Aged Care Quality (ACQS) Standards	How PCOC supports services in meeting the ACQS Standards	Examples of evidence
Standard 1 - Consumer dignity and choice 1.1 1.3 a, 1.3 c.1, c2, c.3, 1.3 e **Standard 2 - Ongoing assessment and planning with consumers** 2.1, 2.2, 2.3a, 2.3b, 2.3c i, 2.3c ii, 2.3d, 2.3e **Standard 3 - Personal care and clinical care** 3.1, 3.2, 3.3a, 3.3b, 3.3c, 3.3d, 3.3e, 3.3f, **Standard 4 - Services and supports for daily living** 4.2, 4.3b, 4.3d, 4.3e, **Standard 5 – Organisation's service environment** 1,2,3a **Standard 6 – Feedback and complaints** 6.2, **Standard 7 - Human resources** 7.1, 7.2, 7.3a, 7.3b, 7.3c, 7.3d, 7.3e	**Assess & respond to needs inclusive of resident/carer/family (1, 2, 3, 4)** Central to the PCOC program is a framework and protocol for routine assessment and response to identified needs, reinforced through training and evaluation of profile/outcome data. Assessment protocols specify how scores trigger a clinical response including referrals, and end-of-life care. This system supports the evaluation and review of care and enables clinicians to collaborate with residents, and families/carers, to plan and deliver care. The PCOC assessment approach is multi-disciplinary and person-centred, where concerns are responded to and risks identified and managed. **Plan & deliver care respecting consumer choice (1, 2, 3)** Fundamental to the PCOC program are resident reported outcome measures and benchmarking, positioning the resident at the centre of their care. PCOC provides a clinical system for assessing and responding to individual resident (and family/carer) needs and developing appropriate care plans. Care plans, goals and preferences are evaluated using the PCOC system. **Communication (1, 2, 8)** The use of the PCOC standardised assessment tools in routine practice provides a shared language for staff that supports resident-centred care, improved communication, reduced clinical variation, enhanced resident safety, and improved multi-disciplinary/interdisciplinary approach to assessment and care. The PCOC framework supports communication within and between clinical teams (internal and external). PCOC assessment framework also encourages active participation and feedback from the resident about their symptoms and problems and preferences for their ongoing care. The PCOC program provides services access to education and training opportunities and resources to support ongoing workforce training and development. This supports the delivery of a consistent, national quality education program which encourages the effective use of the assessment framework to improve care and for the residents and their carers/families.	 • PCOC instructions, policy or guidelines • The Symptom Assessment Scale (SAS) both resident-rated form and the SAS ruler • The PCOC Assessment and Response form/medical record • PCOC protocol and lanyard cards • Inclusion of PCOC in care planning, team meetings and handover • Using PCOC to trigger referrals and escalation of care • Attendance and completion of internal, external and online PCOC training • Audits conducted of PCOC assessments and clinical response • Sharing of appropriate service resources through the PCOC community of practice
Standard 8 – organisational governance 8.3a, 8.3b, 8.3cii, 8.3d, 8.3e	**Measurement, feedback & reporting (1, 2, 7, 8,)** In an environment that demands value-based approaches and evidence for accountable care, PCOC provides the means through which services can demonstrate improved resident and family/carer outcomes and evidence of aged care system performance. The PCOC audit tools supports consistency, reliability and reduces variation by identifying areas for improvement, and routine auditing of death and related outcomes. Peer group and national benchmarking activities inform the continuing development of standards and best practice in resident-centred palliative care outcomes. PCOC partners with services with the shared goal of improving resident and family/carer outcomes, and reducing clinical variation. PCOC supports monitoring of effectiveness of care and organisational safety.	• Outcome and benchmark results • PCOC reports • Quality improvement projects • • Sharing of service resources