Submission to the Victorian Legislative Council Standing Committee on Legal and Social Issues (Legislation & References)

Villa Maria Catholic Homes

INQUIRY INTO END OF LIFE CHOICES:

Introduction:

Villa Maria Catholic Homes (VMCH) is pleased to make a submission to this important inquiry. The focus of this submission is on the use of Advanced Care Planning as the primary means of assisting residents to communicate with health care providers to assist them in making informed decisions regarding their own end of life choices.

About Villa Maria Catholic Homes:

VMCH is one of Victoria’s largest provider of retirement living and aged care services, both residential and community, and supports 1000 residents living within its 15 residential aged care facilities and 1500 clients who receive home care.

VMCH was formed on July 1, 2015 with the merging of Villa Maria and Catholic Homes. One reason for the merger of these respected organisations was to ensure that residents had access to the most appropriate level of care in an ever demanding and rapidly changing social, economic and political environment.

Villa Maria Catholic Homes approach to providing end of life choices:

VMCH respects life during all its stages and does what it can to promote a positive response as a resident clearly and unequivocally enters the final stages of their life.

As a Catholic organization, VMCH is committed to the Catholic philosophy of not utilising overly burdensome treatments where the likely outcome is poor. However decades of practical aged care experience has made VMCH acutely aware of the complex medical, social, personal and family issues that inevitably arise when a discussion about end of life choices is initiated with a resident.

VMCH believes that providing high quality palliative care for the comfort and care of the resident at this critical time of life is of paramount importance to both the individual and the family.

Many aged care residents are cognitively impaired because of dementia or other causes. For such residents, VMCH identifies their Legal Decision Administrator in accordance with section 37 of the Guardianship and Administration Act 1996 (the Act), and works with them to understand their medical treatment wishes. VMCH believes
that residents living with dementia have equal decision making rights with regard to
treatment as do those residents who are not cognitively impaired.

Refusal of treatment:
A resident has the legal and moral right to refuse any treatment they judge to be
futile, overly-burdensome or morally unacceptable and such refusal must be
respected. In addition, healthcare practitioners may not override any refusal of
treatment by a competent resident who is of sound mind, irrespective of whether they
agree with that refusal or not.

VMCH believes that those receiving care in accordance with Catholic teachings have
the right to make choices and be informed about all aspects of their treatment.
Residents have a fundamental right to be involved in the decision making associated
with their care, and to control this wherever possible. If a resident should seek
treatment that is not in line with Catholic beliefs and what is regarded as
contemporary better practice at end of life, then it is the duty of VMCH to ensure that
the resident is advised of this concern.

If a resident lacks legal capacity and is unable to consent to treatment, their medical
treatment decisions will be made by their Person Responsible, as currently defined
under section 37 of the Act.

Residents have the primary responsibility for judging which treatment or care options
serve their authentic good within the totality of their circumstances. As society live
longer, the incidence of cognitive impairment increases and residents are more likely
to lose the capacity to be able to choose a treatment or care option. The role of the
Person Responsible according to the hierarchy listed in the Act is therefore crucial.

The healthcare practitioner, working as a member of a team, has a duty to provide
the resident with all the information they need to make wise judgments about
treatment and care options. Healthcare practitioners must respect a residents’
convictions and spiritual needs and the moral responsibilities of all concerned. They
should be sensitive to individual and cultural differences relevant to health and aged
care. Residents in turn have a responsibility to use the physical and spiritual resources
available to them to the best of their ability.

Background to the Current VMCH Approach to Advance Care Planning: “Raise the
Bar”:

In 2013 Catholic Homes successfully introduced an award-winning workforce model
entitled “Raise the Bar”. The program aimed to improve the capacity and capability
of staff to recognize and manage unwell residents “in-house”, to reduce the number
of unnecessary transfers to emergency departments and, by extension, hospital
admissions. The program also included a component to help improve the comfort and dignity of residents as they approach end of life.

The palliation component was included because of the belief that staff understanding about end of life, and what they were allowed and required to do was limited, not just at VMCH but widely within the aged care industry. The program, partially funded by the Commonwealth, has subsequently been embraced by a number of peer aged care providers following external evaluation.

The “Raise the Bar” initiative successfully helped to optimise resident health and quality of life and minimise functional decline by “up-skilling” the clinical workforce, improving the palliative experience and strengthening liaison with external agencies through:

- Competency based role redesign that expanded the clinical scope of practice;
- Providing staff with the confidence and competency needed to utilise advanced practice skills so they could identify and then treat unwell but stable residents without transfer to hospital;
- Partnering with organizations such as Ambulance Victoria, Medicare Locals and Public Hospitals to build confidence and relationships, thus streamlining the treatment process;
- Supporting change through the alignment of resources and supported decision making;
- Using system enablers such as education and policy and process development.

The model was initially trialled in in three Catholic Homes’ Residential Aged Care Facilities (RACF) and following the merger is now being systematically introduced into all VMCH facilities. The model has four key aspects:

1. “Stop and Watch” - an early warning tool that enables staff to flag and document when a resident appears to be becoming unwell. All such residents are then assessed by a registered nurse;
2. “Emergency Decision Guidelines” to assist and guide clinical care staff when they are completing a residents’ clinical assessment;
3. “End of Life Care Pathway” (EOLCP) - a tool that is used to aid clinical staff in providing the appropriate and desired health care to people nearing the end of life;
4. “Advanced Clinical Practice Skills” - a formal program enabling care staff to undertake training to increase their confidence and clinical capacity to assist with both diagnosis and treatment.

In 2014 an external review of the ‘Raise the Bar’ initiative was conducted by the Australian Catholic University. The following evaluation questions were used to determine if the project had achieved its aims:

1. Has there been early identification of the unwell resident?
2. Has there been improved clinical assessment of the unwell resident?

3. Has support, guidance and education for the clinical staff as to the optimal clinical approach for an unwell resident improved?

4. Has there been implementation of advanced clinical practice skills for clinical care staff?

5. Has there been improved capability of staff to provide complex palliative care at end of life?

6. Has there been enhanced interdisciplinary teamwork with external services?

The independent assessment identified that the program had met its objectives and the model utilized was worthwhile, sustainable and capable of being extended to peer providers.

The Use of Advance Care Plans

One of the ways that VMCH has been able to assist residents in decision making regarding end of life care is to use Advance Care Plans (ACP). VMCH initially utilized the “Respecting Patient Choices (RPC): Advance Care Plan” developed at Austin Health, however it is felt that the ACP document recently developed by Catholic Health Australia (CHA) better meets the needs of a Catholic aged care organization, as it reflects the Catholic position on end of life care and recommends that palliative treatment should be informed by Catholic teachings.

The VMCH approach respects advanced care planning as non-coercive. Some VMCH residents choose not to have an ACP, and this right is not clearly articulated in the RPC model, but is in the CHA model.

The process of obtaining information in a dignified, sensitive and transparent manner at various stages of the resident’s journey is also important. At VMCH we call this process “ongoing conversations”. The ongoing nature provides the resident with the opportunity at various times to revisit what they would like to have included in their ACP. VMCH use the phrase: ‘the person I am today is not the person I will be tomorrow’. This approach gives the resident the peace of mind that they will not be ‘locked in’ to something that they may later change their mind about. It also respects them as being the focal point of any discussion.

When a resident is incapable of making their own decision and there is no ACP in place the Person Responsible under the Act, in conjunction with significant others (who may include their family or guardian) has the responsibility of determining what the resident might chose for themselves.

Some residents may opt for the family to speak for them, but having to resort to “in the best interests” decision making can be avoided by using the VMCH process and
utilizing a well-constructed ACP. Research indicates that “in the best interests”
decision making can lead to treatment contrary to what the resident would have
chosen.

There are four major times when we believe that a conversation with the resident and
family is important:

1. **Pre-admission:** family members are encouraged to have a discussion with
their relative and the relative’s medical practitioner as early as possible;
2. **Admission:** when the relevant VMCH staff member goes through the ACP with
the resident to ensure there is clarity. If the resident does not have an ACP,
then sufficient information about advanced care planning is provided to the
resident and family so they can chose whether to engage in the ACP process.
If yes, then VMCH staff will facilitate this;
3. **When a significant event changes the resident’s condition:** such as the
deterioration in the resident’s condition which may necessitate a conversation
about what their wishes are in light of this new event;
4. **End of Life pathway:** when the resident moves into active dying and palliation.

When necessary during such events, the ACP is retrieved and a review of the resident’s
wishes is undertaken.

Thank you for the opportunity to make this submission.

Yours Sincerely,

Greg Pullen,
Chief Executive Officer,
Villa Maria Catholic Homes

23rd July 2015