Respecting Patient Choices News

AUTUMN 2007

RPC Community Specialist Palliative Care Model

The RPC Program at Austin Health in collaboration with La Trobe University / Austin Health Clinical School of Nursing will commence a 3 year research project to determine:

- if the implementation of the RPC Palliative Care Model in community specialist palliative care services leads to improvements in the safety and quality of care for patients at their end-of-life, and

- to evaluate the systems and processes implemented in the model.

Professor Annette Street, Director La Trobe University / Austin Health Clinical School of Nursing will oversee this research project. Funding for this project is provided by the Palliative Care Section, Australian Government, Department of Health & Ageing. A Palliative Care Sub Committee (PCSC) of the National Reference Group will be convened in 2007 to provide input, guidance and advice during the course of the research.

The focus of the research, are the tools and processes for:

- Advance communication
- Orientation and education
- Documentation
- Quality processes.

A State of the Science Literature review of advance care planning models has already been completed and this will inform the development of the RPC Palliative Care Model.

One phase of the project in early 2008 will be to implement the refined model into three community specialist palliative care services providing complex or intermediate care in metropolitan and rural settings and consider culturally and linguistically diverse clients. This phase will also include some refinement of the model.

A national comparison and evaluation will be undertaken following this phase above, to evaluate the efficacy of the RPC Palliative Care Model of advance care planning in selected palliative care services, and to demonstrate a national program that is accessible, transferable, sustainable, capacity building, cost-effective and ready for national implementation.

RPC model for GP Divisions and aged care homes

Progress has been made to identify a variation of the implementation of RPC for GP Divisions and aged care homes in Victoria. With the aim to introduce the RPC Program to a greater number of residents in residential aged care facilities. This model built on the success and knowledge gained in the “Community Implementation of the Respecting Patient Choices Program” conducted in 2004 - 2005.

The model involves working with and supporting the Project Officers from the GP Division Aged Care Panels. These GP Division Project Officers (following attendance at the RPC Consultant Training course) liaise with the RPC Project Officer, and provide the direct support to the aged care homes to assist with the system changes required for a successful advance care planning program. Each home and the Divisions sign an implementation agreement committing to ensuring a high quality program.

All GP Divisions that have taken up this offer have been in regional Victoria. They showed great interest and enthusiasm to introduce advance care planning to their regional health services and aged care facilities. West Victoria Division of General Practice (DGP) was the first to train staff from 10 aged care homes, with a course in Horsham in January 2007. Goulburn Valley DGP trained staff from 14 homes in February 2007 and East Gippsland DGP and Central Highlands DGP are scheduled in May and June 2007.

Evaluation of this approach is planned and will inform our implementation strategy for residential aged care and GP Divisions across Australia.

GP Division Aged Care Panel project officers at November RPC Consultant Course. Left to Right: Chris Borg, Dale Florence, Lindy Mills, Lyn Campbell, Helen Fawns and Helen Fehring.
RPC and RACGP

The focus of our work with the Royal Australian College of General Practitioners (RACGP) has been on developing information for their website and also on scoping the feasibility of developing an online learning module regarding advance care planning.

The structure and style of information for the RACGP website has been developed in consultation with the College. The issues addressed in the information have been developed with consultation from members of the RPC Reference Group and the North East Valley Division of GPs (NEDVGP). A survey was distributed to over 200 GPs from NEVDGP to elicit responses regarding the most valuable and important information that GPs believed should be accessible on the RACGP website.

The feedback indicated that the focus needed to be on the following issues:
- Basic outline of advance care planning and the process of advance care planning for GPs
- Legal aspects of advance care planning
- Ethical dilemmas
- References/links to relevant forms and documents.

As the RPC Program at Royal Darwin Hospital is close to the completion of the pilot, I am sure that we have made inroads into changing the culture of and attitudes toward end-of-life care at the hospital and in the general community here in Darwin. The project has definitely raised awareness of what is possible in contemporary health care in relation to care at the end-of-life. There is, however, a long way to go.

We are for example, currently in the process of “upgrading” the NT legislation to accommodate the appointment of an Enduring Power of Attorney for medical purposes as well as improve the ability to document advance directives. Although our project was on a small scale the evaluation has shown that patients being approached about RPC and advance care planning within the hospital, while surprised that it could be done at all, were often keen to appoint a decision maker (even if this was only supported in the NT by common law), rather than document specific advance directives.

Another issue that arose early in the project’s life involved the reservations that many people had in relation to the applicability of advance care planning to Aboriginal patients in hospital. The project has shown that given the right approach and the use of the right resources, advance care planning is very much applicable in this setting to this group of people. Often advance care planning is associated with discharge planning. If someone is being discharged back to a remote community there can be a complex mix of issues. Communication barriers often exist, especially for people from remote areas but there are definitely ways of managing this. Strategies such as the use of interpreters, teleconferencing and the building up of relationships are all essential. There are groups and individuals within the Royal Darwin Hospital and the local community that have enthusiastically contributed to some successful outcomes.

There are many issues which need clarifying and following up on a medium to long term basis. I feel that we have just scraped the surface of what is to become a hugely significant part of health care. We are hopeful that advance care planning will be continued to be supported in the NT across both acute and community settings, urban, rural and remote and in the aged care sector in the future. We feel that with the size of the population in the NT, given a reasonable travel budget, the presence of a full time project officer and a clinical leader would go a long way to supporting advance care planning in a lot of these settings across the NT.

Simon Murphy,
Project Officer, Darwin
New Victorian Health Service implements RPC - Southern Health

Southern Health commenced preparations in July 2006. The End-of-Life Working Party at Southern Health recognised that introducing an Advance Care Planning program was essential for provision of effective support to patients, their families and clinicians, through end-of-life discussions and decision making.

Four pilot areas were identified:
- Renal – Monash Medical Centre (MMC) Clayton
- Respiratory – MMC Clayton
- Oncology – MMC Moorabbin
- Aged care, rehab and palliative care – Casey Hospital.

The Southern Health RPC project team was recruited in July 2006 and began working closely with the Austin Health team, preparing for the first training course in October 2006. In-services were held in both the pilot areas and with different groups of clinicians across the organisation. The response was extremely positive. Staff welcomed the opportunity to acknowledge and further develop these practices across our health service in a formal framework, with opportunities for additional training, and the availability of appropriate documentation, making end-of-life decision making more effective for all concerned.

Twenty-six staff (representing medicine, nursing, social work, physiotherapy, speech therapy and pastoral care) completed the initial RPC Consultant training course, which was presented by Austin Health. Seven staff then completed the Trainer’s Certification course – four of whom were able to demonstrate their new skills at the second RPC Consultants course in November. We now have forty-two RPC Consultants at Southern Health.

The newly trained RPC Consultants have been keen to initiate discussions with patients and their families. In the five weeks following the first course, more than 50 patients have been involved with RPC advance care planning discussions. The RPC project team meets monthly with each of the pilot areas to learn about the consultants’ experiences and discuss any issues as they arise.

Southern Health is Victoria’s largest metropolitan health service, so we have many different areas and locations to choose from!

Kay Morton, RPC Program Manager

RPC Consultant E-learning Training Course

To optimise access to the RPC Consultant Training Program, a cost effective and flexible mode of delivery via e-learning is being developed. The RPC Consultant e-learning course will be completed by July 2007 and new courses will be offered in this format in the later part of 2007. Several e-learning modules specifically address the knowledge and attitude-related content of the existing RPC Consultant 2-day training course, and will be tailored to the specific needs of individual learners. This flexible approach will meet the different skill needs of staff and volunteers from a range of disciplines and settings. Progress is at the user testing and evaluation stage and will involve many users and key stakeholders. Identification of the one day face-to-face classroom content is currently under development.

Contacting Victorian RPC Sites

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 Geelong Hospital
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 Geelong VIC 3200
 03 5229 1574

Eastern Health
 RPC Program Manager
 Level 2 - 43 Carrington Rd
 Box Hill VIC 3128
 03 8843 2206

Northern Health
 RPC Project Office
 BECC Plenty Rd
 Bundoora VIC 3082
 03 9495 3235

Southern Health
 RPC Program Manager
 246 Clayton Rd
 Clayton VIC 3168
 03 5954 3471

South West Healthcare
 Advance Care Planning
 Project Worker
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 Warrnambool VIC 3280
 03 5564 4179

RPC Website: www.respectingpatientchoices.org.au
Why Advance Directives? A case study
Mrs Shirley Murrin’s personal story

In October 2006, I received a call from Mrs Shirley Murrin. Shirley had heard via a neighbour, that help is available at the The Queen Elizabeth Hospital for making advance directives. I arranged a meeting with her in early December in the out-patient department. On the day of the appointment, the weather forecast was for 38-degree heat. I was paged to be informed she had arrived and went to meet a very smartly dressed, astute 81 year old that had just caught two buses to make the appointment.

Naturally I asked Shirley why she had gone to such trouble to complete an Advance Care Plan. She told me that 5 years ago her husband had a severe stroke and he became mentally incapable of making decisions. She and her children had felt pressured into agreeing to a PEG (feeding tube) insertion. The young doctor had said to them, “You can’t let him die”, and so they “went along with it”. Even though the family felt that he would rather have just been kept comfortable.

The event was a shock at first, but over time they have accepted it. Out of duty, the family visit him at the nursing home, where he is well cared for, and include him in their interactions as if he was his old self. But Mr Murrin has very limited communication, and is “in a world of his own”. He seems to acknowledge others but can’t speak except to utter unintelligible words of frustration. He is bed and recliner bound and has suffered from many seizures. “It’s virtually living death…I would never want the same decision for me”.

It was a pleasure to meet Shirley Murrin and to help her with her Advance Care Plan. Like most people she wants active treatment while the doctor still thinks there is a good chance of her getting back to being well enough to communicate meaningfully with her family. If not, good palliative care should be provided.

Shirley completed an Anticipatory Direction, which is a legally binding instruction in South Australia, to be used should she ever become too unwell to communicate for herself. She is also organising to have a Medical Agent appointed, who can make health care decisions in her place under certain circumstances. A copy of her original document has been placed in the green sleeve at the front of her medical record, where it can be easily located.

The Queen Elizabeth Hospital since October 2004, through the Respecting Patient Choices Program, has trained over 200 staff to be able to offer patients assistance with their advance care planning.

Marion Seal
Project Officer

EBPRAC application – Funding round one

The Australian Government is providing funding of $21.6 million over four years (2006/07 – 2009/10) to implement an encouraging best practice in residential aged care (EBPRAC) program. A consortium comprising: Austin Health, The Queen Elizabeth Hospital (SA), John Hunter Hospital (NSW) The Canberra Hospital (ACT), five aged care homes in each jurisdiction, six Divisions of General Practice and the Australian Division of General Practice have submitted an application to implement RPC in residential aged care facilities. Notification is anticipated in March 2007.