Filming for the Respecting Patient Choices DVD was completed in December 2006. Mr Charles “Bud” Tingwell generously donated his time to complete the filming for the DVD production. Bud presents the DVD and does the voiceover in places. We are grateful and thank Bud for his time and contribution to our Australian Respecting Patient Choices DVD. This DVD will be available for use for educational purposes for both health care professionals and the general public. Running time is 16 minutes.

A second DVD has also been finalised which includes a considerable number of role plays. These role play scenarios range from introducing Respecting Patient Choices to discussions with a young healthy adult; someone with a progressive illness and someone expected to die in the next 12 months. Specific discussion points can also be selected in this DVD and a variety of scenarios are used to illustrate the point. This is a very useful teaching tool for staff facilitating advance care planning discussions. Running time is 106 minutes.

If you would like to purchase copies of either DVD please contact the RPC Office.

RPC Program commences at Barwon Health

Barwon Health commenced preparation for the Respecting Patient Choices Program in mid July 2005. This is currently a self-funded project by Barwon Health. The project team is lead by Dr Charlie Corke as Clinical Leader and Ms Jill Mann as the Project Officer.

After months of consultation, education and preparation, November 2005 saw Maria Mann and Meagan Adams from the Austin Health RPC team train 22 RPC Consultants from identified target areas. Of these 22 staff 6 were trained as “Trainers” and will be involved in the delivery of further Respecting Patient Choices courses for Barwon Health. The implementation of the RPC Program commenced in December 2005.

The target areas at Barwon Health include: Renal (dialysis patients), 2 RACFs, COPD patients on home O2, chronic heart failure patients managed by HARP and the Palliative Care Unit. In the acute sector of Barwon Health staff from Renal, Aged Care and general medicine were also trained to ensure that there was an acute care link for the program.

The RPC Consultants at Barwon Health are working hard with approximately 70 patients introduced to the program and 30% of those having completed Advance Care Plans. It is becoming evident that many patients have thought about the issues addressed by RPC but have not had a process to facilitate them further.

We conducted our first Barwon Health “Respecting Patient Choices” workshop on March 1st and 8th with 16 keen participants from the target areas attending.

So far so good!
The Honourable Sue Ellery, MLC and Parliamentary Secretary to the Minister for Health, launched the Respecting Patient Choices Program at Fremantle Hospital on the 6th February 2006.

The launch was well attended and distinguished guests included Ms Michelle Scott, the Public Advocate; Mr Michael O’Kane, State Manager of Department Health and Ageing; Dr William Silvester, Respecting Patient Choices Program Director and Project Officers; Mrs Meagan-Jane Adams, Mrs Julie W right and Ms Sara Kirsner.

Dr Roger Clarnette, Clinical Leader of the Program at Fremantle Hospital, spoke about the importance of the program for patients. The program will inculcate advance care planning into our clinical practice he said, “We have mastered the science of medicine but need to consider more the art of healing and knowing when to let go”.

Ms Ellery thanked the staff for their tireless work. She shared her personal experiences with end-of-life care, and spoke positively about the Discussion Paper for Medical Care of the Dying, and the Bill to be tabled in Parliament mid 2006 to legislate for advance care planning in WA.

Dr Bill Silvester and Dr Roger Clarnette also presented the Program at the Medical Grand Round. The Program was reported in the local media and on radio. The Austin team kick started the training program, by leading the 2-Day Training Course for 30 enthusiastic RPC Consultants. The next 2-Day Training Course is planned for the 28th and 30th March. Austin Health also conducted a Trainer Certification course and nine trainers were accredited.

Pilot areas for the Program include renal medicine, oncology, haematology, rehabilitation and aged care, across three sites. We have placed posters on each ward, with a summary about the program and a photograph of each RPC Consultant. The Hospital has created a green medico-legal divider for the medical record. Official numbered hospital documents for the discussion record, perforated information sheet, advance care planning contact information, and Statement of Choices have also been produced.
**RPC Update – Eastern Health**

Education about advance care planning continues across Eastern Health. Challenges concerning time to conduct the discussions and providing ongoing support to RPC Consultants continue. An exciting development is the appointment of Fiona Morris as Coordinator/Trainer at Peter James Centre (8 hours a week). Given that many patients transfer from Box Hill Hospital to this rehabilitation setting, having skilled staff there provides an excellent opportunity to follow-up on information provided in the acute phase and continues our strategy of ensuring advance care planning is available along the continuum of a patient’s journey.

Advance care planning information is now accessible via all the GP Division websites in the area and our community and residential care RPC Consultants continue to introduce advance care planning to their clients or residents. As an example, Dementia Consultant Wendy Shiels shows how RPC is supporting their palliative approach at Millward Residential Care.

“Since the introduction of RPC, Millward has offered all new residents and their families a copy of the brochure on admission with a comment that we will follow it up “in a couple of weeks”. I find that having the brochure, then getting a call, gives them a valid reason to bring up the subject with their families, as they are often reluctant to do so. It has also made the initiation of discussion about end-of-life choices easier for me.

I facilitate two Dementia Support Groups at Millward for people who have a relative with a diagnosis of dementia. Often we talk about issues relating to end-of-life, and how having a Statement of Choices and whether or not there has been an Enduring Power of Attorney (Medical) appointed, can make this time easier for everyone. Most have taken this up. People really like the idea of their plan being readily available in the “Green sleeve”. It is after a death has occurred, and a Statement of Choices has been in place, that others also see the benefits, as the person usually wants to share with their friends, the experiences of the final few days.

When helping the families fill in the document, I encourage them to be as detailed as they would like to be - often noting that when death is approaching: what sort of music would they like played, what are their favourite flowers, do they like aromatherapy oils burning, who would they like to have present etc. This gives them the opportunity to discuss and reflect on what the person in care has liked, and would like at this time, and often it will initiate further reflection and reminiscence among family members and close friends, which is important when they are losing (because of the disease) the person they know.

We have an excellent Palliative Care Program in place, which has the ability to put into place (at very short notice), requests and wishes as outlined in the Statement of Choices.

For the residents who have put a ‘Statement of Choices’ in place it has proved to be an extremely worthwhile exercise.”

Jennifer Evans, Program Manager, RPC Eastern Health

Millward resident Nancy Thomas, shown here with Dementia Consultant Wendy Shiels (on her right) and Resident Relations Manager Lynne Graham says, “advance care planning is what everyone should do.”

**Contacting Victorian RPC Sites**

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**RPC Website:** www.respectingpatientchoices.org.au
The Community expansion is funded by the Australian Government through the National Palliative Care Program.

The local Health Service expansion is funded by the Victorian Government Department of Human Services through the Hospital Admission Risk Program (HARP).

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The RPC Program was extended to 16 Residential Aged Care Facilities (RACFs), one Supported Residential Service (SRS) and two community based Palliative Care Services (PCSs) in the Austin Health catchment area from 2004-2005. An extensive evaluation of the implementation in these facilities and services was submitted to the Department of Health and Ageing in January 2006. This evaluation detailed the impacts and outcomes of the Program, particularly in the RACFs where many successful outcomes for residents whereby medical treatments were discussed, plans were documented and wishes were met.

A number of facilitating factors and barriers to RPC implementation were identified. Several factors clearly worked synergistically to enable successful Program implementation. These included leadership from managers, commitment from the organisation’s governing body, training of adequate numbers of appropriate staff in advance care planning skills, provision of consultation and support to facilities, comprehensive system changes to documentation processes and provision of support to RPC trained staff. In organisations where there was a pre-existing philosophy supporting discussion of end-of-life treatment or care wishes, the RPC Program also assisted in the provision of more comprehensive delivery of care. Challenges to the Program implementation included constraints relating to time, resourceing and staff skills, high management and staff turnover in some organisations and difficulties that some facilities and services experienced in developing a systemised approach to incorporating the Program into their practice and process of health care delivery.

The evaluation also detailed major benefits of the RPC Program for RACF staff. These included staff feeling more confident and comfortable with communicating about end-of-life wishes, recognising resident’s choices and gaps in care and feeling more certain about communicating advance care planning requests with other health care providers upon a resident’s transfer.

Many RACF residents and families in the participating facilities became involved in the Program implementation. The high uptake of the RPC Program and the evaluation showed that when given the opportunity and when broached in a sensitive and competent manner, RACF residents and their families were willing to discuss and document end-of-life wishes. The details of resident’s treatment and care requests, as documented on the RPC ‘Statement of Choices’ forms (where people can document their treatment requests), conveyed that the majority of residents who had completed such forms, requested that they receive no life prolonging measures and requested that they primarily receive symptom and pain management. When given the choice, most participating RACF residents therefore chose not to receive invasive life-prolonging medical interventions but preferred to be treated palliatively. A significant number of residents who completed Advance Care Plans under the RPC Program also requested that they not be transferred to hospital but receive comfort management at the facility instead.

The results also confidently show that all residents who completed an RPC initiated Advance Care Plan, and who died during the evaluation period, had their medical treatment wishes respected at their end-of-life.

Conclusions
The evaluation of the community extension component of the RPC Program established that advance care planning had a significant impact on the level to which consumers were involved in choices regarding their future care and on the skill, confidence and involvement of health service providers in facilitating the process. The Program provided evidence that if a person’s end-of-life wishes are discussed in a sensitive and supported manner, and documented clearly and consistently within and between service sectors, then people receive health care in their place of choice and avoid receiving unwanted and, often, burdensome treatments. The perception of the patients or residents, their families and the health professionals was also that the process of advance care planning improves quality of care and increases awareness of, and respect for, patient autonomy and human dignity.