

Agreement Number : [Enter Agreement Number]
Agreement Title : Optimising primary care and end of life care for people living in Residential Aged Care Homes (National Partnership Agreement).
Contractor : [Enter Contractor Name]

ACTIVITY SCHEDULE

Item A Activity Information

Activity Name : **Optimising primary care and end of life care for people living in Residential Aged Care Homes (National Partnership Agreement).**

Activity Start Date : **1 March 2025**

Activity End Date : **30 June 2026**

A.1 Activity Description

This Activity is to pilot a case coordination service within the Perth Metro (Perth North PHN and Perth South PHN boundaries) area. The aim of the pilot is to demonstrate the benefit of a dedicated coordination resource to facilitate case coordination, decrease administrative burden on GPs, and increase efficiency to deliver quality primary, end-of-life, and palliative care (EOL&PC), and holistically improve resident outcomes and quality of life.

A.2 Activity Requirements

The Contractor is required to perform the Activity in accordance with the following requirements.

- (1) Employ a Registered Nurse (1.0 FTE) to fulfil the role of a dedicated case coordinator.
- (2) Develop systems and processes to ensure primary care coordination is a sustainable process for general practice and RACHs following completion of this pilot.
- (3) Engage GPs and RACF staff in quality improvement initiatives leading to better resident health outcomes.
- (4) Undertake quality improvement activities aligned with the outcomes of this project and reflective of The Aged Care Quality Standards.
- (5) Support the implementation of the Palliative Aged Care Outcomes Program at both RACH sites.
- (6) Undertake a communication process within the organisation to raise awareness of the project.
- (7) Develop a change management approach to support the achievement of the pilot outcomes including an internal communications plan and GP engagement plan which will be shared with WAPHA.
- (8) Undertake quality improvement activities aligned with the outcomes of this project and reflective of The Aged Care Quality Standards.
- (9) Provide WAPHA with monthly, quarterly and bi-annual data reports as per reporting schedule – see Attachment 1.
- (10) Have a contingency plan to ensure that the project deliverables are supported during periods of planned and unplanned leave by the Case Coordinator.
- (11) Develop a transition plan to support adoption of this work as Business As Usual (BAU).

A.2.1 The Case Coordinator will be required to perform the following activities:

- (1) Attend an Orientation Day delivered by WAPHA and complete baseline training requirements.
- (2) Attend monthly Learning Group meetings coordinated by WAPHA
- (3) Implement baseline and endpoint audits provided by WAPHA at both RACHs.
- (4) Implement the Palliative Aged Care Outcomes Program (PACOP for clinicians - University of Wollongong – UOW
- (5) Support primary care coordination between general practice and RACHs to improve the experience of the residents by coordination of case conference (including family) to address the current and future needs of the resident.
- (6) Coordinate case conferencing within the RACH aided by the promotion of current MBS guidance

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- (7) Support advanced care planning for residents in the RACH through discussion with residents, families and GPs.
- (8) Implement the Palliative Aged Care Outcomes Program (PACOP for clinicians - University of Wollongong – UOW)
- (9) Deliver in-house education/coordinate education to build palliative care capacity within the RACH for all clinical and non-clinical staff.
- (10) Attend monthly Work Group meetings coordinated by WAPHA.
- (11) Attend WA Department of Health and Age Care Comprehensive Palliative Care in Aged Care (CPCiAC) meetings.
- (12) Undertake quality improvement activities aligned with the outcomes of this project and reflective of The Aged Care Quality Standards.
- (13) Undertake collaborative sessions with local palliative care services and other case coordinators.

A.2.2 Modality

The Services are to be provided using the following modalities:

(1) Telephone

Services are sessions/consultations where the main provision of information and support is conducted via telephone. Telephone support is the strategy chosen by the organisation to deliver the service as opposed to telephone calls that are simply part of routine follow-up/administration.

(2) Video

Services are sessions/consultations that take place face to face via video conferencing or similar facilities.

(3) Individual Face-To-Face

Services are sessions/consultations that take place face to face with an Individual.

(4) Office/Centre Based

Services are sessions/consultations that take place face to face with an Individual or group of Individuals at the Contractors premises or premises utilised by the Contractor for providing sessions/consultations.

A.2.3 Eligibility and Target Group

(1) Mandatory Criteria

To be a Aged care provider in the service delivery area with 2 or more Residential Aged Care Homes (RACH).
Individuals receiving a service under this agreement need to be a resident of the RACH.

A.2.4 Hours of Operation

The Services under the Activity are to be provided at the following times: - **To be negotiated with successful respondent.**

(1) Location 1

(a) Day 1 : hh:mm to hh:mm

(b) Day 2 : hh:mm to hh:mm

(2) Location 2

(a) Day 1 : hh:mm to hh:mm

(b) Day 2 : hh:mm to hh:mm

A.2.5 Collaboration and Integration

As part of the Activity and in delivering the Services under the Activity the Contractor is to, as far as is practicable:

- (1) work closely with other providers of related services to develop and maintain referral pathways,
- (2) develop formal agreements with key partners, identifying responsibilities of each party and a commitment to work collaboratively;
- (3) where appropriate promote and participate in shared care and planning arrangements;

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- (4) where possible maximise the ability, and use of electronic health information sharing systems, including promoting the consent to such use by Individuals; and
- (5) where relevant, work closely with tertiary services and/or local community organisations to ensure a smooth transition between acute, secondary, primary care and community services.

A.2.6 Substantive Equality

The Contractor must give consideration to equal opportunity legislation and promote substantive equality in its practices and Service delivery, ensuring that Services are sufficiently tailored, where relevant to the Services, to meet the needs of Western Australia's diverse community including individuals and groups from Aboriginal, ethnic and social minority communities.

A.2.7 Clinician Assist

(1) Service Information

The Contractor is to, where required by WAPHA, provide and keep up to date information on the Services it provides under the Activity including as a minimum: locations from which services are provided; the referral process; contact details for the specific Service; referral criteria. This information may, at the discretion of WAPHA, be published on the Clinician Assist website.

(2) Training/Education

Where the Contractor is providing training or education to health professionals in relation to the Services under the Activity, the Contractor is required to include information on Clinician Assist as a component of the training and to promote the use of Clinician Assist.

A.2.8 Needs Assessments

The Contractor is required to participate in workshops and provide input and assistance as required by WAPHA for WAPHA to develop and update its needs assessments.

A.2.9 Independent Evaluation of Activity

Should WAPHA choose to undertake an independent evaluation of the Activity the Contractor will work with, and provide assistance to, WAPHA and any third party engaged by WAPHA, as is reasonably required:

- (1) in the development of the evaluation framework; and
- (2) to carry out the evaluation (including providing ongoing access to data and information).

A.2.10 Accreditation Requirements – Aged Care

The Contractor is required to be approved Aged Care Provider with the Australian Aged Care Quality and Safety Commission (ACQSC).

A.2.11 Charges for Services Under the Activity

- (1) All Services provided under the Activity are to be provided at no out of pocket financial cost to Individuals.
- (2) The Contractor must ensure that its personnel and contractors comply with Commonwealth legislation and Medicare requirements relating to practitioners' Medicare billings and acknowledge and agree that it is a fundamental principle of Medicare that a Medicare benefit is not payable where a practitioner (anyone with a Medicare provider number eligible to bill Medicare) renders a professional service which has been funded from another source (such as a service which the Australian Government has directly or indirectly funded and includes Fees provided under this Activity).
- (3) A.2.11(1) shall not apply, and the Contractor is to charge for Services at the relevant Medicare Benefit Schedule rate, where an Individual is not eligible to receive Medicare benefits for the relevant Services. Monies charged under this A.2.11(3) are to be included as "other income" in financial reports detailed at D.1.

A.2.12 Appropriate use of Language

- (1) Whilst being required to adhere to the contractual obligations under the Activity the Contractor is not required to duplicate the language used in this Activity Schedule into operational documentation, related

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materials and practice such that it would impede the effectiveness of the delivery of the Services under the Activity.

- (2) The way in which the Services are described, worded or otherwise presented or packaged to stakeholders should be appropriately amended in a manner that reflects the understanding and context of the intended audience. For example the Services may reasonably be described as coaching, training, or counselling as such terms may better reflect common understanding of what is being offered (giving consideration to the culture, perspective, orientation, preference and other relevant factors of the audience).

A.3 Performance Criteria

A.3.1 The Contractor acknowledges and accepts that payment under this Agreement will be linked, and is subject, to delivery against these performance criteria:

- (1) achievement of the Activity outcomes;
- (2) the delivery of the Activity/ies as outlined in this Agreement;
- (3) completion of all plans, reports and deliverables as outlined in this Agreement; and
- (4) provision of information to support the reporting responsibilities of WAPHA as outlined in this Agreement.

A.4 Conflicts

Without limiting clause 25.4 of the Terms and Conditions, the Contractor is required to:

- (1) identify, document and manage conflicts of interest;
- (2) put in place appropriate mitigation strategies; and
- (3) structure its arrangements to avoid, or actively and appropriately manage conflicts of interest.

If requested by WAPHA at any time the Contractor is to provide evidence of its active management of conflicts of interest generally and specifically in relation to the Activity.

A.5 Governance and Risk Management

A.5.1 Governance

The Contractor is responsible for:

- (1) ensuring a high-quality standard of service delivery which is supported by appropriate quality assurance processes;
- (2) ensuring the workforce is practising within their area of qualification and competence;
- (3) ensuring appropriate supervision (including clinical where relevant) arrangements are in place;
- (4) establishing and maintaining appropriate consumer feedback procedures, including complaint handling procedures;
- (5) ensuring appropriate crisis support mechanisms are in place to provide information to Individuals on how to access other services in a crisis situation; and
- (6) ensuring transition pathways are in place that allow Individuals to seamlessly move to an appropriate alternate service should their circumstances change.

If requested by WAPHA at any time the Contractor is to provide evidence of its active management of its governance responsibilities as outlined above.

A.5.2 Risk

The Contractor is required to:

- (1) identify, document and manage risks and put in place appropriate mitigation strategies; and
- (2) be responsible for managing risks to its own business activities and priorities.

If requested by WAPHA at any time the Contractor is to provide evidence of its active management of risks generally and specifically in relation to the Activity which may include, at the discretion of WAPHA a risk management plan.

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A.6 Branding and Activity Disclaimers

The Contractor is required to apply Activity branding as directed by WAPHA, including a WAPHA approved acknowledgement and disclaimer, in a prominent position on any materials or platforms where the Activity is promoted or referred to including:

- (1) websites, digital platforms and presentations; and
- (2) Activity Materials and collateral;

except where the materials or platforms are solely for the use of the Contractor internally within its organisation.

A.7 Location and Service Area

The Contractor has advised that all or part of the Activity will be delivered from the site location(s), and service the service area(s) specified below:

PHN	Site Location(s)	Service Area(s)
Perth North	[Address(s) from which the Contractor will be providing the services]	[Area for which the services will be provided and how this area is defined]
Perth South	[Address(s) from which the Contractor will be providing the services]	[Area for which the services will be provided and how this area is defined]
Perth East	[Address(s) from which the Contractor will be providing the services]	[Area for which the services will be provided and how this area is defined]

A.7.1 Perth South PHN Regions

- (1) Perth South East Region is as per the Australian Bureau of Statistics (ABS) definition of Perth South East (SA4).
- (2) Perth South West Region consists of Perth - South West (SA4), Mandurah (SA4), Waroona (SA2) and Murray (SA2) as per the ABS definitions.

A.7.2 Perth North PHN Regions

- (1) Perth North East Region consists of Perth - North East (SA4) as per the ABS definitions.
- (2) Perth North West Region consists of Perth - North West (SA4) and Perth – Inner (SA4) as per the ABS definitions.

Item B Fees

Where the Activity relates to more than one PHN the Fees must only be used for the delivery of the Activity in the PHN for which they are provided, as detailed below.

B.1.1

Financial Year	Fee Stream	Fee Amount (Ex. GST)	Total Fee (Inc. GST)
2024-2025	Operational	\$65,000	\$71,500.00
	FY Total	\$65,000	\$71,500.00
2025-2026		\$205,000.00	\$225,500.00
	FY Total	\$205,000.00	\$225,500.00
Activity Total		\$270,000.00	\$297,000.00

B.2 Allowable Use of Fees

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Fees are to be used for achieving the Activity Outcomes in accordance with the Agreement and the Activity in accordance with the approved Outcomes Map and Budget.

B.3 Non-allowable Use of Fees

Fees are not to be used for:

- capital works or the purchase of capital assets, unless these are specifically detailed in an approved Budget or otherwise approved by WAPHA; or
 - duplication of services that are currently provided; or
 - services that are primarily the responsibility of state and territory governments; or
 - services that are more appropriately funded through other programs.
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Item C Budget

The Contractor is to submit Budgets in accordance with the timeframes and for the time periods as set out in Item F of this Schedule.

Budgets must clearly identify and provide detail separately for the Activity on each of the PHNs to which the Fees apply.

Budgets must, where a template is provided by WAPHA, be submitted in the format of the template provided.

On submission of a Budget WAPHA may require additional information or amendments to be made prior to approval of the Budget.

Once a Budget has been approved by WAPHA the Contractor is to perform the Activity in accordance with the approved Budget.

Item D Plans/reports/deliverables

The Contractor must submit plans, reports and deliverables in accordance with the timeframes set out in Item F of this Schedule.

Where applicable; plans, reports and deliverables must clearly identify and provide information on each of the PHNs separately.

On submission of a plan, report or deliverable WAPHA may require additional information or amendments to be made prior to approval of the plan, report or deliverable.

Plans, reports and deliverables must, where a template is provided by WAPHA, be submitted in the format of the template as required by WAPHA.

Completion of the requirement of a plan, report or deliverable is not met until the same has been accepted and approved by WAPHA in writing.

Unless directed otherwise all Deliverables are to be submitted by email to deliverables@wapha.org.au.

D.1 Financial Reports

D.1.1 Variances

For all financial acquittals, the Contractor is to provide an explanation of any variances between the budget and the actuals, where the variance amount is both:

- (1) 10% or more of the individual line item; and
- (2) 1% or more of the total actual expenses.

D.1.2 Financial Acquittal - Unaudited

WAPHA may request this report and the Contractor is expected to supply within 14 working days. This report is to consist of:

- (1) a financial declaration signed by the Contractors authorised representative confirming that:
 - (a) the Fees for the Activity have been used in accordance with the Agreement;
 - (b) the income and expenditure statement adheres to the applicable Australian Accounting Standards and is based on proper accounts and records; and

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- (c) is a fair presentation of the financial statements and related disclosures;
- (2) an income and expenditure statement that aligns to the approved Budget, detailing the actuals against the approved Budget for the period indicated.

D.1.3 Financial Acquittal - Audited

This report is to consist of:

- (1) a financial declaration signed by the Contractors authorised representative confirming that the Fees for the Activity have been used in accordance with the Activity.
- (2) an income and expenditure statement that aligns to the approved Budget, detailing the actuals against the approved Budget for the period indicated which has been independently audited by an independent auditor;
- (3) an audit opinion which shall include a statement by an independent auditor attesting that it has examined the Contractors financial statements and accompanying disclosures and that the income and expenditure statement:
 - (a) adheres to the applicable Australian Accounting Standards and is based on proper accounts and records; and
 - (b) is a fair presentation of the financial statements and related disclosures;

D.1.4 An independent auditor for the purposes of D.1.3(2) and D.1.3(3) must be:

- (1) a Registered Company Auditor under the Corporations Act 2001 (Cth); or
- (2) a member of CPA Australia; or
- (3) a member of the Institute of Public Accountants in Australia; or
- (4) a member of the Institute of Chartered Accountants in Australia; or
- (5) where the Contractor is a Federal or State Government body, a person who has been authorised to make such a statement as detailed in D.1.3(2) and D.1.3(3).

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Item E Milestone/deliverables/payment schedule

The following table combines all the Contractor’s reporting and other Deliverables for all Activities and Payment under this Activity Schedule. The below table does not contain reporting requirements as listed in Attachment 1.

Milestone/Deliverable Payment		Requirements	Due Date	Payment Amount	
				(GST excl.)	(GST incl.)
F.1	2024-25 Budget	Submission of Budget in accordance with Item D for the period of 1 March to 30 June 2025.	20 Business Days from execution of this Variation.	-	-
F.2	2024-25 Payment 1	Satisfaction with Activity progress to date.	On execution	\$65,000.00	\$74,500.00
F.3	2024-25 Reporting 1	Project Management and Change Management Plans and quarterly project updates (template to be provided by WAPHA). Dates to be negotiated with WAPHA Activity Lead and Contractor.	Quarterly	-	-
F.4	2025-26 Budget	Submission of Budget in accordance with Item D for the period from 1 July 2025 to 30 June 2026.	30 April 2025	-	-
F.5	2025-26 Payment 1	Satisfaction of Activity progress to date (60% of 2025-26 funding)	1 July 2025	\$123,023.55	\$135,325.91
F.6	2024-25 Financial Acquittal- Unaudited	Submission of financial acquittal, unaudited in accordance with Item D for the period of execution to 30 June 2025.	30 Sept 2025	-	-
F.7	2025-26 Payment 2	Satisfaction of Activity progress to date (40% of 2025-26 funding)	1 Jan 2026	\$82,015.70	\$90,217.27
F.8	2025-26 Financial acquittal - audited	Submission of financial acquittal - audited in accordance with DD.1.3 for the period from 1 July 2025 to 30 June 2026.	30 Sep 2026	-	-

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Item F Subcontractors

The following subcontractors are approved to undertake the Activity/ies as indicated:

Activity	Subcontractor(s)
[TBA]	[TBA]
[TBA]	[TBA]

Item G Specified Personnel

The following Specified Personnel are required to undertake the Activity/ies as indicated:

Activity	Specified Personnel
[TBA]	[TBA]
[TBA]	[TBA]

Item H Prior Services

None specified.

Item I Intellectual Property Rights

The following are specified for the purposes of the corresponding definitions in the Agreement.

WAPHA Material	None specified.
Contractor Material	[TBA]

The following Party is specified as the owner of Intellectual Property Rights in Activity Material for the purposes of Clauses 9 and 10 of the Agreement.

Party	WAPHA
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Attachment 1 – Data Collection Tool

Grant level outputs

1. Coordinating case conferencing
2. Facilitating GP and resident access to specialist care
3. Delivery of quality improvement activities
4. Developing and integrating improved processes

Initial Data

Grant level outputs	Description – online survey provided by WAPHA at commencement of Activity.
1	No. of residents in the facility
1	No. of residents that have had a case conference in the past 12 months
1	No. of GPs with residents in the facility
1	No. of residents with Advance Care Planning Documentation completed (total)
1	No of residents and percentage with: Completed EPG Completed AHD Current RGoPC Form.
3	No. of residents' that have had palliative care needs assessed in past 12-months (pre-pilot)
	Description – External Audit Tools
3	Completion of ACP and Palliative Care Organisational Audit
2	Death audit of previous three (3) months to identify preference and actual place of death (ELDAC https://www.eldac.com.au/Portals/12/Forms/Toolkits/ELDAC_Organisational_Audit_RAC_V2.pdf)
3	ELDAC Personal Learning Assessment https://www.eldac.com.au/Portals/12/Forms/Toolkits/Personal%20Learning%20Assessment%20Form.pdf

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Grant level outputs	Description – online data collection via D365 Customer Voice. WAPHA will provide a link to this survey.	Frequency – Due by the 10th of the following month.
1	No. of residents in the facility	Monthly
1	No. of new residents this month	
	No. of new residents with AN-ACC Class 1	
1	No. of GPs the Case Coordinator has tried to engage with this month	
1	No. of GPs the Case Coordinator has engaged with this month	
1	No of Case Conferences held in RACH this month	
	No of Family Meetings held in RACH this month	
1	No. of GPs involved in case conferencing this month	
1	No. of GPs with residents in the facility	6 monthly 1 March to 31 August 1 September to 28 February 1 March to 30 June
1	Qualitative overview of how the Case Coordinator has increased utilisation of key MBS items	
1	Qualitative retrospective feedback from family/carers regarding EOL and PC experience	
1	GP feedback/survey to identify impact of Case Coordinator role.	
2	Death audit to identify preference and actual place of death (ELDAC tool)	3 monthly 1 March to 30 May 1 June to 31 August 1 September to 30 November 1 December to 28 February 1 March to 30 June
2	No. of residents who were referred to with specialist palliative care this month	Monthly

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2	No. of residents who received specialist palliative care services this month	
2	No. of Case Coordinator contacts with specialist palliative care providers	
2	No. of Case Coordinator contacts with other specialist care providers by provider and reason	
2	No. of case conferences where specialist palliative care services attended.	
2	Qualitative overview of how Case Coordinator has facilitated the integration of specialist palliative care, and other specialist care providers	6 monthly 1 March to 31 August 1 September to 28 February 1 March to 30 June
3	Identification of care needs not met and reason	Monthly
3	No. of residents with Advanced Care Plan documentation (EPG/AHD) completed this month.	
3	Number of PACOP Profiles completed this month	
3	Number of residents who had a PACOP Outcomes Collection commenced this month	
3	Number of residents with Goals of Residential Care forms completed	
3	Reporting on facility palliative quality improvement activities identified and action taken	6 monthly - Survey
3	Qualitative overview of how the Case Coordinator has facilitated and supported the integration of care planning resources i.e. Goals of Residential Care and PACOP	6 monthly 1 March to 31 August 1 September to 28 February
4	No. of residents that have after-hours plan and escalation pathway in place	Monthly
4	No. of telehealth consultations initiated by Case Coordinator with GP or specialist services	
	No of residents who required contact with A/H services: 1. St Johns Ambulance 2. WAVED 3. MPaCCS 4. Silver Chain	

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	No of residents transferred to ED	
4	No. of residents reviewed in ED and returned to RACF without admission	
4	No of residents admitted to hospital	
4	How many education sessions were provided to RACH staff this month by the Case Coordinator	
	How many education sessions were provided to RACH staff by external providers this month? Please provide name of Provider	
4	No. of staff attending education sessions	
4	Qualitative overview of processes that have been developed and/or improved as a result of the Case Coordinator's role	6 monthly 1 March to 31 August 1 Sept to 28 February
4	Qualitative overview of how the Case Coordinator has supported the effective utilisation of in-hours and out of hours health care services	
4	Qualitative overview of how the Case Coordinator has supported GPs and RACHs to increase availability and use of telehealth care	

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Item	Description _ Commonwealth Requirements – Survey	Frequency
1	Have your implementation plans changed over the past six months? If yes, please describe.	6 monthly
2	In the past six months has your service delivered in-reach or out-reach models of care? If yes, please describe	
3	In the past six months has your service facilitated or delivered education and training initiatives? If yes, please describe.	
4	In the past six months what other initiatives have you undertaken, that are not covered above, that enhance end-of-life decision-making?	
5	To what extent have activities under the pilot supported RACHs, GPs and WA palliative care providers/clinicians to work together to meet the palliative care needs of residents? (incl. reducing silos)? Please provide specific examples or evidence	
6	To what extent has the pilot impacted different parts of the workforce? For example, personal care attendants (AINs), GPs or nurse practitioners? Please provide specific examples or evidence.	
7	What are the other key learnings from the previous six (6) months?	
8	Have any barriers to implementation become apparent in the previous six (6) months?	
9	Do you have any information or case studies about the experiences of families or carers in RACFs that have been involved in pilot activities to share with the national evaluation?	