



Great Expectations – Planning for expected deaths in acute health settings

MASTER DOCUMENT

Update on activity against Recommendations from the Clinical Senate held on 6 March 2015.

Executive Sponsors:

**Professor Gary Geelhoed, Assistant Director General, Clinical Services & Research
Ms Amanda Bolleter, Program Manager, WA Cancer and Palliative Care Network**

Response to the recommendations

The Clinical Senate meeting on 6 March 2015 made eight recommendations to the Department of Health in relation to strengthening end of life care in Western Australia. All recommendations are consistent with existing and planned initiatives for the palliative care program and the Continuum for End of Life Framework (CELF) and have been incorporated into the work plans for these groups. Implementation of the recommendations is demonstrated in this document.

Table 1: Overall status of the recommendation at last update	
Level of implementation	Outcomes that may have been achieved
Discontinued	The recommendation has been discontinued. Please provide further information in the 'Comments' section.
Level 1: No/little progress	Outcomes include: Components to deliver recommendations may have commenced (e.g. the establishments of a governance structure and/or scoping of a plan) but the project has not progressed further.
Level 2: Partial implementation	Outcomes include: Governance has been established and formal plans have been endorsed. Change has commenced and/or resources have been allocated (recruitment or training of personnel, development of procurement procedures etc.)
Level 3: Substantial implementation	Outcomes include: Processes and/or procedures to deliver the recommendation have been established and the timetable for full implementation is almost complete and/or milestones have been achieved.
Level 4: Full implementation	Outcome: The recommendation is fully implemented.

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RECOMMENDATION 1:

The Department of Health to commission a Public Awareness Campaign in partnership with key stakeholders to enhance community understanding of the limits of medical interventions, the benefits of palliative care and the importance of taking up the opportunity to develop an Advanced Health Directive and Advance Care Planning in relation to life-limiting conditions with their family, GP and other health professionals.

(E.g. Campaigns such as ACP in 3-Steps developed by Northern Health, Victoria)

Information provided by:

Health Service/Division/Organisation – Palliative Care Network

Reporting Officer: Mandy Morgan-Jones Position title: Project Officer

Overall status of the recommendation (mandatory field- see Table 1)

- Discontinued
- Level 1
- Level 2
- Level 3**
- Level 4

Comments on overall status of the recommendation:

Progress made towards achieving this recommendation through existing initiatives related to End of Life Framework and Advance Care Planning. A high profile public awareness campaign is not feasible within existing resources.

Contact Person:

Name: Amanda Bolleter Position title: Program Manager CPCN

Phone: 9222 4092 Email: Amanda.Bolleter@health.wa.gov.au

Recommendation 1 - Supporting information for overall status/implementation level:

Description of activity/activities: Public Awareness Campaign implemented in WA

	Comments	Start date:	Expected end date:
Promotion of Continuum End of Life Initiatives	Raising awareness of the End of Life tools through Patient TV and WA Health Internet. Not yet commenced.	2016/17	2017/18
Advance Care Planning (ACP)	<p>WACPCN is partnering with Palliative Care WA to present workshops in collaboration with local councils to raise community awareness and promote community uptake of ACP. A pilot in 2015-16 of six public workshops (funded by Lotterywest) attended by 234 people will be followed by 4 regional and 6 metro sites with a capacity for 50 people at each workshop. workshops in 2016-17. (Pilot 2015) Workshops are held across metropolitan and rural/remote regions:</p> <p>Key Stakeholders include - Office of the Public Advocate: Acute health services Community services (interface) Palliative Care WA</p>	March 2016	Dec 2016
ACP	Promotion of ACP within the mature population through an information stand at 'Have a go day' at Burswood, Perth WA.	Nov 2015	Nov 2015
New approach to ACP eLearning implemented	<p>Development and implementation of e-learning, videos.</p> <ul style="list-style-type: none"> • AHD e-learning for Health Professionals • AHD e-learning for consumers • Printable certificate <p>Dept. of Health web-site link - http://www.health.wa.gov.au/advancehealthdirective</p>	2015	April 2016
ACP Help-Line is available to provide information and support	<p>Help-Line:</p> <ul style="list-style-type: none"> • ACP Telephone Line (introduced in 2010) is accessible by all West Australians: • Provides Information, advice and support • Enables Access to resources and education opportunities. • Demand for the service has grown 352% from 2011 – 2014 	ongoing	ongoing

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Recommendation 2:

The Department of Health to develop and implement standardised documentation to support using a 'Goals of Care Approach' system-wide.

- copies provided to patient, GP and other relevant health professionals to complement discharge/outpatient summary and other clinical handover tools. (e.g. phone calls)

Information provided by:

Health Service/Division/Organisation – Palliative Care Network

Reporting Officer: Mandy Morgan-Jones Position title: Project Officer

Overall status of the recommendation (mandatory field- see Table 1)

- Discontinued
- Level 1
- Level 2
- Level 3**
- Level 4

Comments on overall status of the recommendation:

Progress made towards achieving this recommendation through existing initiatives related to End of Life Framework and Advance Care Planning.

Contact Person:

Name: Amanda Bolleter

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Recommendation 2 - Supporting information for overall status/implementation level:

Description of activity/activities The report will be published on the Clinical Senate website so we need to keep the information in the report pretty high level and non- controversial, I have deleted the detail from this section, overall though it is closer to the format and style that is needed than recommendation 1

Milestones	Comments	Start date:	Expected end date:
Development and pilot of the Goals of Patient Care Summary (GOPCS) at Armadale Health Service (AHS)	AHS whole of site Pilot discussed. Pilot commenced in August 2015, audit and consultation for first 3 months reveals a good understanding of majority of goals.	2015	2016/17
GOPC	Many components and approaches developed for staff at AHS including: DVD's developed for GOPC and Clinical		

Recommendation 2 - Supporting information for overall status/implementation level:

	<p>Deterioration</p> <ul style="list-style-type: none"> • Focus groups • Workshops • Introductory, Information and training sessions • Additionally AHS has a tradition of robust training and quality activities in clinical deterioration. 		
<p>Pilot GOPCS at other sites:</p>	<p>Royal Perth Hospital (RPH). A pilot was commenced on November 9 2015 and involves ward 9A, 9C, 7A and 6H. All patients admitted to a pilot ward are to have a GOPC form completed and the current <i>Not for CPR</i> form to be removed from pilot wards.</p> <p>Fiona Stanley Hospital (FSH). A limited pilot has been planned but not yet implemented Sir Charles Gairdner Hospital (SCGH) is planning to pilot the GOPCS in 2016.</p> <p>St John of God Hospital Subiaco (SJOGH S) is planning to pilot the GOPCS in 2016. A WACHS site for pilot of the GOPCS is being confirmed.</p>	<p>2016/17</p>	<p>2017/18</p>
<p>Statewide implementation of GOPCS</p>	<p>A statewide forum for GOPC will enable:</p> <ul style="list-style-type: none"> • Information sharing on the work thus far including feedback from AHS and other pilot sites • Interested clinicians/administrators/early adopters and potential champions to be identified • All attendees to get to the same point of information regarding the project and its strategic and clinical purpose • Consistent approaches for pilot and systematic implementation within a quality improvement framework • Identification of an expert group to work on development of a statewide form (“individual sites have to rationalize site differences”). <p>Key clinical leaders and divisional directors will be targeted for attendance and will include non-palliative specialists.</p>	<p>2016/17</p>	<p>2017/18</p>

Clinical Senate Recommendations:**Great Expectations – Planning for expected deaths in acute health settings****Recommendation 3:**

The Department of Health to implement an additional section in all discharge summaries across all WA Health facilities to facilitate inclusion of goals of care/treatment and outcomes of case conferences/ family meetings. A copy should also be given to patients.

Information provided by:

Health Service/Division/Organisation: Palliative Care Network

Reporting Officer: Mandy Morgan-Jones Position title: Project Officer

Overall status of the recommendation (mandatory field- see Table 1)

- Discontinued
- Level 1**
- Level 2
- Level 3
- Level 4

Comments on overall status of the recommendation:

Limited progress made towards achieving this recommendation through existing initiatives related to End of Life Framework and Advance Care Planning.

Contact Person:

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Recommendation 3 - Supporting information for overall status/implementation level:**Description of activity/activities:**

Milestones	Comments	Start date:	Expected end date:
Include additional section in discharge summary forms	A summary section of the GoPC can address this through the community referral/discharge section. This will be reviewed as part of the state-wide implementation of GOPCS.	2016-17	2017-18

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Recommendation 4:

The Department of Health to support clinical leadership in advance care planning through early identification actions including:

- Every admission form to include a prompt to consider whether a patient requires a palliative care approach.
- The admission form to include asking the patient/carer/family/EPG whether an Advance health Directive has been completed.

A goals of care pathway to be initiated for every patient with chronic disease and transferable back to the community.

Information provided by:

Health Service/Division/Organisation – Palliative Care Network

Reporting Officer: Mandy Morgan-Jones Position title: Project Officer

Overall status of the recommendation (mandatory field- see Table 1)

- Discontinued
- Level 1
- Level 2**
- Level 3
- Level 4

Comments on overall status of the recommendation:

This recommendation will be implemented as part of the clinical assessment that is undertaken for each patient on admission. The early identification will not be done by administrative staff.

The Department of Health will liaise with key stakeholders and Area Health Services to modify admission policies in accordance with existing Australian standards.

Contact Person:

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Recommendation 4 - Supporting information for overall status/implementation level:

Description of activity/activities:

Milestones	Comments	Start date:	Expected end date:
Every admission form to include a prompt to consider whether a patient requires a palliative care approach.	ACP Policy currently in development will guide staff in relation to organisational and individual roles and responsibilities to ensure that: <ul style="list-style-type: none"> • Every admission includes a prompt to consider whether a patient requires a 	July 2015	2016

Recommendation 4 - Supporting information for overall status/implementation level:

	<p>palliative care approach.</p> <ul style="list-style-type: none"> • The admission process to include asking the patient/carer/family whether an AHD has been completed • A goals of care pathway to be initiated for every patient with chronic disease, as appropriate, and transferable back to the community 		
The admission form to include asking the patient/carer/family/EPG whether an Advance Health Directive has been completed.	ACP Policy will guide staff in relation to organisational and individual roles and responsibilities to ensure that at every admission the patient/carer/family/EPG is asked whether an Advance Health Directive has been completed.	July 2015	2016
Goals of care pathway to be initiated for every patient with chronic disease and transferable back to the community.	See information about pilot of GOPCS at recommendation 2.		

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Recommendation 5:

To address the issue of inequity in state-wide palliative care service provision (specifically rural and remote), we recommend the WA Cancer and Palliative Care Network develop a gap analysis and set minimum standard targets for supporting 24 hour support.

Information provided by:

Health Service/Division/Organisation – Palliative Care Network

Reporting Officer: Mandy Morgan-Jones Position title: Project Officer

Overall status of the recommendation (mandatory field- see Table 1)

- Discontinued
- Level 1
- Level 2**
- Level 3
- Level 4

Comments on overall status of the recommendation:

Progress made towards achieving this recommendation through existing initiatives related to the review of palliative care models of care and through a specific procurement process to engage a contractor to undertake the work.

Contact Person:

Name: Amanda Bolleter

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Recommendation 5 - Supporting information for overall status/implementation level:

Description of activity/activities:

Milestones	Comments	Start date:	Expected end date:
Include 24 hour support as part of the consultation for the Palliative Care Models of Care review	As part of the review of the Palliative Care Model of Care and Rural Palliative Care Model of Care workshops were held with key stakeholders to look at innovations and priority areas to address any gaps in service provision. Recommendations about 24 hour support will form part of the Palliative MOC framework which is due for release in late 2016.	07/2015	10/2016
Specific review of 24 hour support undertaken	The WACPCN has engaged the Cancer and Palliative Care Research and Evaluation Unit (CaPCREU) to undertake gap analysis and development of minimum standards for 24 hour support. Project has commenced and is due to conclude in approximately 6 months.	5/2016	12/2016

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<p>Recommendation 6:</p> <p>The Department of Health to undertake a state-wide analysis of current practice to identify and engage carers in care planning and practical support to assist the person who wishes to die at home (to comply with Carers Recognition Act).</p>	
<p>Information provided by:</p> <p>Health Service/Division/Organisation – Palliative Care Network Reporting Officer: Mandy Morgan-Jones Position title: Project Officer</p>	
<p>Overall status of the recommendation (mandatory field- see Table 1)</p> <p><input type="checkbox"/> Discontinued <input type="checkbox"/> Level 1 <input checked="" type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4</p>	
<p>Comments on overall status of the recommendation:</p> <p>Progress made towards achieving this recommendation through existing initiatives related to the review of palliative care Models of Care and through a specific procurement process to engage a contractor to undertake the work.</p>	
<p>Contact Person:</p> <p>Name: Amanda Bolleter Position title: Program Manager CPCN Phone: 9222 4092 Email: Amanda.Bolleter@health.wa.gov.au</p>	

Recommendation 6 - Supporting information for overall status/implementation level:			
Description of activity/activities:			
Milestones	Comments	Start date:	Expected end date:
Include carer support as part of the consultation for the Palliative Care Models of Care review	As part of the review of the Palliative Care Model of Care and Rural Palliative Care Model of Care workshops were held with key stakeholders to look at innovations and priority areas to address any gaps in service provision. Recommendations about carer support will form part of the Palliative MOC framework which is due for release in late 2016.	07/2015	10/2016
Undertake state-wide analysis of current practice to identify and engage carers in care planning	The WACPCN has engaged the Cancer and Palliative Care Research and Evaluation Unit (CaPCREU) to undertake gap analysis and development of minimum standards for 24 hour support. Project has commenced and is due to conclude in approximately 6 months.	May 2016	December 2016

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Recommendation 7:

The Department of Health to write to undergraduate and post graduate education providers to seek evidence that their healthcare curricula include inter-professional education for healthcare professionals in end of life discussions. They must report on the following aspects:

- how to have difficult conversations
- understanding of roles including patients / families / carers
- building resilience
- supporting team members.

Information provided by:

Health Service/Division/Organisation – Palliative Care Network

Reporting Officer: Mandy Morgan-Jones Position title: Project Officer

Overall status of the recommendation (mandatory field- see Table 1)

- Discontinued
- Level 1
- Level 2
- Level 3**
- Level 4

Comments on overall status of the recommendation:

Progress made towards achieving this recommendation through existing initiatives related to End of Life Framework and Advance Care Planning.

Contact Person:

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Recommendation 7 - Supporting information for overall status/implementation level:

Description of activity/activities:

Milestones	Comments	Start date:	Expected end date:
Seek evidence about inclusion of end of life discussions in healthcare curricula	Letter from Gary Geelhoed sent to educational institutions seeking response by 30 June 2016. The letter included a summary of end of life resources (Appendix A)	April 2016	August 2016

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Recommendation 8:

The Department of Health through the WA Cancer and Palliative Care Network to promote the use of existing educational tools for Advance Health Directives and Advance Care Planning and the use of triggers for health professionals to initiate early/appropriate discussions:

- in primary care
- in residential facilities
- in hospital.

Information provided by:

Health Service/Division/Organisation – Palliative Care Network

Reporting Officer: Mandy Morgan-Jones Position title: Project Officer

Overall status of the recommendation (mandatory field- see Table 1)

- Discontinued
- Level 1
- Level 2
- Level 3**
- Level 4

Comments on overall status of the recommendation:

Promotion of existing ACP tool is an ongoing program of work by the WACPCN and office of the Chief Medical Officer.

Contact Person:

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Recommendation 8 - Supporting information for overall status/implementation level:

Description of activity/activities:

Milestones	Comments	Start date:	Expected end date:
Promote the use of existing education tools for ACP and AHD	<p>Raising awareness of ACP for aged care staff occurs through the Talking About End of Life (TAEOL) program which includes a. two day workshop and follow up mentoring. These workshops are designed to develop and build capacity within RACFs in relation to caring for residents with, palliative care, symptom management and ACP needs.</p> <p>Promotion of ACP for health professionals is currently undertaken in response to training requests. A more extensive planned rollout of education would require additional funding.</p>	Ongoing Ongoing	Ongoing Ongoing
Revise ACP E-learning Resource for Health Professionals	<p>Development and implementation of e-learning, videos is currently underway. The videos include:</p> <ul style="list-style-type: none"> • AHD e-learning for Health Professionals • AHD e-learning for consumers 	2015	June 2016
Identify use of triggers for health professionals to initiate early/appropriate end of life discussions.	<p>A survey of the use of clinical tools to identify whether a patient is appropriate for end of life care was recently conducted across WA Health. Over 300 clinicians responded to the survey. The results of the survey will be used to inform roll out and education about clinical tools that identify the need for early and appropriate end of life discussions.</p>	December 2015	April 2016



Appendix A

Undergraduate and post graduate education: End of life care issues / discussions*

Summary of end-of-life resources

End-of-life care – stages:

Stage 1 *Advancing disease* Would you be surprised if the patient died in the next 6-12 months?

Stage 2 *Increasing decline* Would you be surprised if the patient died this admission or in the next month?

Stage 3 *Last days of life* Irreversible clinical deterioration, life expectancy of one week or less

Stage 4 *Death and bereavement*

Stage of care	Educational resource(s)	Comments
All stages	<i>End-of-Life Framework</i>	A state-wide model for the provision of comprehensive, coordinated care at end of life, including case studies. Available at: http://ww2.health.wa.gov.au/Articles/A_E/End-of-life-framework
Stages 1, 2 and 3	<i>Advance Care Planning</i> <i>Advance Health Directives</i>	This program aims to improve the uptake of ACP discussions and documentation, including the identification and initiation of ACP discussions between health professionals and their patients. Resources for consumers and health professionals are available at: http://www.health.wa.gov.au/advancecareplanning/home/
Stages 1 and 2	<i>Advance CPR decision-making in the hospital setting: training package for clinicians and students</i>	A suite of training videos accompanied by a Facilitator's Guide for clinicians and students. Aims to support clinicians and students to develop the knowledge, skills and confidence to initiate and engage in patient-centred conversations, particularly about CPR decision-making. To view the videos and access the Facilitator's Guide, go to: http://ww2.health.wa.gov.au/Articles/A_E/Advance-CPR-decision-making-in-the-hospital-setting
Stage 3	<i>The Care Plan for the Dying Person</i>	A multidisciplinary, best practice care plan for health professionals providing care during the last days/hours of life, developed as a planned review of the WA Liverpool Care Pathway. Currently being implemented state wide.

*Health Department of WA, Clinical Senate recommendation, March 2015