

Government of **Western Australia** Department of **Health**

Clinical Senate – June 2015

Professor Bryant Stokes, Acting Director General of Health



Today I'll be discussing...

 The recommendations from the previous Clinical Senate (held March 2015):

Great Expectations – Planning for expected deaths in acute health settings

Today's topic for debate

Dial E for Engagement – Are clinicians on hold?

Overview: Clinical Senate – March 2015

Great Expectations – Planning for expected deaths in acute health settings

- Resulted in 8 recommendations
- All recommendations endorsed.

March 2015 - Endorsed Recommendations Great Expectations – Planning for expected deaths in acute health settings

Recommendation 1: Endorsed

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)

Great Expectations – Planning for expected deaths in acute health settings

Recommendation 2: Endorsed

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).

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Recommendation 3: Endorsed

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.

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Recommendation 4: Endorsed

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.

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Recommendation 5 : Endorsed

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

Great Expectations – Planning for expected deaths in acute health settings

Recommendation 6: Endorsed

The Department of Health to undertake a Statewide 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).

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Recommendation 7: Endorsed

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.

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Recommendation 8: Endorsed

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.

Dial E for Engagement – Are clinicians on hold?



Retiring Clinical Senate Chair Adjunct Associate Professor Kim Gibson

