

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details

This information will be used only for contacting you in relation to this submission

Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
Organisation	WA Cancer and Palliative Care Network, Department of Health
First Name(s)	Amanda
Surname	Bolleter
Contact Details	[REDACTED]

Publication of Submissions

Please note all Public Submissions will be published unless otherwise selected below

- I do not want my submission published
- I would like my submission to be published but remain anonymous

Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

Submission to Improve End-of-Life Care

Background

People in Western Australia (WA) are living longer. Patterns of disease are also changing, with an increased proportion of the population being older; having complex healthcare needs from multiple complex comorbidities¹. With an increase in the number of people living with chronic disease, it is estimated that 50 – 70 per cent of these deaths could be clinically expected². Of these deaths over 50 per cent will occur in acute hospitals, even though 70 per cent identify that they would prefer to die at home. In 2016 there were 14,839 deaths in WA, representing 9.4 per cent of the nation's deaths.³ It is estimated that this number will almost double in the next 25 years⁴. As a result the demand for End-of-Life (EoL) care is increasing.

A significant proportion of health care expenditure, approximately 59 per cent, is incurred during a person's last three years of life, regardless of their age at death. This cost increases substantially during a person's last year of life and, in particular, increases during their last three months of life⁵. Each year more than \$2 billion is spent on older people who die in hospital, with an estimated 9 per cent of all inpatient costs being allocated to patients aged 65 years and over in their last year of life⁶. An individual with advanced disease, is more likely to have an increased number of hospital admissions, undergo futile or inappropriate treatment at the end of their life, without necessarily improving their quality of life⁷. West Australians have approximately 7.8 admissions to hospital in their last year of life⁸.

The Department of Health's 2016 *End-of-Life Framework*⁹ guides EoL care in WA acute hospitals and provides direction for best-practice care across a patient's EoL trajectory, commencing with diagnosis of a life-limiting illness through to their death⁹. The *Framework* was developed to ensure innovative, patient centred, high quality care at end-of-life and to drive sustainable improvements in care. Senior leaders and clinicians across WA, led by Chief Medical Officer Professor Gary Geelhoed, have partnered to bring about the development and implementation of this framework, including the following initiatives:

- Advance Care Planning – a whole of WA Health system approach to recognising, recording and responding to ACP across WA Health, which sets out minimum mandatory requirements for undertaking ACP
- The Goals of Patient Care (GOPC), a state-wide integrated medical form which identifies and records a patient's goals of care during an admission to hospital. It is currently being piloted at several acute WA hospitals
- Development of State-Wide Clinical Indicators for EoL to support the identification of patients whose health is declining as a result of advancing disease.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

These initiatives support the Consensus Statement¹⁰ and national projects including Choosing Wisely¹¹ and are consistent with the Sustainable Health Review Terms of Reference including:

- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring.

The implementation of ACP, GOPC and state-wide clinical indicators for EoL care will be associated with significant system change across WA health, leading to an improvement in patient outcomes, delivery of high quality end-of-life care and improved resource utilisation.

1. Advance Care Planning (ACP) is a discussion about an individual's treatment and care preferences, between an individual and those close to them and ideally including their health professional¹². Undertaking ACP can improve end-of-life care¹³, improve access to more appropriate palliative care and reduce undesired invasive and futile treatment¹⁴ and may also reduce net health expenditures¹⁵. Approximately 14per cent of Australians nationally and 8per cent within WA have completed an Advance Care Directive¹⁶. ACP may include the completion of an:

- Advance Health Directive (AHD)
- Enduring Power of Guardianship (EPG)
- Advance Care Plan
- Goals of Patient Care (GOPC).

Formalising an ACP discussion by documenting an individual's treatment preferences e.g. through the completion of a statutory AHD legally requires an individual's treatment preferences to be followed by their health professional.

2. Goals of Patient Care is used to establish the most medically appropriate, realistic, agreed goal of patient care that will apply in the event of clinical deterioration, during an episode of care. This care planning process facilitates proactive shared discussion and decision making between the clinician, patient and family/carer. It differs from an AHD which is prepared by the person to inform treatment decisions in the future, when they have lost capacity.

Aligned to the patient's preferences, needs and values, the GOPC documents the escalation plan including any limitations to treatment for the current admission or during planned extended use (beyond the admission). This simple clinical tool aims to improve the delivery of care congruent with patient opinion and as a result improve satisfaction, quality of life and reduce patient exposure to unwanted/non beneficial treatments. It is

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

understood that clinicians, patients and their families should work together to ensure they have a common understanding of the goals of care¹¹.

3. The development of State-Wide Clinical Indicators is a key part of the Framework which focuses on identifying patients in acute hospitals whose health is declining as a result of advancing disease. Lack of recognition of patients who might be approaching EoL, and/or provision of futile treatment, reduces quality of care and contributes to inappropriate use of healthcare resources¹⁷. Clinical Indicators are screening tools designed to support hospital teams to recognise patients at risk of deteriorating and/or dying from life limiting illness during an admission.

The tools aim to reduce the impact of prognostic ambiguity and improve clinician confidence in identifying those who are; at risk of deteriorating or dying, or who may require timely EOL care planning earlier in the course of the hospital admission, or earlier in the course of illness. A 2016 Department survey of WA health professionals revealed limited knowledge and use of Clinical tools.

Clinical Indicators provide a systematic approach to improve patient assessment for those who face uncertain recovery, or whose condition may deteriorate or improve but who would also benefit from Advance Care Planning or a Goals of Patient Care. Identification of these patients can lead to improved; EoL discussions, planning and treatment¹⁰ and signpost the EoL trajectory during advancing illness. It is intended that this work will be achieved through the development and pilot of Clinical Indicators which will be refined for State-Wide use.

This submission has identified the importance of a sustainable approach to EoL care in WA which can be achieved through the support of the Sustainable Health Review. WACPCN is keen to work with relevant SHR working groups to progress this important work.

References

1. Australian Institute of Health and Welfare. Chronic disease Canberra, ACT: AIHW; 2015 [updated 5 September 2016. Available from: <http://www.aihw.gov.au/chronic-diseases/>.
2. Swerissen H, Duckett S. (2014). Dying well. Sydney, New South Wales: Grattan Institute Available from: <http://grattan.edu.au/wp-content/uploads/2014/09/815-dying-well.pdf>.
3. Australian Bureau of Statistics. Causes of Death, Australia, 2016 Canberra, Australian Capital Territory: Australian Bureau of Statistics; 2017 [cited 2017 October]. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Australia's%20leading%20causes%20of%20death,%202016~3>.
4. Clinical Excellence Commission (N.S.W.). Care for the Dying in NSW: A Review of the Data from the 2012 Quality Systems Assessment. Sydney, New South Wales: Clinical Excellence Commission; 2013.
5. Kardamanidis K, Lim K, Da Cunha C, Taylor LK, Jorm LR. Hospital costs of older people in New South Wales in the last year of life. Medical Journal of Australia 2007;187(7):383. Available from: <https://www.mja.com.au/journal/2007/187/7/hospital-costs-older-people-new-south-wales-last-year-life>.
6. Palliative Care Australia. (2010). Health System Reform and Care at the End of Life: a Guidance Document. May 2010, Executive Summary. Canberra, Australian Capital Territory: Palliative Care Australia Available from: http://palliativecare.org.au/wp-content/uploads/dlm_uploads/2015/08/Health-reform-guidance-document.pdf.
7. Scott IA, Mitchell GK, Reymond EJ, Daly MP. Difficult but necessary conversations—the case for advance care planning. Med J Aust 2013;199(10):662-6. Available from: https://www.mja.com.au/system/files/issues/199_10_181113/sco10158_fm.pdf.
8. Rosenwax LK, McNamara BA, Murray K, McCabe RJ, Aoun SM, Currow DC. Hospital and emergency department use in the last year of life: A baseline for future modifications to end-of-life care. The Medical Journal of Australia 2011;194(11):570-3. Available from: <https://www.mja.com.au/journal/2011/194/11/hospital-and-emergency-department-use-last-year-life-baseline-future>.
9. Government of Western Australia. End of life framework Perth, Western Australia: Government of Western Australia; 2017 [cited 2017 17 October]. Available from: http://ww2.health.wa.gov.au/Articles/A_E/End-of-life-framework.

10. Australian Commission on Safety and Quality in Health Care. (2015). National consensus statement: Essential elements for safe and high-quality end-of-life care. Sydney, NSW: ACSQHC Available from: <http://www.safetyandquality.gov.au/wp-content/uploads/2015/05/National-Consensus-Statement-Essential-Elements-for-safe-high-quality-end-of-life-care.pdf>.
11. NPS MedicineWise. Choosing Wisely Australia: An Initiative of NPS MedicineWise Sydney, New South Wales: NPS MedicineWise; 2017 [cited 2017 25 October]. Available from: <http://www.choosingwisely.org.au/home>.
12. Government of Western Australia. (2016). Advance Care Planning, a Patient's Guide, Version 2. Perth, Western Australia: Government of Western Australia Available from: http://ww2.health.wa.gov.au/~/_/media/Files/Corporate/general%20documents/Advance%20care%20planning/PDF/ACP_A_Patients_Guide.ashx.
13. Detering KM, Hancock AD, Reade MC, Silvester W. The impact of advance care planning on end of life care in elderly patients: randomised controlled trial. *BMJ : British Medical Journal (Online)* 2010;340. Available from: <http://www.bmj.com/content/bmj/340/bmj.c1345.full.pdf>.
14. Marles L. Difficult but necessary conversations - the case for advance care planning. *The Medical journal of Australia* 2014;200(10):578. Available from:
15. Klingler C, in der Schmitt J, Marckmann G. Does facilitated Advance Care Planning reduce the costs of care near the end of life? Systematic review and ethical considerations. *Palliative medicine* 2016;30(5):423-33. Available from: <http://journals.sagepub.com/doi/pdf/10.1177/0269216315601346>.
16. Ben W, Cheryl T, Jill W, Linda R, Rachel F, Silvester. W. Making a will? Why not plan your end-of-life care too Melbourne, Victoria: The Conversation Media Group; 2014 [cited 2017 25 October]. Available from: <https://theconversation.com/making-a-will-why-not-plan-your-end-of-life-care-too-32562>.
17. Cardona-Morrell M, Hillman K. Development of a tool for defining and identifying the dying patient in hospital: Criteria for Screening and Triaging to Appropriate Alternative care (CriSTAL). *BMJ supportive & palliative care* 2015:bmj-sp-care-2014-000770. Available from: <http://spcare.bmj.com/content/early/2014/12/09/bmj-sp-care-2014-000770.short>.