	National reference group
PG	Partnership group
POG	Project operations group
RAC	Residential Aged Care
RACF	Residential Aged Care Facility

Glossary

User:	A user is counted as 'new' by Google Analytics when a device or browser loads content for the first time. Every time a new device or browser is detected loading a page during a specified date period, it is counted as a new user. Note that the Google Analytic settings for ELDAC captures data by the month rather than the lifecycle of the Website. This means that some "new" users in January may be counted as "new" users again in February.
Target reach:	The number of people targeted to be exposed to a specific ELDAC activity
Actual reach:	The number of people who were actually exposed to a specific ELDAC activity
Target uptake:	The number of people targeted to engage with/utilise a specific ELDAC activity
Actual uptake:	The number of people who actually engaged with/utilised a specific ELDAC activity.

Summary

On 3rd October 2017, the Australian Government Department of Health (the 'Department') engaged HealthConsult to

'undertake an evaluation of the Specialist Palliative Care and Advance Care Planning Advisory Services (SPCACPAS) 2017-18 to 2019-2020'.

BACKGROUND

From 2012-13, the Australian Government launched a package of reforms aimed at offering greater choice and flexibility for older people. As part of these reforms, the Government committed funds through the Specialist Palliative Care and Advance Care Planning Advisory Services ('Advisory Services') to improve palliative care services provided to aged care recipients, helping to ensure that aged care providers and GPs caring for recipients of aged care services have access to specialist advice. This funding supports innovative specialist palliative care and advance care planning advisory services for aged care providers and GPs providing health care for recipients of aged care services, to build better links between aged care and palliative care services.

From 2017-18, the Advisory Services were delivered under the name of 'End of Life Directions for Aged Care' (ELDAC). It aimed to build the capacity of aged and primary care providers to not only deliver quality palliative care, but enhance community and professional awareness of the importance of timely and appropriate access to palliative care services.

The objectives of ELDAC are to:

- provide specialist care and advance care planning advice to aged care providers and General Practitioners (GPs) providing health care for recipients of aged care services
- improve linkages between aged care services and palliative care services
- improve the palliative care skills and advance care planning expertise of aged care service staff and GPs providing health care for recipients of aged care services
- improve the quality of care for aged care recipients, prevent unnecessary hospital admissions, and shorten hospital stays.

ELDAC is implemented by a Consortium led by the Queensland University of Technology (QUT). The Consortium (referred to as the *Partnership Group*, or PG) includes QUT, the University of Technology Sydney (UTS), Flinders University, Palliative Care Australia, Australian Healthcare and Hospitals Association, Leading Age Services Australia, Aged and Community Services Australia and Catholic Health Australia. The *Partnership Group* is guided by a *Project Operations Group* comprising QUT, Flinders University and UTS, who are collectively responsible for driving the daily activities. A *National Reference Group (NRG)*, comprised of key stakeholders from Government, peak bodies, consumer representatives and other relevant stakeholder representatives, was established to provide an external perspective on issues affecting ELDAC.

The activities of ELDAC were delivered under four Work Streams:

- **Work Stream 1: Capacity building resources and advisory services.** The activities of this Work Stream included providing a Helpline, Website and series of Toolkits to assist with building capacity and capability in advance care planning and palliative care.

Helpline

The Helpline (also known as the Telephone Advisory Service) was established to provide non-clinical support to health professionals on the use of established palliative care and advance care planning resources available, whilst subsequently improving the partnerships between the

palliative care and aged care industry with the community. Following its launch in March 2018, an email information service was introduced in May 2018.

Website

The Website (also known as the Information and Evidence Advisory Database) was established to connect health professionals and aged care workers to freely-available Australian palliative care and advance care planning resources. The Website has received a number of amendments to its architecture and resources since its launch in March 2018¹.

Toolkits

The Toolkits are a collection of information, resources and tools around a particular topic or practice area which help users to develop a plan and organise their efforts to follow evidence-based recommendations or practices in palliative care and advance care planning. The Toolkits include:

- Residential Aged Care (RAC) Toolkit
 - Home Care Toolkit
 - Primary Care Toolkit (targeted mostly to GPs)
 - Working Together Toolkit (which relates closely to Work Stream 4 activities)
 - Legal Toolkit.
- **Work Stream 2: Technology solutions.** The main activity of this Work Stream was developing a Digital Dashboard to standardise basic data collection relevant to end-of-life care into aged care providers' Clinical Care Systems (CCSs), which are used by RACFs and home care services and provide a platform for automated data capture². At the time of writing this report, the Digital Dashboard had progressed to Stage 3: Market Integration.
 - **Work Stream 3: Policy enablers.** The main activity of this Work Stream was a series of six Roundtables, which aimed to provide policy briefs including synthesised information to inform decision makers about key issues in palliative care and advance care planning policy and planning in aged care³.

Three of the six Roundtables were completed during the evaluation period.

- **Work Stream 4: Service and sector development and advisory services.** The main activity of this Work Stream was implementing the Working Together Program to facilitate linkages between aged care providers and specialist palliative care services.

The aim of Work Stream 4 was to improve quality of care, prevent unnecessary hospital admissions and shorten hospital stays by improving linkages between aged and palliative care services, and palliative care and advance care planning skills of aged care staff and GPs.

Participating RACFs and home care providers work with ELDAC Working Together Facilitators to link with specialist palliative care providers.

EVALUATION OBJECTIVES

The objectives of the ELDAC evaluation were to:

- analyse the appropriateness of the activities and approaches implemented
- analyse the reach and uptake of each of the activities of ELDAC
- analyse the achievement of the outcomes and impacts in relation to the ELDAC objectives
- measure the effectiveness of the governance model

¹ ELDAC-Work Stream 1 (2019) *Appendix B: ELDAC Stream 1 Performance Report*.

² ELDAC-Work Stream 2 (2017) *ELDAC: Digital Dashboard Project*.

³ ELDAC Work Stream 1 (2018) *Policy Enablers Issues Selection Framework*

- identify issues to be considered regarding future priorities for ELDAC, taking into consideration demographic changes and health and aged care policy reforms
- analyse the achievements of ELDAC in relation to the National Palliative Care Strategy
- identify any efficiencies and strategies for optimising sustainability.

OVERVIEW OF THE EVALUATION METHDOLOGY

A mixed methods evaluation design was used by HealthConsult to evaluate ELDAC, which was guided by a comprehensive evaluation framework. The collection of qualitative and quantitative data was undertaken by both ELDAC and HealthConsult. The data sources included primary data, collected through surveys, interviews and case studies, and secondary data such as Aged Care Funding Instrument (ACFI) and Google Analytics.

Data were collected at three timepoints: baseline (November 2018), midpoint (March 2019) and endpoint (November 2019-January 2020). Data collected across all time points have been combined for this report.

Stakeholder interviews

Semi-structured interviews were conducted at baseline, midpoint, and endpoint of the ELDAC evaluation. Interview protocols were developed to allow consistent collection of qualitative data that addressed the relevant evaluation questions.

Case studies

Case study site visits (six RACFs and six home care providers) were conducted by HealthConsult between 15 October 2019 and 29 November 2019 (endpoint). Sites included a mix of providers:

- at different stages of the Working Together Program
- from different geographical regions (mixed metro and non-metro)
- who had linked with at least one specialist palliative care service.

Each case study involved one on-site visit to discuss ELDAC after it had been implemented. Interviews and focus groups were conducted during the visits, following a case study protocol designed to capture relevant information.

Surveys

Surveys distributed by HealthConsult included:

- **The Program Sustainability Assessment Tool:** To determine the extent to which the PG had processes and structures in place to increase the likelihood of sustainability.
- **The Partnership Assessment Tool:** To assess the effectiveness of the ELDAC partnership.

Surveys distributed by the PG included:

- **The Helpline Evaluation Survey:** To determine the usefulness of the Helpline.
- **The Website Post-Release Survey:** To determine the usefulness of the Website.
- **The Toolkit Evaluation Survey:** To determine Toolkit users' satisfaction with the Toolkits across a range of areas and to explore associated improvements in practice and gaps in information provided.
- **Roundtable surveys:** To collect feedback about the appropriateness, relevance and effectiveness of the Roundtable discussions from Roundtable attendees. It also provided an opportunity for participants to identify their key learnings from the day, highlight missed opportunities and provide feedback for future round table discussions.

- **The Electronic Clinical Care Systems User Survey:** To identify the type of items relevant to aged care, palliative care and advance care planning that are already being captured digitally.

Roundtable observation

Roundtable 3 was observed by HealthConsult during midpoint data collection to determine the extent of engagement by Roundtable participants. An observation protocol was designed to identify participants' level of engagement, the key messages and discussion topics, and areas of consensus and concern.

Secondary data

Data from the Australian Institute of Health and Welfare's (AIHW's) National Aged Care Data Clearinghouse, collected at the time of the latest Aged Care Funding Instrument⁴ (ACFI) assessment of the aged care resident, were analysed by HealthConsult. The purpose of analysing these data were to explore trends in hospital admission rates and/or location of death of RACFs engaged with the ELDAC Working Together Program compared to all RACFs in Australia. This analysis was undertaken as a 'proof of concept' to assess whether it is feasible to use these data in this way while acknowledging the inherent limitations of the data.

Data from the ELDAC Website/Toolkit's Google Analytics were also analysed by HealthConsult to determine the reach and uptake of the ELDAC Website and Toolkits.

LIMITATIONS

A number of the limitations of this evaluation stem from the challenges that accompanied accessing national data on palliative care and aged care. In Australia, there are very little national data that are firstly designed to measure the quality of palliative care and secondly that translate across different jurisdictions and service types.

Despite this, a large amount of rich data were collected for this evaluation in the form of surveys, case studies and observations, which, for the most part, were sufficient to address all of the evaluation questions. The one exception was determining whether ELDAC contributed to reducing the incidence of hospital admissions from RACFs and reducing subsequent length of stay in hospital. This is an important area of focus for future aged care provision.

Although GPs were in scope for this evaluation, the data collection methods did not yield high response rates from these primary care providers. Therefore, these evaluation findings may not represent the opinions of GPs who accessed the ELDAC resources. This may be taken into consideration for future evaluations.

Other limitations of the evaluation include that:

- some surveys had small sample sizes, although the lowest response rate was 20%, which is not unexpected for an external survey
- limited data on the reach of Roundtable activities were available due to only three of the six Roundtables being delivered during the evaluation data collection period.

SUMMARY OF KEY FINDINGS

The summary below presents the key evaluation findings for the activities in each Work Stream from April 2018 to October 2019, opportunities for sustaining the program, an assessment of the ELDAC governance arrangements and emerging priorities that were considered during the implementation of ELDAC.

⁴ The ACFI is a resource allocation instrument and assesses core care needs as a basis for allocating funding.

Work Stream 1 (Helpline, Website and Toolkits)

Overall, the resources and activities of Work Stream 1 were useful in improving the knowledge, skills and practice of aged care providers in the areas of palliative care and advance care planning, and the uptake of activities was higher than targeted:

- the actual uptake of the website was similar to the target uptake (46,582 users versus 48,912 users, respectively)
- 673,742 individuals were potentially exposed⁵ to the ELDAC Toolkits (actual reach), which was substantially larger than the target reach of 130,183
- 165,384 individuals potentially utilised the ELDAC Toolkits (actual uptake), which was substantially more than the target uptake of 94,789
- The Home Care Toolkit exceeded all estimated reach and uptake targets for all disciplines (e.g. nurses, care workers, allied health, care managers).

It should be noted that the reach and uptake targets were developed based on potential reach and uptake for the duration of ELDAC (up to June 2020), whereas actual reach and uptake were collected up to October 2019. Therefore, the actual reach and uptake figures as at 30 June 2020 will likely be higher than the numbers shown here.

Helpline

The actual uptake of the email and telephone Helpline was low, which received enquiries from only 144 people. Approximately 90% of enquiries were phone enquiries, via inbound call or call back. The average call time was approximately 14 minutes. The remaining 10% of enquiries were via email. The majority of enquiries were from NSW (33%) and Victoria (18%). Other findings relating to the ELDAC Helpline include that:

- the largest group of callers (n=70 out of 144) were people who worked in RACFs, followed by “unknown” (n=47); the remaining callers (n=27) were from a range of organisations including community organisations, Aboriginal Community Controlled Organisations and primary health settings⁶
- the discipline of a large group of Helpline users was unknown (n=48), followed by nurses (n=33) and managers (n=20).

Stakeholders interviewed reported that the Helpline was appropriate in the sense that it supported other aspects of the program in providing advice and information. However, the need for the Helpline was questioned by some, particularly considering its low uptake.

Website

The majority of Website survey respondents indicated that, as a result of accessing the ELDAC Website, their knowledge about key topics related to end-of-life care had improved. The knowledge of each topic increased in 63% to 84% of respondents (N=32), depending on the topic, with the most improvements seen in ‘responding to deterioration’ (84% respondents reported improvements in this area), ‘advance care planning’ (81%) and ‘working together’ (78%).

The Website was reported to be appropriate in meeting the objectives of ELDAC, helping to fill the gap in knowledge and skills experienced by aged care providers. The Website was described as an appropriate medium to meet the need of aged care providers and GPs by all key stakeholders. Acting as a central information hub, the Website was seen to contribute to providing advice to, and improving the skills and knowledge of, the aged care workforce in relation to advance care planning and specialist palliative care. Overall, participants found the Website:

- contained an extensive range of resources including videos

⁵ Only ‘potentially’ because, although someone may have been subscribed to a medium (i.e. a newsletter), they may not have actually seen it.

⁶ Source: PG Helpline CRM Raw Data (27 April 2018 to 29 October 2019).

- complemented other activities provided by the ELDAC Program
- increased access to information that was seen as key to providing quality palliative care
- had appealing design features to promote usage from the targeted sectors
- provided a central resource that links to external resources.

However, some people had issues with navigating the Website due to the large number of resources, which was particularly problematic for those not accessing the Website very often.

Toolkits

Stakeholders interviewed and involved in case studies noted that the information in the Toolkits was current, easy to access/share, relevant and had a logical structure which made navigation easy. They were used to build staff confidence and knowledge-base in providing palliative care and develop their own education resources.

The overall suitability of the Toolkits to improve the capacity of aged care providers was assessed by examining Toolkit usefulness, ease of use and satisfaction with the range and type of resources. Analysis of the surveys found that over 95% of Toolkit survey respondents reported that the Toolkits were suitable (i.e. useful (126 out of 129 respondents), ease of use (129 out of 132) and satisfaction with the range and type of resources (125 out of 130)).

These findings indicate that the use of the Website and Toolkits by the target audiences exceeded expectations, but that the need for a telephone and email Helpline is limited.

Stakeholders also noted that the ELDAC brand provided a level of confidence in the quality of the resources, which translated into increased knowledge and awareness.

Work Stream 2 (Digital Dashboard)

The concept of the Digital Dashboard aligned with recommendations from the evaluation of 'Decision Assist'⁷, which recommended that:

- advance care planning and palliative care prompts be developed and embedded within electronic systems in aged care and general practice
- robust data and information be used to inform policy and evaluation.

The design of the Digital Dashboard was informed by a number of different activities, including use case samples, survey mapping activities and a user workshop. As this activity was under development during the evaluation timeframe, it was not included in this evaluation.

Work Stream 3 (Roundtables)

The process of identifying gaps in the sector to inform the Roundtable topics was flexible and responsive to emerging trends and priorities. The mix of Roundtable attendees appeared appropriate given the individual Roundtable topics. Roundtable attendees noted that, as a result of attending the Roundtables, they would likely engage further with ELDAC, discuss issues raised with colleagues and publicly advocate for the need for change within professional networks.

More than 80% of Roundtable survey respondents thought that the topics for Roundtables 1 and 2, which focussed on needs identification and funding impacts on access to specialist palliative care in RACFs and community aged care, would effect change. Over half (57%) thought that focussing on the skills mix of the workforce (which was the topic of Roundtable 3) would effect change. Further to this, some stakeholders interviewed questioned the appropriateness of the Roundtables as a mechanism to influence policy. There was, however, some uncertainty about the purpose of the Roundtables as well as their desired outcomes/outputs.

⁷ From 2012-13 to 2016-17, the Advisory Services were delivered by a consortium led by Austin Health through a project known as 'Decision Assist'.

Work Stream 4 (Working Together Program)

The ELDAC Working Together Program was an appropriate mechanism to link aged care providers with specialist palliative care services. The ELDAC Linkage Facilitators were key to the success of this strategy, as they provided tailored guidance to aged care providers and were generally seen as approachable and supportive.

The Working Together Program reached 107,963 individuals – in other words, over 100,000 people were potentially exposed to the Program via targeted ELDAC marketing strategies. As a result, the Working Together Program received 202 expressions of interest (EOIs) to participate. The uptake of the Working Together Program was higher than initially targeted (n=50), with 72 aged care providers participating. In summary:

- RACFs made up the majority of providers (81%), with home care providers making up the remaining 19%
- there was at least one aged care service provider located in every Australian State/Territory
- just over half (53%) of services signed up to the ELDAC Working Together Program were located in major cities.

Case study participants were united in their view that the ELDAC Working Together Program improved organisational and staff capability related to advance care planning and palliative care by increasing the awareness of, and communication between, specialist palliative care services and aged care providers. Despite the program usually being run by a single coordinator at each site, the improvements were shared organisation-wide, including among staff who did not provide direct care to residents/clients.

Case study sites unanimously agreed that participating in the Working Together Program helped them improve not only their palliative care and advance care planning skills but also provide a higher quality of care. Specifically, the Working Together Program:

- helped sites identify both known and unknown gaps in their delivery of palliative care and advance care planning, often providing plans for action on areas of ongoing concern
- provided culturally-appropriate resources
- linked services to allow staff to share experience, build the capability of all services involved and overall lead to improved coordination of palliative care for residents and/or consumers
- helped aged care providers define the roles of specialist palliative care services in providing palliative care and advance care planning, leading to an increase in staff confidence.

All sites stated that the key factor contributing to successfully building the capacity of their staff, and productive linkages with specialist palliative care services, was their ELDAC Linkage Facilitator. Facilitators were credited with responsibility for the overall success of the Working Together Program by:

- encouraging sites to progress through the stages of the Working Together Program by having regular phone/email/face-to-face contact and providing a 'real person' to be accountable to
- identifying suitable specialist palliative care services to link with, using their own extensive professional networks
- making first contact with suitable specialist palliative care services when required to help drive successful partnerships
- guiding the development of action plans to address gaps in the provision of palliative care and advance care planning identified during baseline audits.

Sustainability

The key strategy identified by stakeholders to assist with optimising the sustainability of ELDAC was securing longer-term funding, noting that capacity-building takes time, which necessitates the need for a longer term of funding to help build sustainable practice. Additional strategies included:

- ensuring that there is a clear lead within all work streams to improve efficiency of process
- continuing with low-cost social/non-traditional media to improve engagement across the sector
- reallocating resources utilised for implementation of the Helpline to different activities
- implementing a more flexible approach to address the requirements of Work Stream 3 without being tied to a pre-defined activity
- embedding strategies to formalise linkages/partnerships between aged care providers and specialist palliative care services into Work Stream 4 activities
- allocating more funding to ELDAC Linkage Facilitators to allow for continued involvement with aged care providers after their final audits have been completed, and for the ELDAC Working Together Program to be accessible to a larger number of aged care providers.

Governance

The governance model provided an effective framework to achieve the aims and objectives of ELDAC and was reported to be collaborative, efficient and effective in delivering the large number of activities within the ELDAC Program. The commitment of all organisations within the PG who previously worked autonomously but now champion ELDAC issues within their sphere of influence was noted as integral to the success of ELDAC.

The role and success of the NRG was less clear. Some NRG members reported a lack of clarity of purpose and inconsistent attendance, both of which affected the ability of the group to collaborate effectively and make meaningful contributions.

Future priorities

A number of emerging priorities for consideration arose during the implementation of ELDAC. They were mostly focussed on aligning activities with national policies, strategies, definitions, activities and priorities such as from the Royal Commission into Aged Care Quality and Safety, the National Palliative Care Strategy 2018, the Aged Care Quality Standards, the National Palliative Care Standards and review of the National Framework for Advance Care Directives 2011. The PG also noted the need for ELDAC to be flexible enough to adapt to changing State and Territory funding arrangements and data collections.

National Palliative Care Strategy

A number of ELDAC's activities, as well as the activities of organisations signed up to Work Stream 4's Working Together Program, aligned with the seven goals of the National Palliative Care Strategy. The four goals ELDAC aligned most closely with were:

- Goal 1: People understand the benefits of palliative care, know where and how to access services, and are involved in decisions about their own care
- Goal 2: Knowledge and practice of palliative care is embedded in all care settings
- Goal 4: Everyone works together to create a consistent experience of palliative care across care settings.
- Goal 5: A skilled workforce and systems are in place to deliver palliative care in any setting.

Outcomes and impacts

There was limited information available to evaluate whether ELDAC improved the quality of care for aged care recipients, prevented unnecessary hospital admissions and shortened hospital stays. This was mainly because there were no population data sets available to investigate the trends in need for, and access to, palliative care for residents of residential aged care facilities.

Data from the Aged Care Funding Instrument (ACFI) were analysed to compare the proportion of residents from RACFs involved in the ELDAC Working Together Program who died in hospital to residents from RACFs not involved. This analysis of ACFI data was undertaken as a 'proof of concept' to assess the feasibility and appropriateness of using ACFI data in this way.

The preliminary analysis showed that the proportion of residents who died in, and were admitted to hospital from, ELDAC RACFs were similar to the proportion of residents who died in, and were admitted to hospital from, all RACFs.

In this analysis, some limitations and assumptions with the ACFI data were identified, which limited the usefulness of this analysis. However, the use of ACFI data should not necessarily be disregarded for future evaluations of this type. Careful consideration of the inherent limitations of ACFI used for this purpose would need to be addressed.

Data collected by aged care providers engaged with the ELDAC Working Together Program may be able to address this gap in future evaluations of ELDAC.

Case study sites at all different stages of implementation reported that the ELDAC Working Together Program helped improve the quality of palliative care and end-of-life care provided in their organisations by:

- better equipping them to work with aged care recipients and their families, often providing staff with the confidence to communicate about sensitive topic areas
- enabling an improved staff culture by making palliative care the responsibility of all, not just the Registered Nurse (RN)
- improving knowledge to anticipate changing resident/client needs and plan for associated changes in workload.

SUMMARY OF RECOMMENDATIONS

Key recommendations for ELDAC include:

- Consider reallocating the resources used to run both the telephone and email Helpline into other activities that have a higher uptake.
- Broadening input from intended users during the future design and development work of the Digital Dashboard.
- Reviewing the format of the Roundtables and implementing mechanisms to influence policy that reflect the topic chosen. Future strategies may also consider improving communication to ensure attendees are clear of the purpose, outputs and future actions associated with the activity, as well as involving consumers in the activities.
- Exploring the feasibility of expanding the Working Together Program, as there is a clear need for aged care providers to link with specialist palliative care services.
- Continuing marketing activities using the methods utilised to date, although alternative strategies to market the Helpline (if it continues) to optimise uptake should be considered.
- Continuing to align with the relevant national policies strategies, definitions, activities and priorities, including the goals of the National Palliative Care Strategy. It should also be flexible enough to adapt to changing State and Territory funding arrangements and data collections.
- Make adaptations to governance of, and engagements with, the NRG to ensure that their input can be used in a more meaningful way.

CONCLUSION

Overall, ELDAC was found to contribute to the capacity-building of aged care providers to deliver quality palliative care and enhance community and professional awareness of the importance of timely and appropriate access to palliative care services. This was supported by the governance model, which provided an effective framework to achieve the aims and objectives of ELDAC.

Implementation of ELDAC involved careful consideration of emerging priorities in the broader palliative care and aged care sectors. They were mostly focussed on aligning activities with national policies, strategies, definitions, activities and priorities such as from the Royal Commission into Aged Care Quality and Safety, the National Palliative Care Strategy 2018, the Aged Care Quality Standards, the National Palliative Care Standards and a review of the National Framework for Advance Care Directives 2011.

One of the most successful activities of ELDAC was the Working Together Program (Work Stream 4), which involved supporting aged care providers to form linkages with specialist palliative care services. This activity received extremely positive feedback from all aged care providers interviewed.

The Website and Toolkits from Work Stream 1 were reported to be useful in improving the knowledge, skills and practice of aged care providers in the areas of palliative care and advance care planning. These online resources had high rates of reach and uptake by the target audiences – namely aged care providers. In contrast, the uptake of the email and telephone Helpline was relatively low, indicating that the need for a Helpline using any type of medium may be limited amongst the target audience.

Roundtable attendees reported that, as a result of the Roundtables, they were likely to engage further with ELDAC, discuss issues raised with colleagues and publicly advocate for the need for change within professional networks. However, some stakeholders interviewed questioned the appropriateness of the Roundtables as a mechanism to influence policy as well as their purpose and desired outcomes/outputs.

There was limited information available to evaluate whether ELDAC improved the quality of care for aged care recipients, prevented unnecessary hospital admissions and shortened hospital stays. This was mainly because there were no population data sets available to investigate the trends in need for, and access to, palliative care for residents of residential aged care facilities. Data collected by aged care providers engaged with the Working Together Program may be able to address this gap in the future.

In order to sustain ELDAC, stakeholders prioritised the need to secure longer-term funding, noting that capacity-building takes time. Other strategies included embedding strategies to formalise linkages/partnerships formed between aged care providers and specialist palliative care services and funding more ELDAC Linkage Facilitators to allow for a larger number of aged care providers to participate in the ELDAC Working Together Program.