Practical palliative care for GPs: working together for better outcomes

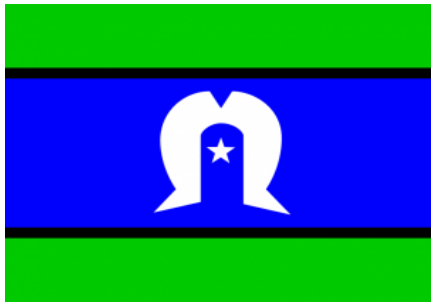
Tuesday 19 November 2024

The content in this session is valid at date of presentation

Acknowledgement of Country

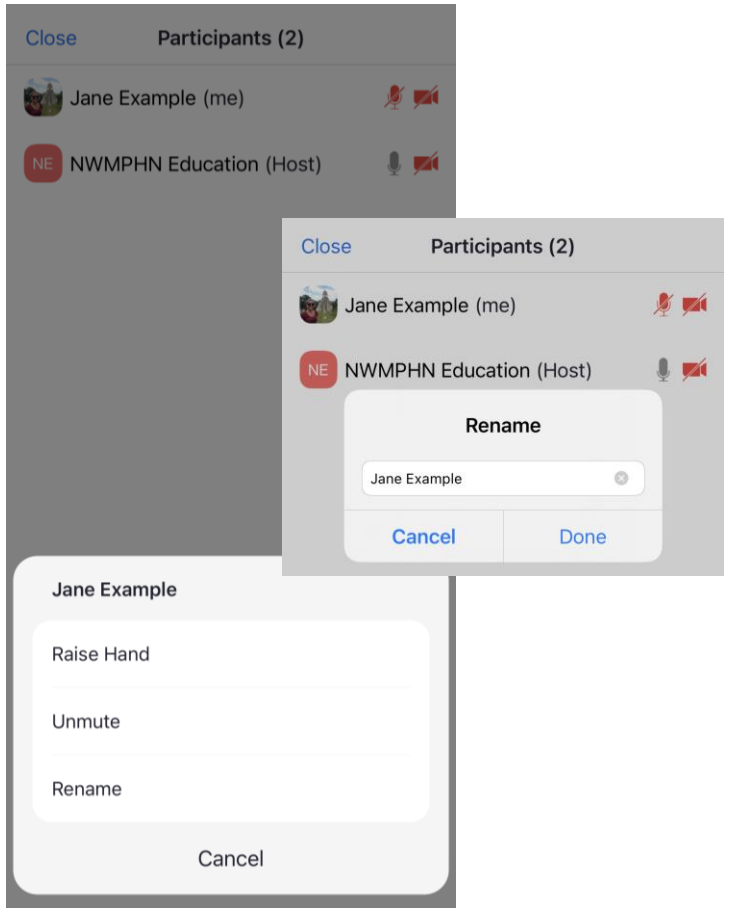
North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

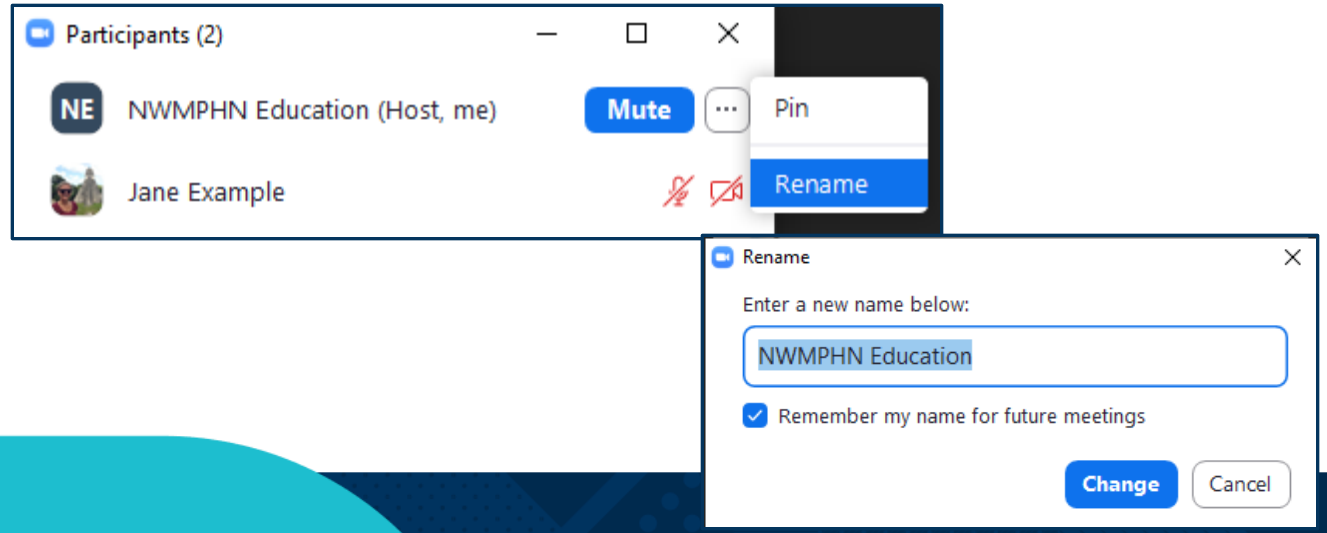
We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



How to change your name in Zoom Meeting

1. Click on ***Participants***
2. **App:** click on your name
   Desktop: hover over your name and click the 3 dots
   Mac: hover over your name and click *More*
3. Click on ***Rename***
4. Enter the name you registered with and click
   Done / Change / Rename





Speakers

Dr Haoming Zhou

Melbourne City Mission Palliative Care

Hao is a geriatrician and palliative medicine physician working across Melbourne through Northern Health and Melbourne City Mission Palliative Care. He has joined the Northern Advance Care Planning team to continue to encourage discussion and understanding to promote person-centred care through shared decision-making. His work at Melbourne City Mission Palliative Care is aimed at improving access to specialist palliative care in residential aged care. He is involved in teaching and supervision and is interested in listening and learning from the stories we all have and share.

Dr Terry Ahern

MyHealth Brunswick

Terry is a semi-retired GP at MyHealth Brunswick. He is passionate about care of the elderly, aged care, palliative care and chronic disease management. He is a member of North Western Melbourne Primary Health Network's Older Adults Expert Advisory Group. As well as seeing elderly and frail patients in practice, Terry regularly visits them at residential aged care homes and provides palliative care.

Speakers

Dr. Chien-Che Lin

Banksia Palliative Care Service

Dr. Chien-Che Lin is a palliative medicine specialist consultant at several hospitals and community palliative care services in Victoria, including Banksia Palliative Care Service. He also works as a general practitioner. He is committed to supporting people with progressive, incurable disease to live as well as possible with the burden of diseases and dying, and he is dedicated to improving care in the community. He is actively involved in teaching and supervision of medical students and medical specialist trainees, aiming to inspire a practice culture of both academic excellence and human compassion across all clinical settings.

Dr Catherine Oliver

Mercy Palliative Care

Dr Catherine Oliver is a palliative medicine specialist working at Mercy Palliative Care, which includes Werribee Mercy Hospital and the Mercy Palliative Care community service. She is passionate about supporting people with advanced and incurable disease, to improve symptoms and maximise quality of life. She is also involved in preparing the next generation of doctors to care for palliative patients, from medical students up to advanced trainees in palliative medicine.

Palliative Care Experience

Palliative Care in the community

- Always rewarding
- Has become easier to provider over time
    - MBS billing
    - Telehealth
- Great assistance from CPC services

Palliative Care in Aged Care

- More supported with nurses and CPC

Advance Care Planning

- Everyone should consider advance care planning, regardless of your age or health. Ideally, you should start planning when you're healthy, before there's actually an urgent need for a plan, but it becomes particularly important when the patient:
  - Has chronic illness(es)
  - Has multiple illnesses
  - Has early cognitive impairment
  - You suspect their health may deteriorate

Advance Care Planning

- Opportunities to discuss ACP:
  - “Would I be surprised if this patient died in the next 6–12 months?”
  - After a hospital admission (the hospital may have started the process)
  - After new diagnosis with poor prognosis
  - SPICT tool
- The proactive approach is ideal: ACP can be discussed by the practice nurse or doctor at Annual Health Assessments for 75+ years old.
- This may take several consultations and can involve conversations with family, friends, doctors, care workers and other health professionals.

THE UNIVERSITY of EDINBURGH

Supportive and Palliative Care Indicators Tool (SPICT™)

NHS SCOTLAND

The SPICT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

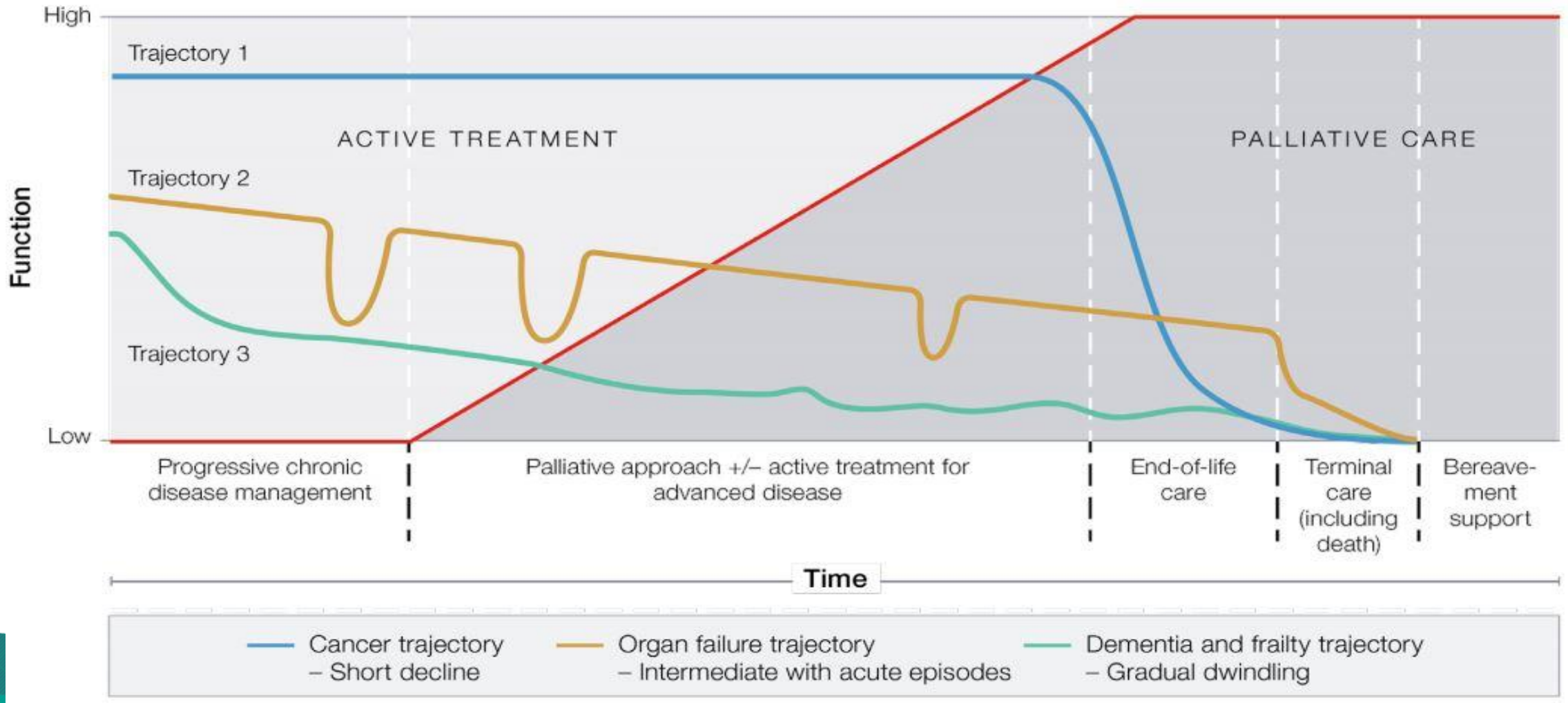
Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems. The person's carer needs more help and support.
- Progressive weight loss; remains underweight; low muscle mass.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

Illness Trajectory

- To be considered in patients with poor prognosis.
- It is important to be able to recognise a patient's stage of deterioration, as either:
  - at-risk of dying within the next 12 months
  - likely to die within the next weeks to months
  - dying within days and wanting to go home
- Consider discussing palliative care options with these patients. GPs can play an important role in managing symptoms, possibly in conjunction with community palliative care services.

Illness Trajectory



MBS Billing

- Ask your patient to register with MyMedicare to enable longer teleconsulting, care plans and reviews.
- Teleconsults with carer or nurse, without the patient present, can’t be bulk billed, or access Medicare rebate, but when nurse or carer/family member is at home with the patient, bulk billing or a rebate can be applied.
- Level E consults may be used if over 60 minutes.
- Case conference items may be used if you consult with with two service providers and have a 15 minute + discussion eg palliative care team, palliative nurse and aged care nurse etc.
- Medication reviews may be appropriate.

MBS Billing

Suggested timeframe	Medicare initiative	Refer to mbsonline.gov.au for eligibility and service components.	MBS item
0 months	Over 75 Year Health Assessment	Select relevant item based on complexity and PN + GP time. Introduce a discussion about Advance Care Planning or palliative care.	701-707
2nd week	GP Management Plan (GPMP)	For patients with chronic disease; include discussion about Advance Care Planning or palliative care approach.	721
	Team Care Arrangement (TCA)	Requires at least 3 providers, including GP, to collaborate on care. Entitles the patient to Medicare allied health services (EPC): 5 per calendar year.	723
3rd week	GP Mental Health Treatment Plan	Select relevant item depending on time and GP training. As per-Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria	2700-2717
1st month	Case Conference	Opportunity for holistic informed approach to ongoing care for providers, carers and family. Organised by the GP; 20-40 minutes long; requires GP and at least 2 other providers (eg. Palliative Care Specialist) in 'real' time.	739
2nd month	Domiciliary Medication Management Review ('HMR')	Referral to eligible pharmacist; ensures optimal management of patient with 5 or more medications and/or complexity.	900
4th month	Level D consultation	To complete Advance Care Plan, following earlier discussions.	44
5th month	Review GP Mental Health Treatment Plan	4 weeks - 6 months after preparation of plan, review referral feedback and progress against goals.	2712
6th month	GPMP Review	Discuss progress against goals and actions	732
	TCA Review	Discuss progress with team members. Can claim item 732 twice in same day if services are separate and times noted: see www.mbsonline.gov.au	732
8th month	Case Conference	Organised by GP; 15-20 minutes long; GP + 2 other providers in 'real' time.	735
5 per year	Practice Nurse care plan monitoring	Where a GP Management Plan is in place.	10997
After 12 months	Repeat health assessment, care plan and reviews, where clinically required.		as above

Palliative Care Conversations

- Emotional support, counselling and listening is often needed for patients and families for End-of-Life discussions.
- Community Palliative Care services can assist in this process.

Community Palliative Care Service Summary

	MCM	Banksia	Mercy
Region/catchment	4 LGAs - Merri-Bek, Yarra, Hume, Darebin	3 LGAs - City of Banyule, Shire of Whittlesea, Shire of Nilumbik	7LGAs - Brimbank, Maribyrnong, Melbourne, Melton, Moonee Valley, Hobsons Bay and Wyndham.
Hours	7 days a week 0830 – 2100 After hours – on-call nurse available from Caritas Christi for advice	24-hour care service After hours – on-call nurse available from Banksia for advice and visits for urgent circumstances	Hours: 24-hr service including visiting nursing service
Referral process and key contacts	**Online referral -** https://referral.mcm.pal.care/ **Call for information –** (03) 9977 0026 (Office Hours) 1300 789 779 (After Hours)	**Online referral -** https://banksiapalliative.com.au **Call for information -** (03) 9455 0822 (Office Hours) (03) 9483 7940 (After Hours)	**Referral process:** Referral form available via website (word/PDF), completed forms can be faxed to the number on the form **24hr contact number:** 1300 369 019 Fax 03 9313 5710
Team and services	**Palliative Care Nurses** **Palliative Care Registrar + Physicians** **Aged Care Team (Nursing + Counsellor)** **PalCare Home Counsellors** **Bereavement Team** **Volunteers** **Massage Therapy** **Resources and Advocacy**	**Palliative Care Nurses** **Palliative Care Physicians** - supports GPs **Support and Wellbeing Team** - incl. Advance Care Planning **Client and Carer Support Team** - incl. Empowering Carers Prgm **Grief and Bereavement Support Volunteers**	**Team:** Medical, nursing, allied health (PT, OT, SW), counsellors, pastoral care, volunteers, bereavement support **Services:** UNITE (rapid assessment by MDT), aged care team – including Needs Rounds, grief and bereavement services including children's bereavement service.

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Dr Chien Lin
Palliative Medicine Specialist Consultant (24/7) and General Practitioner (Sat)

Overview of this section

Banksia Palliative Care Service

What is palliative care, and how is it delivered?

Who can benefit from palliative care?

How to identifying patients who may benefit from palliative care – timely recognition

Where does CPC sit within GP, RACH, RIR and in-patient?

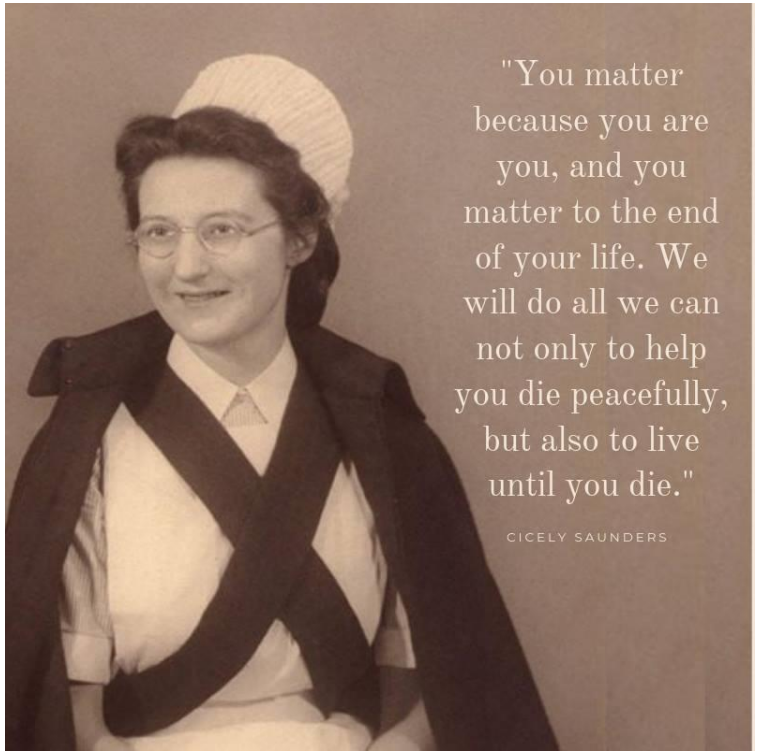
What supports can CPC provide?

Interventions, medications and practical supports to enable end-of-life care at home

Bereavement support

Verification and certification of death in the community

When to refer and referral process?



What is Palliative Care?

Palliative Care Australia - Palliative care is person and family-centred care provided for a person with an active, progressive, advanced disease, who has little or no prospect of cure and who is expected to die, and for whom the primary treatment goal is to optimise the quality of life. [1]

Key points

Life limiting illness

Expected to die (usually 6-12 months)

- *Not always, involvement in potentially curative younger patients, complex symptoms*

Focus is QOL

[1] Palliative Care Australia Website – 'What is Palliative Care' https://palliativecare.org.au/resource/what-is-palliative-care/

Palliative Care

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Does not equal no care!

Patients can receive palliative care together with other therapies that are intended to prolong life.

(WHO, 2018)

Palliative Care

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Aims to enhance quality of life and help patients live as actively as possible.

Regards dying as a normal process.

Provides relief from pain and other symptoms.

Intends neither to hasten nor postpone death.

Integrates the psychological and spiritual aspects of care.

Uses a team approach to address the needs of patients and their families.

Offers a support system to help the family cope during the patients illness and in bereavement.

(WHO, 2018)

Who can benefit from palliative care?

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- **Anyone (adults & children) with a life limiting illness/condition**

- **Cancer**
- **Motor Neurone Disease (MND)**
- **End stage organ disease:**
  - Heart
  - Lung
  - Kidney
- **Dementia**
- **Paediatric e.g. Inherited metabolic disorders**

How to identifying patients who may benefit from palliative care – early (timely) recognition

Banksia Palliative Care Service

- **SPICT; Multiple unplanned crises; Goals of Care review / driven**
- **Cancer – often at diagnosis, before cessation of treatment**
- **Motor Neurone Disease (MND) – at diagnosis**
- **End stage organ disease:**
  - Heart –
  - Lung –
  - Kidney – before ceasing dialysis
- **Dementia / other neurodegenerative diseases – worsening oral intake**
- **Paediatric incl. Inherited metabolic disorders**

Who provides palliative care?

Banksia Palliative Care Service

Palliative Care vs Specialist Palliative Care

Palliative Care

- Care required for people living with life limiting illnesses
- Provided by
  - Nurses
  - PCAs
  - Family
  - GPs, oncologists, geriatricians…

Specialist Palliative Care

- Care provided by specialist palliative care services comprising multidisciplinary teams with specialised skills, competencies, experience and training for people with more complex needs

Palliative Care Service Development Guidelines, January 2018

Where is Palliative Care provided?

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Palliative Care can be provided:

- at home
- at a specialist palliative care unit
- in a hospital
- in a residential aged care facility
- anywhere a person identifies as being their home

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Now to focus on the community!!

Why focus on the Community?

Banksia Palliative Care Service

Where do people want to die? → At Home

Worldwide - 2013 Gomes et al. Systematic Review

- Worldwide data
- 100,000 people, 200 studies
- Results
  - **70% Home**
  - 19% Hospital

Australia

- South Australian Study
- Population Survey (2500 respondents)
- if dying of 'a terminal illness such as cancer or emphysema'
- **70% of Australians want to die at home (South Australian Study)[2]**

Gomes *et al. BMC Palliative Care* 2013, **12**:7
http://www.biomedcentral.com/1472-684X/12/7

BMC Palliative Care

RESEARCH ARTICLE Open Access

Heterogeneity and changes in preferences for dying at home: a systematic review

Barbara Gomes*, Natalia Calanzani, Marjolein Gysels, Sue Hall and Irene J Higginson

> Palliat Med. 2006 Jun;20(4):447-53. doi: 10.1191/0269216306pm1149oa.

Factors predictive of preferred place of death in the general population of South Australia

Linda M Foreman [1], Roger W Hunt, Colin G Luke, David M Roder

Affiliations + expand

PMID: 16875116 DOI: 10.1191/0269216306pm1149oa

1 https://bmcpalliatcare.biomedcentral.com/track/pdf/10.1186/1472-684X-12-7.pdf
2 (Foreman 2006) https://pubmed.ncbi.nlm.nih.gov/16875116/

Why focus on the Community?

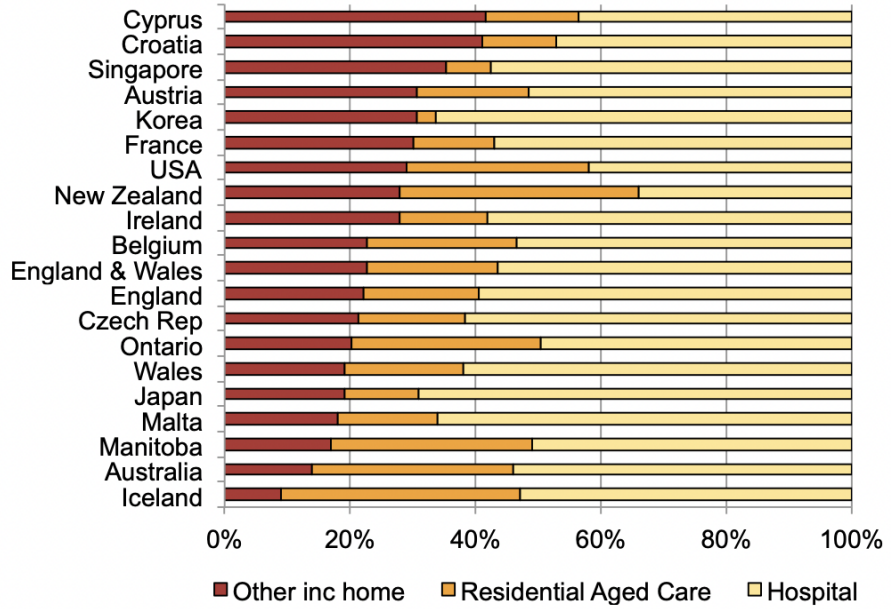
Banksia Palliative Care Service

Where do Australians die (2013 data)

- 54% die in hospitals
- 32% die in aged care
- **14% at home**

In most cases → not at home

Figure 1: Few Australians aged over 65 die at home
Location of deaths in selected OECD countries; per cent of deaths



Source: (Broad et al., 2013 (2013))

1 Broad, Joanna B., et al. "Where do people die? An international comparison of the percentage of deaths occurring in hospital and residential aged care settings in 45 populations, using published and available statistics." *International journal of public health* 58.2 (2013): 257-267.

So…

Banksia Palliative Care Service

70% of Australians want to die at home

Only 14% actually do

Thank you for your interest in CPC!

Hopefully by attending today (and our coming seminars), together with us, you can help us improve this number and also the overall quality of life (and care) for our ‘shared’ patients

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What supports can community palliative care provide?

DISCLAIMER – SOME VARIATIONS IN SERVICE WITH DIFFERENT PROVIDERS

Community Palliative Care Team

Banksia Palliative Care Service

We are a specialised team of health professionals:

Palliative Care Nurses;

Social workers;

Physiotherapist and Allied Health Assistant;

Art and Massage Therapists;

Client Support Volunteers;

Palliative Care Physicians available to support the General Practitioners

***General Practitioners are respected and expected to remain the main medical care providers for patients living and dying in the community in Victoria**

What services do we (CPC) provide?

Banksia Palliative Care Service

Access to support 24/7

Trouble Shooting client and carer concerns

Pain and other symptom relief

Equipment to aid care at home

Social work input for sensitive or complex issues

Allied health input such as music therapy or massage therapy

Respite and support

In the community we are able to arrange direct admission to PCU. This reduces stress to client/carer but also assists in reducing the burden to the healthcare system by avoiding the need to present to ED

CPC and Residential In-Reach

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Both are in addition and not instead of GPs

If in doubt, call someone!

CPC and RIR

Northern Health

Banksia Palliative Care Service

Palliative Care Support

End-of-Life Care and Support

Northern Health Residential In-Reach and Banksia Palliative Care are working together to provide support for your residents. Our approach is to optimise the quality of care for residents facing life-threatening illness and chronic and complex conditions.

Early identification to prevent and relieve suffering is imperative to the end-of-life journey.

WHO SHOULD I CALL?

Northern Residential In-Reach

- ☐ Resident with **unclear** goals of care
- ☐ Resident needing assessment for acute decline or symptoms
- ☐ No palliative care medications charted
- ☐ Regular medication management / rationalisation

Mon-Sun – 8am to 4:30pm

8405 8712

Banksia Palliative Care Service

- ☐ Resident with **clear** goals of care to remain in facility
- ☐ Resident with life-limiting illness or complex symptom management
- ☐ Palliative care medication management and rationalisation, when charted
- ☐ Bereavement and psychological support

Mon-Sun – 8:30am to 5pm

9455 0822

For residents already known to BPCS, please contact Banksia directly for

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Banksia Snap Shot 2023 in Numbers

Banksia Palliative Care Service

- **Referrals Received 1051->1279 (+22%)**
  - Self, relative, friend- 97 (8%)
  - GP, other health specialists- 487 (38%)
  - Aged Care, aged care related service- 211 (16%)
  - Hospitals, inpatient acute & pall care services- 484 (38%)
- **Admissions Completed 855->1086 (+27%)**
  - Non-Malignant 497 (46%)
  - Malignant 589 (54%)
- **Deaths 748->838 (+12%)**
  - Hospital Inpatient 339 (40%) (255 (30%) pall care unit, 84 (10%) acute service)
  - Home 499 (60%) (179 (21%) private residence, 320 (38%) residential aged care)

Considerations for dying at home

Banksia Palliative Care Service

GP engagement including provision of Death Certificate

Equipment needs

Access to end of life/comfort care medications to manage symptoms

Regular nursing visits

Access to afterhours support

Practical and emotional support for wife and family

Bereavement support for family post death

Common interventions, medications and practical supports to enable end-of-life care at home

Banksia Palliative Care Service

Interventions

- Regular visits from experienced RNs to assess symptoms, trajectory of patients
- Emergency provision of equipment to assist care in context of functional deterioration / end of life scenario – BPCS will fund 6/52
- Support from SW / FSW / grief counsellors to provide emotional and social support to patients and their carers
- Allied health input such as music therapy or massage therapy

Common interventions, medications and practical supports to enable end-of-life care at home

Banksia Palliative Care Service

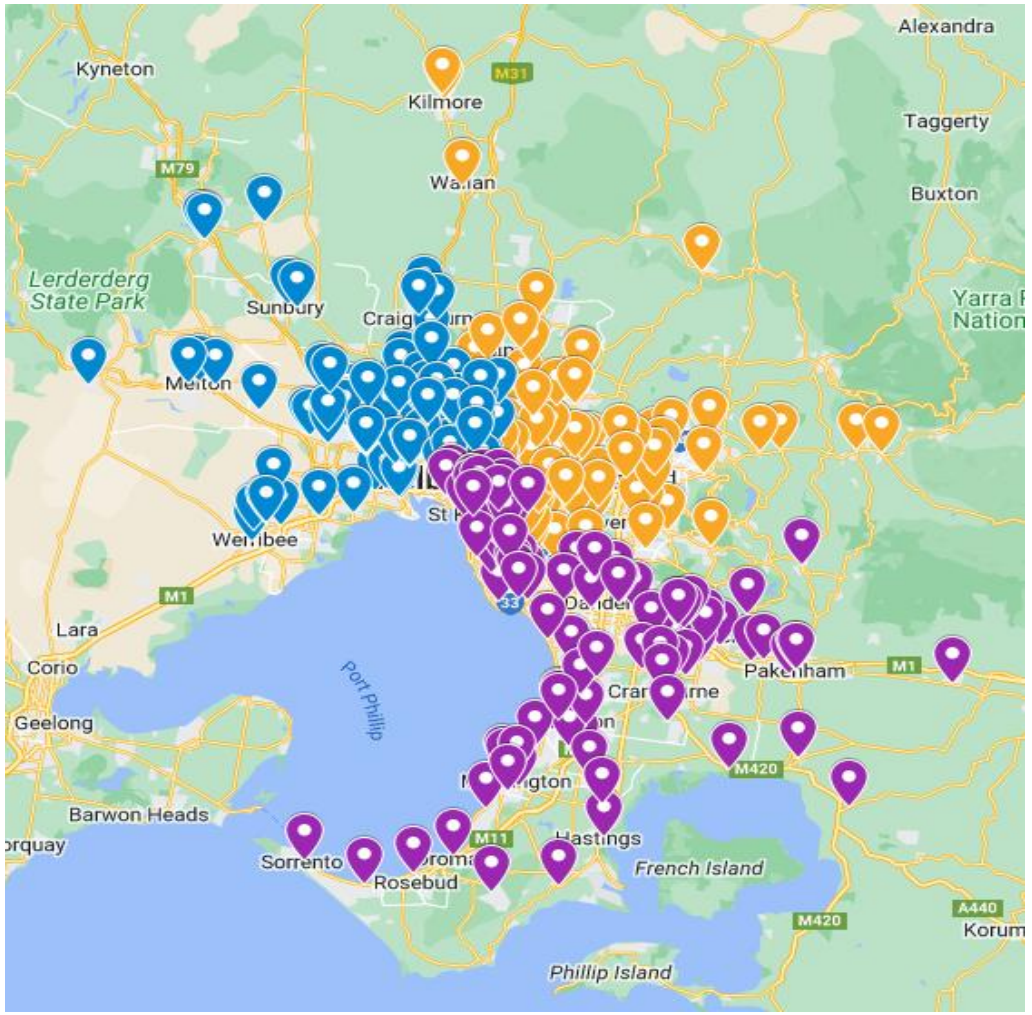
Medications

- RNs and Senior Nurses will provide specialist advice around symptom management medications
- GP remains main treating doctor
- We will often ask for anticipatory medications
  - If GOPC are for comfort measures in event of deterioration, having EOLC medications in home prevents unnecessary hospitalization / suffering
- Palliative Care Physicians available for specialist support, advice around complex cases*

Common interventions, medications and practical supports to enable end-of-life care at home

Banksia Palliative Care Service

You can find a list and map of all metro Melbourne pharmacies stocking the end-of-life core medicines list at the through the following webpage.



Common interventions, medications and practical supports to enable end-of-life care at home

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Practical Supports

- Access to 24/7 phone number with visiting service to provide specialist advice on symptom management and end of life issues
- ENs provide training for family in providing personal care
  - In some cases* may also assist in providing hands on personal care for patient in terminal phase
- RNs provide counseling to family about what to expect at time of death, attend home to verify death

MCCD (Medical Certification of Cause of Death) Purpose

Banksia Palliative Care Service

Legal Purpose

- For validity of a will or life insurance payment

Statistical and Public Health Purpose

- Coded by Australian Bureau of Statistics for evaluation and development of measures to improve health of Australians

For Family Members

- To know what caused the death and to be aware of conditions that may occur in other family members

Safeguard Purpose

- To prevent disposal of bodies without professional scrutiny in relation to suspicious deaths

Verification of death

Banksia Palliative Care Service

- **Banksia will continue to support and visit the client and their support network every day until which time the client dies.**
- **Banksia Palliative Care Nurse will attend the patient's home, complete a Verification of Death, and provide the family with written documentation of the same. Banksia complies with the Victorian Department of Health's Verification of Death Guidelines.**
- **The clients care will be transferred to the deceased clients and carers preferred funeral service.**
- **The clients nominated GP/primary health provider will be informed of the death, and asked to complete the clients Medical Certification of Cause of Death online (www.avant.org.au/Resources/Public/20160411-death-certificates).**

Eligibility to complete MCCD

Banksia Palliative Care Service

“A doctor who was responsible for a person's medical care immediately before death, or who examines the body of a deceased person after death, must, within 48 hours after the death, notify the Registrar of the death and of the cause of the death in a form and manner approved by the Registrar and specifying any prescribed particulars.”

Births, Deaths and Marriages Registration Act 1996

Cause of death

“the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury”

- Information Paper: Cause of Death Certification Australia (2008); ICD; WHO

Completion of MCCD when someone dies under Banksia Palliative Care

In most cases, our nurses will request that the GP complete the MCCD as the primary treating practitioner

In some cases, we may ask hospital doctors to complete MCCD

In some cases, Banksia PCPs may complete*

If no one is able to complete MCCD – Case is passed to the office of the coroner

Grief & Bereavement

Banksia Palliative Care Service

Community Palliative Care Services offer support

- Counselling for individuals and families
- Information and education on grief, loss and bereavement
- Remembrance Services
- Walking Groups

Australian Centre for Grief and Bereavement https://www.grief.org.au/

How to refer to community palliative care

Banksia Palliative Care Service

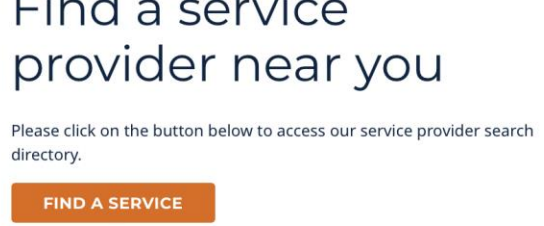
- **Anyone can refer themselves, a loved one or a friend to Banksia Palliative Care Service, with permission from the person being referred.**
- **GPs, Nurses and Specialists can also refer someone to our service - triage is much quicker with health information!**
- **Referrals can come:**
  - Via telephone
  - Via our Website: → follow the link to make a referral

To find your local service:

https://www.pallcarevic.asn.au

→

→



How to refer to community palliative care

Banksia Palliative Care Service

Palliative Care Advisory Service (statewide)

- **1800 360 000 from 7am – 10pm**

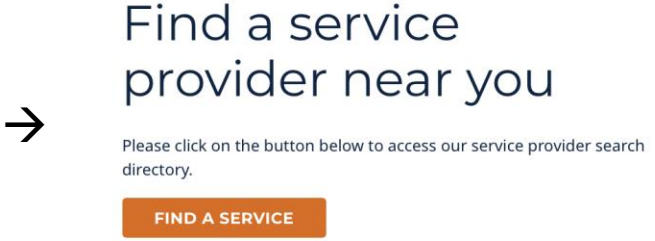
Other Hospital base Palliative Care services

- **Short term (<2 weeks) and/or transitional (other than Clinic)**
- **Works closely with Community Palliative Care services**
- **Inpatient Palliative Care Unit**
- **Inpatient Consult**
- **Outpatient Clinic**
- **Outreach (RAPID) and Hospital in the Home (Palliative Care At Home)**

To find your local service:
https://www.pallcarevic.asn.au →

PalliativeCare VICTORIA
Living, dying & grieving well

→



References

Palliative Care Australia Website

Palliative Care Australia Service Guidelines 2018

Gomes, B., Calanzani, N., Gysels, M. *et al.* Heterogeneity and changes in preferences for dying at home: a systematic review. *BMC Palliat* ***Care*** **12, 7** (2013). https://doi.org/10.1186/1472-684X-12-7

Foreman LM, Hunt RW, Luke CG, Roder DM. Factors predictive of preferred place of death in the general population of South Australia. Palliat Med. 2006 Jun;20(4):447-53. doi: 10.1191/0269216306pm1149oa. PMID: 16875116. https://pubmed.ncbi.nlm.nih.gov/16875116/

Broad, Joanna B., et al. "Where do people die? An international comparison of the percentage of deaths occurring in hospital and residential aged care settings in 45 populations, using published and available statistics." *International journal of public health* 58.2 (2013): 257-267.

Avant Legal Advice

Banksia Palliative Care Service website: https://banksiapalliative.com.au/how-to-refer-a-client/

Births, Deaths and Marriages Registration Act 1996

How to Complete a Death Certificate, Australian Family Physicians, June 2011

Banksia
Palliative Care Service

Thank you!

Northern Health

Advance Care Planning

Dr Hao Zhuo

Geriatrician and Palliative Medicine Physician

Introduction to Advance Care Planning

- ACP is planning for future healthcare; in case you are ever too ill to speak for yourself
- **Conversations** and **communication**
- 'Quality of life' (acceptable outcomes) is defined by the person

- **Level E Consultation** available for
  - Patients in need of advanced care planning, palliative care, and end-of-life care

safekindtogether

Northern Health

Introduction to Advance Care Planning

Reasons for Advance Care Planning
Patient request
Multiple hospital admissions
Life-limiting illness
Conflict in decision-making
Has difficulty with communication but may be able to make decisions with support

Who would speak for you?
&
Would they know what you would want?

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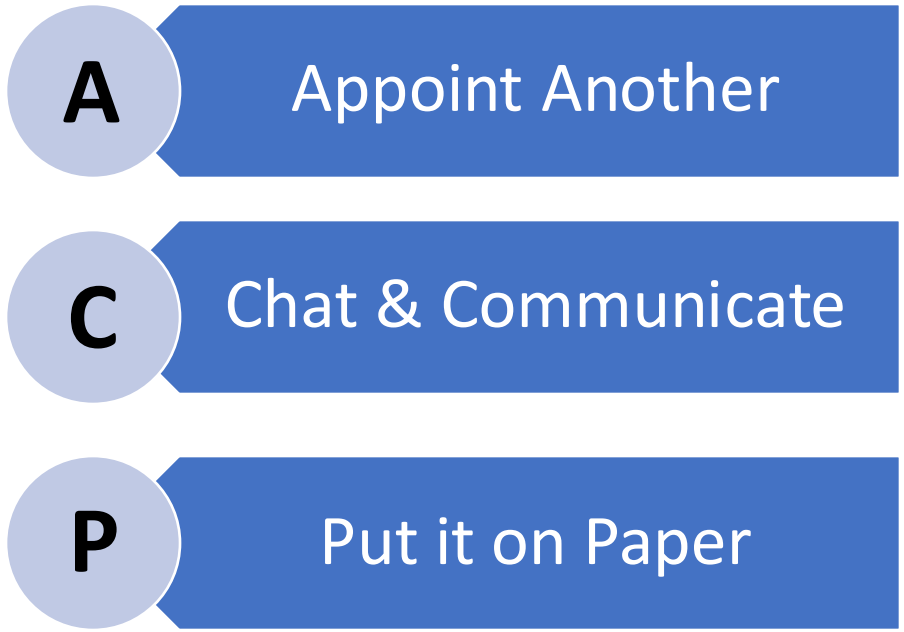
Northern Health

‘Advance Care Planning in 3-Steps’



Hayes B et al. 2017. BMJ Supportive & Palliative Care

A Appoint Another

- A person with **capacity** can appoint
  - **Medical Treatment Decision Maker**
    - To make medical treatment decisions if/when the person loses the capacity to make their own decision

    **Witnessed by a medical practitioner (or someone able to take affidavits) and one other person

    *Medical Treatment Decision Maker must sign to accept

- **Who should particularly consider appointing an MTDM?**

- A person with the capacity to make an appointment
  - Who **prefers someone other** than the default person to be MTDM or
  - Who **will not have** an MTDM or
  - Where there is likely to be **confusion** about the correct MTDM

C Chat and Communicate

- With:
  - Medical Treatment Decision Maker
  - Family/friends
  - GP / Specialist / Nurse / Allied Health
  - Faith leaders

P Put in on Paper

- **Advance Care Directions (one form / two Directives)**
  - Completed by a person with **capacity**
  - Instructional Directive – consent/refusal instruction to health professionals
  - Values Directive – a statement about preferences and values, which MTDM must give effect to

  **Witnessed by a medical practitioner and one other person—confirming the person understands every statement

- **Who should particularly consider writing an ACD?**

- Person with capacity
  - Who has **strong views** about medical treatment or
  - Who **does not have** an MTDM or
  - Where there are likely to be **differing views** in the family

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Advance Care Planning

Learn about the Person The story… of the person and the illness experience
Establish the illness trajectory
How did they respond at significant points?
How have they been coping with the illness?
What is the worst part of the illness?
What matters most?
Have they said anything about this sort of situation?
What do they fear most?
What do they hope for?

Learn about the Family Families are often responding emotionally rather than cognitively
Acknowledge emotions and distress and fatigue
Acknowledge love and caring
It sounds like it has been really difficult recently… how are you coping / feeling
3 W's • I wonder… • I worry… • I wish…

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Shared Decision-Making

The clinicians & treating team know about the medical treatment.

+

The patient, their MTDM, family & important others know about the patient

They interpret the medicine in a way that is meaningful for the patient

Two way interpretive discussion

They interpret who the patient is and what is important to the patient

Together they come to a shared understanding of a medical treatment plan for the patient

Patient or MTDM gives consent (or refuses treatments)

B.Hayes 2020

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Goals of Patient Care

•… is a medical treatment order. It describes a medical treatment plan that takes account of:

(i) the Person's medical illness, illness trajectory and the limits to what is medically feasible;

and

(ii) the Person's **preferences and values** related to medical treatment, within the limits of what is medically feasible

ie Shared decision-making process

Advance Care Directives/ Advance Care Planning

B.Hayes 2020

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Goals of Care Process – Person with Capacity

1. An assessment and a decision about treatment and what is clinically feasible

This is the 'everything possible'

…then within those constraints

2. A decision-making discussion between clinician and **Patient** +/- Support Person or others

…leading to a shared understanding of

- A treatment plan including:
  - overall treatment goals
  - +/-specific emergency treatments / limitations

ie Goals of Patient Care

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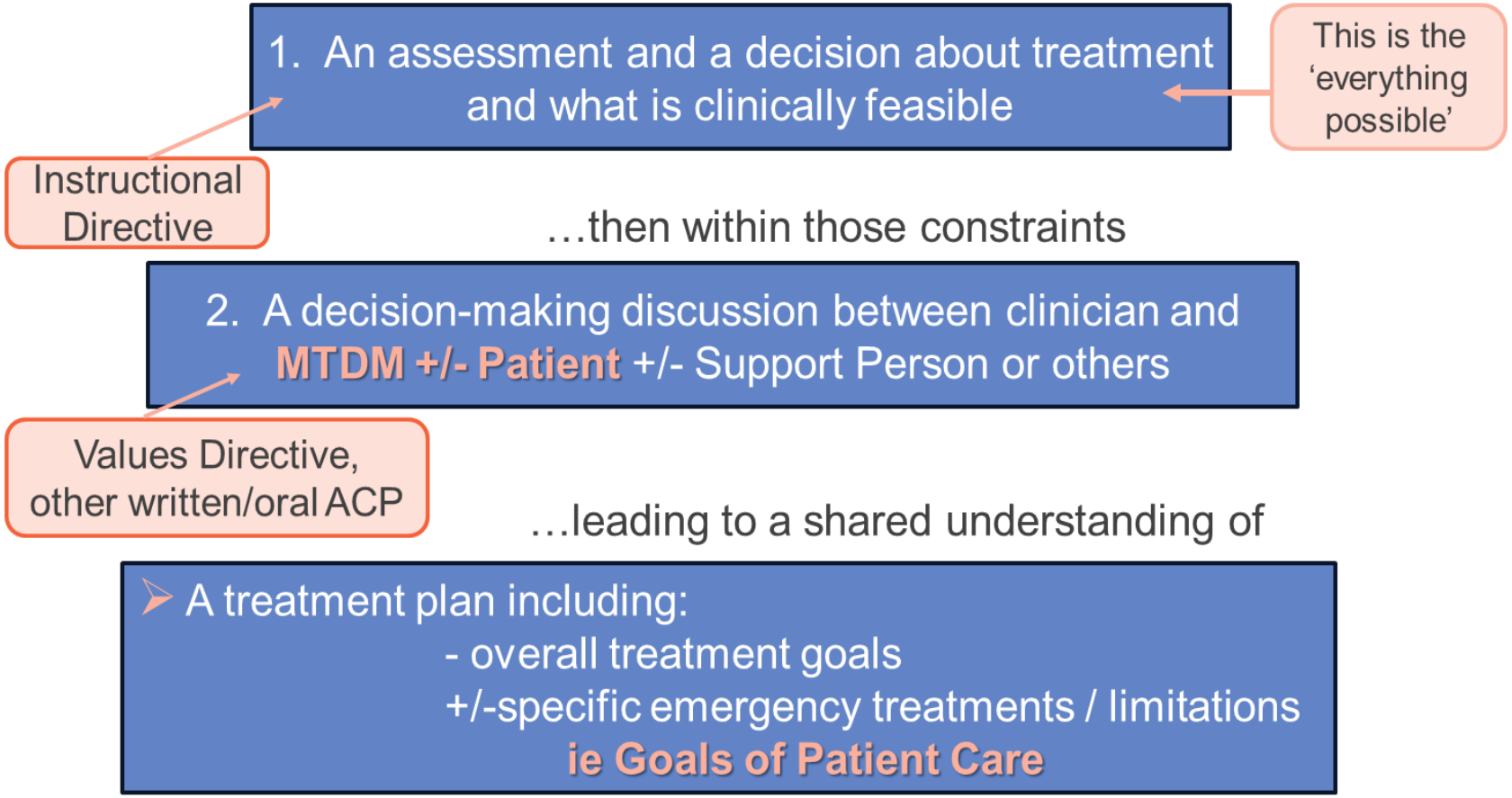
Goals of Care Process – Person Lacking Capacity



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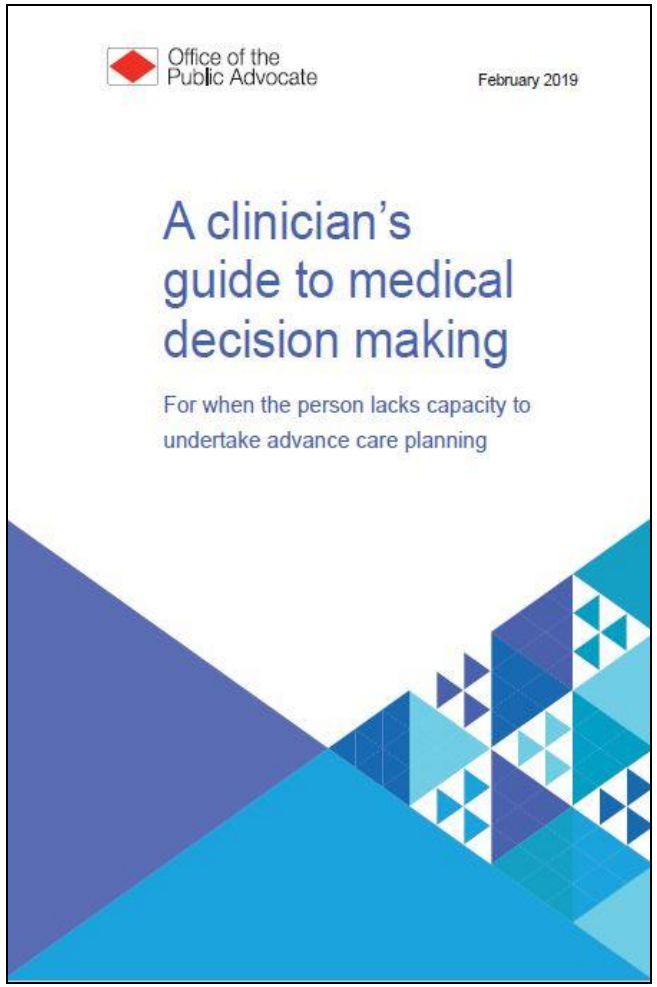
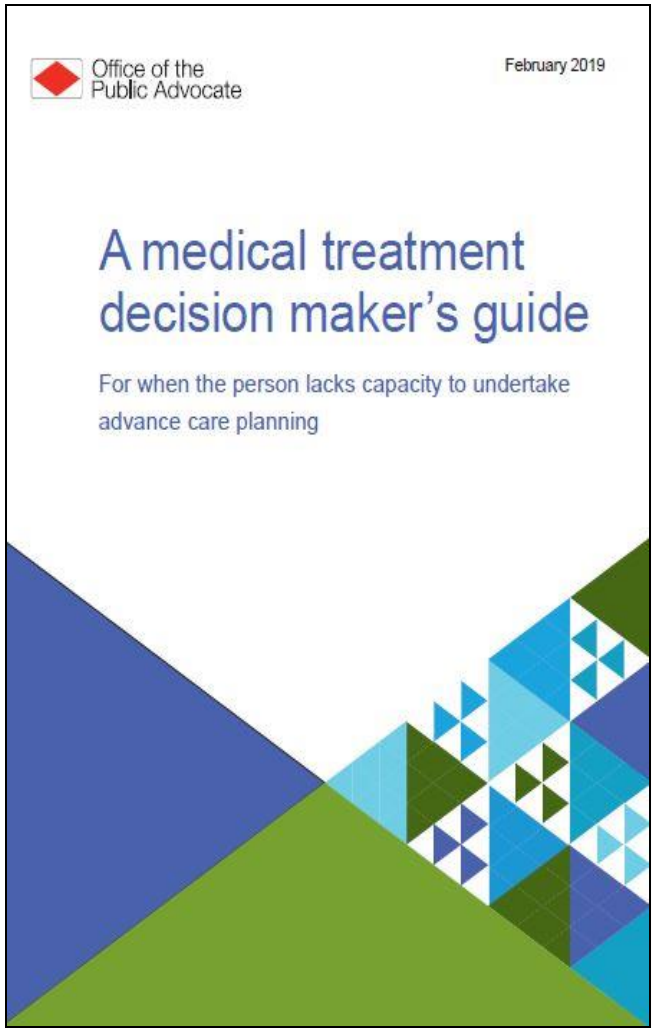
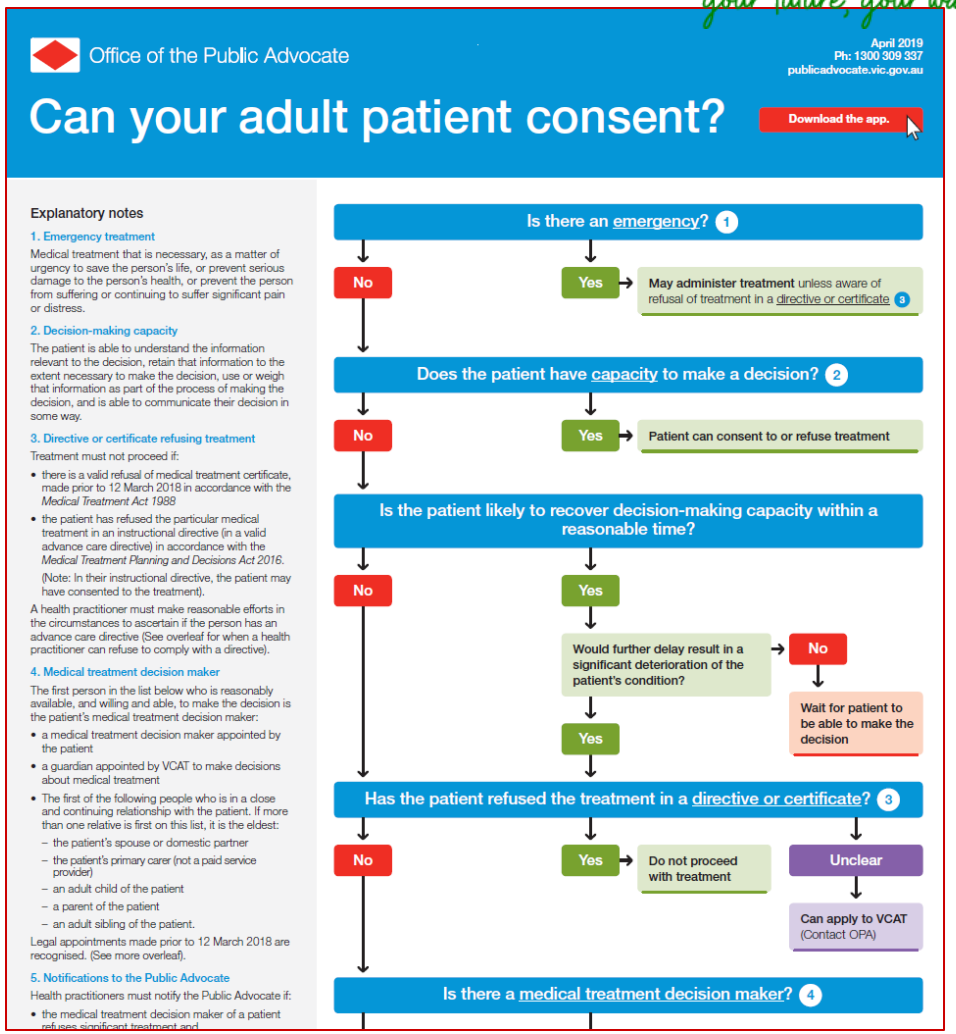
Office of the Public Advocate







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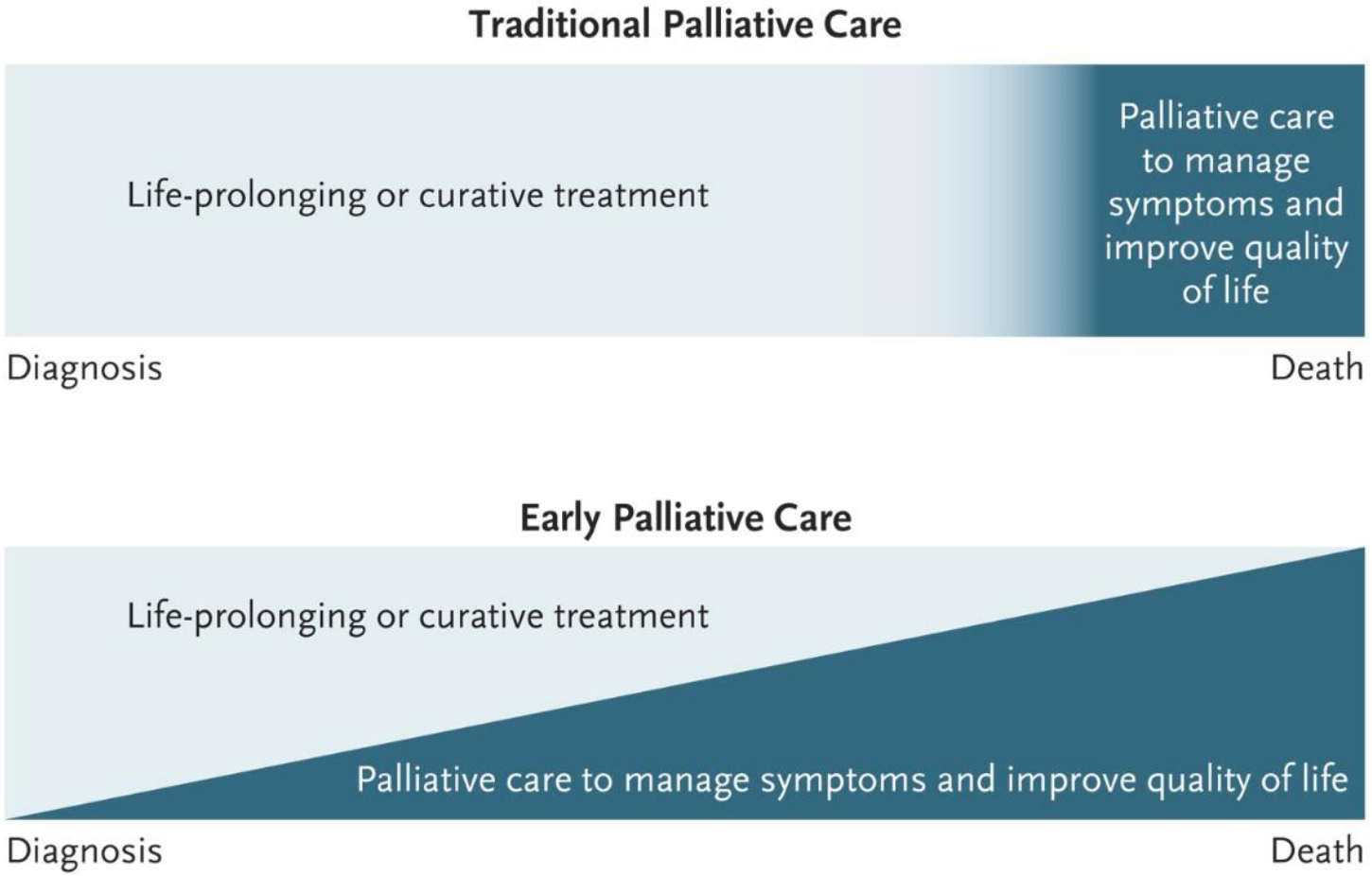
Palliative Approach



Benefits of Early Palliative Care

- **Philosophy or an approach**

- **Noun**: “You need palliation to address your complex pain”
- **Verb**: “To palliate someone”
- **Place**: the thing on gets when they go to the palliative care unit
- **Adjective**: “A palliative patient”
- **Diagnosis**: “The patient is palliative now”
- **A stage**: palliative stage
- **Point in time**: it is not time yet for palliative care
- **Program or team**: refer to the palliative care team
- **Specialty that requires extra training**: palliative medicine fellowship
- **Service or health benefit**: you are not yet eligible to get community palliative care

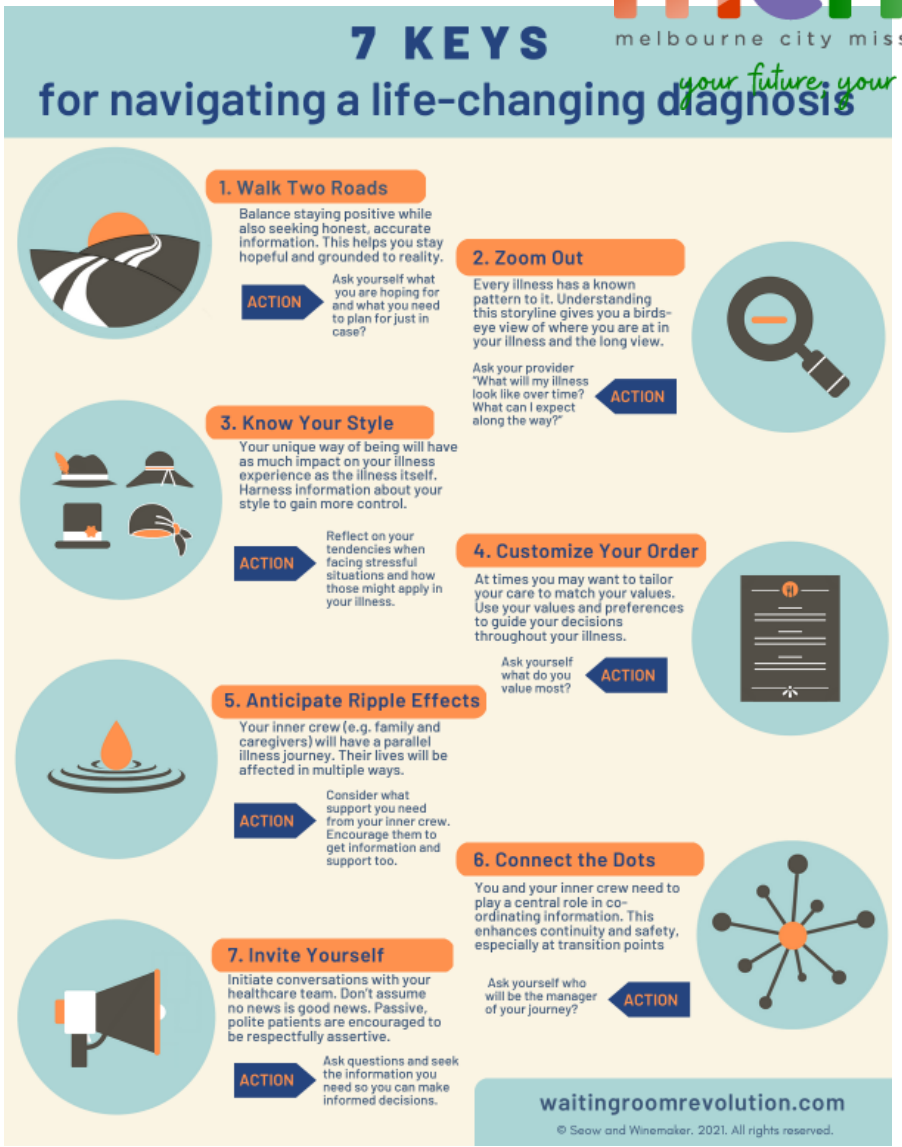
https://www.waitingroomrevolution.com/ 2021

Common Myths

- Palliative care **hastens death**; it is the beginning of the **end**
- Palliative care is only available when you're in your last **few days of dying**
- You can only receive palliative care in a **hospital**
- Palliative care means my doctor has **given up** and there is **no hope** for me
- When I work with palliative care, I will **no longer see** my other physicians
- Palliative care is just for **people with cancer**
- Palliative care is only used to treat **pain**, and they will just give me **morphine**

Communication

1. **Invite reality:** “As we move forward, I’d like us to walk two roads, which means hope for the best and plan for the rest.”
2. **Invite illness understanding:** “Every illness has a known storyline and pattern. How much do you want to know the big picture of your illness?”
3. **Invite character:** “How would you describe your natural style of coping with challenges?”
4. **Invite uniqueness:** “What do I need to know about you to provide the best care possible?”
5. **Invite “family”:** “Who are the people who will be most affected by your illness?”
6. **Invite shared management:** “Let’s talk about how you can stage organised, prepared and feel more in control?”
7. **Invite partnership:** I want to invite you to ask questions and share what’s on your mind. Your voice matters.”



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Key Takeaways

- Advance care planning and palliative care are everyone's business
- Non-malignant deaths are increasing
- Proactive communication and planning for deterioration are essential
- If there are unmet needs in someone with a life-limiting illness, consider referral to palliative care

MERCY CPC

Mercy Health
Care first

VOLUNTARY ASSISTED DYING (VAD)

Mercy Health
Care first

VOLUNTARY ASSISTED DYING

The topic of voluntary assisted dying raises difficult and complex ethical issues, and there is a broad spectrum of opinion on, and support or opposition to, VAD within the Australian community.

This diversity of opinion is also reflected within the palliative care community.

VOLUNTARY ASSISTED DYING DEFINITION

Administering a medication for the purpose of causing death in accordance with the process set out in law:

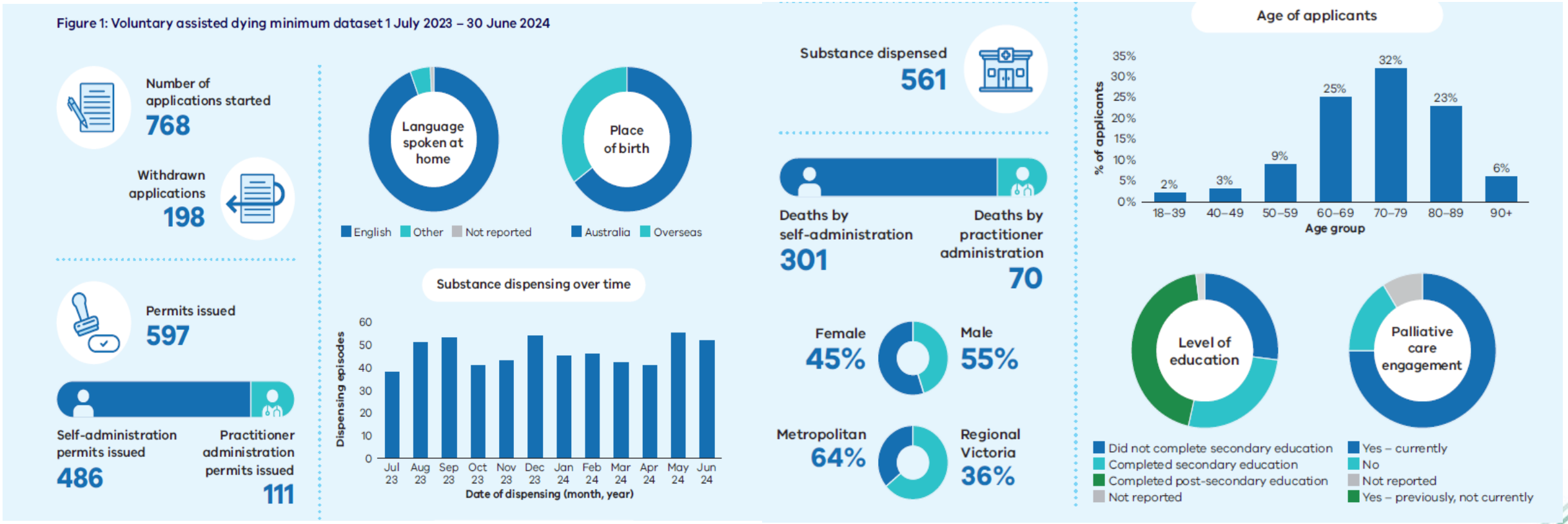
- For people who face an inevitable, imminent death as a result of an incurable disease, illness or medical condition
- Voluntary assisted dying Act 2017 commenced in Victoria 19th June, 2019
- Provides a legal framework for people who are suffering and dying to choose the manner and timing of their death.
- Medication is usually self administered or physician assist

ELIGIBILITY CRITERIA

Must be voluntary & initiated by the person themselves

- Only available to Victorians;
  - Experiencing suffering that cannot be relieved in a manner that the person considers tolerable.
  - Prognosis of less than 6 months (or 12 months if they have a neurodegenerative disease)
  - Over the age of 18
  - Who have lived in Victoria for at least 12 months and are Australian citizen or permanent resident
  - Have decision-making capacity

VAD SNAPSHOT JULY 2023 – JUNE 2024



VAD AND PALLIATIVE CARE

- If a patient wants to access VAD, can they also have palliative care?
- If a patient is receiving palliative care, can they also access VAD?

PalliativeCare
AUSTRALIA

POSITION STATEMENT ON VOLUNTARY ASSISTED DYING

Mercy Health
Care first

- The practice of providing VAD is separate from the practice of providing palliative care.
- The choice to explore VAD should not be based on a lack of access to palliative care.
- Every Australian should have access to quality needs-based palliative care.
- Withdrawing or refusing life sustaining treatment or providing strong medication to relieve suffering does not constitute VAD.

VAD AND MERCY HEALTH

Mercy Health does not support Voluntary Assisted Dying (VAD) and will not provide or facilitate Voluntary Assisted Dying (in accordance Catholic Ethical Standards)

We are legally bound not to raise this subject with any patient.

If asked by a patient about VAD … *Mercy staff will respond in a timely and compassionate manner which is congruent with Mercy Health's identity, values and tradition of person-centred care.*

- Mercy Health Requests for Voluntary Assisted Dying Policy

Mercy Health will **not abandon, impede or encourage** a client participating in VAD

QUESTIONS?

QI spotlight: Palliative care for general practice

- NWMPHN's next spotlight runs between February and April 2025 and focuses on **building general practice capability in managing palliative care patients**.
- The first phase of this activity involves attending tonight's webinar.
- Two online workshops will follow in February and April 2025. Links to both events are coming soon.
- The spotlight has two activity streams that providers can select: **palliative care** and **advanced care planning**. It is open to general practitioners and practice teams, and will be CPD-accredited (total hours to be confirmed). The spotlight will include points on the following activities: educational activities, reviewing performance and measuring outcomes.
- For more information and to pre-register, contact Jack.Williams@nwmphn.org.au

Palliative care visit for general practice

- North Western Melbourne Primary Health Network (NWMPHN) and Eastern Melbourne Primary Health Network (EMPHN) have partnered with the North and West Metropolitan Region Palliative Care Consortium to offer general practices the opportunity to connect with local community based palliative care providers.

- General practices can request a visit from a community palliative care team member to provide information, education, and support, and help improve understanding and access to community palliative care services.

- This is open to any practice in the NWMPHN catchment, as well as practices in Banyule, Nillumbik and Whittlesea local government areas in the EMPHN catchment.

Apply here.

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts

- clear and concise, evidence-based medical advice
- Reduce variation in care
- how to refer to the most appropriate hospital, community health service or allied health provider.
- what services are available to my patients

HealthPathways – Foundations in palliative care for general practice

HealthPathways – Palliative care

HealthPathways – Relevant Pathways

Palliative Care

Palliative Care Overview
New Palliative Care Patient
GP Palliative Care Resources
Palliative Care Advice
Carer Resources and Support Services

Palliative care medications

Pain Management in Palliative Care
Pain Medications in Palliative Care
Syringe Drivers
Medication Management and Polypharmacy in Older Adults
Terminal Phase Management
Subcutaneous Fluid Administration in Palliative Care
Deprescribing and Dose Administration Aids
Medication Management and Polypharmacy
SafeScript
Medicines Information and Resources

Referrals

Palliative Care Services Referrals
Acute Palliative Care Assessment (Same-day)
Specialist Palliative Care Services (SPCS)

Legal and Ethical

Advance Care Planning (ACP)
Advance Care Planning (ACP)
ACP Advice and Assistance
ACP Documents and Forms
ACP Important Terms and Explanations
Certification of Death
Consent
Privacy Information

MyMedicare
Practice Management Resources

Palliative Care Pathways Resources and Referral pages

Emergencies in Palliative Care

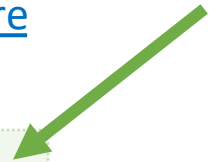
Bowel Obstruction in Palliative Care
Delirium and Terminal Restlessness in Palliative Care
Hypercalcaemia of Malignancy
Malignant Spinal Cord Compression
Raised Intracranial Pressure in Palliative Care
Seizure Management in Palliative Care
Superior Vena Cava Obstruction (SVCO) in Palliative Care
Terminal Haemorrhage in Palliative Care

Essential conversations

Advance Care Planning (ACP)
ACP Advice and Assistance
ACP Documents and Forms
ACP Important Terms and Explanations
Terminal Phase Management
Caring for a Dying Patient at Home
Bereavement, Grief, and Loss
Bereavement, Grief and Loss Resources and Support Services
After Hours Services.

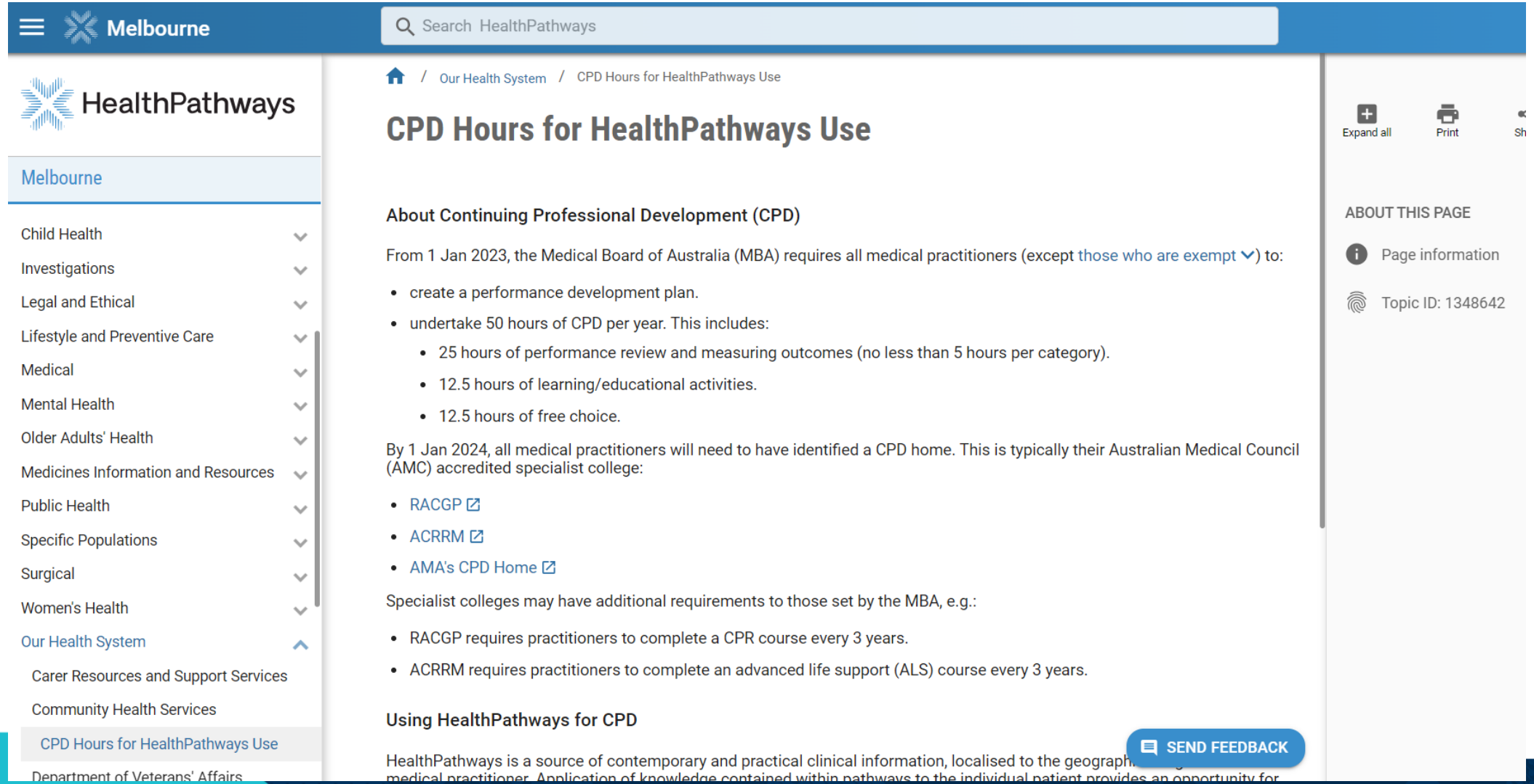
Symptom Control in Palliative Care

Anxiety, Distress, and Agitation in Palliative Care
Cachexia and Anorexia in Palliative Care
Constipation in Palliative Care
Corticosteroid Use in Palliative Care
Cough in Palliative Care
Diabetes in Palliative Care
Dyspnoea in Palliative Care
Excessive or Retained Airways Secretions
Hiccups in Palliative Care
Nausea and Vomiting in Palliative Care
Oral Care in Palliative Care
Pruritus (Itch) in Palliative Care
Sleep Disturbances in Palliative Care
Sweating in Palliative Care
Weakness and Fatigue in Palliative Care



CPD Hours for HealthPathways Use

CPD Hours for HealthPathways Use



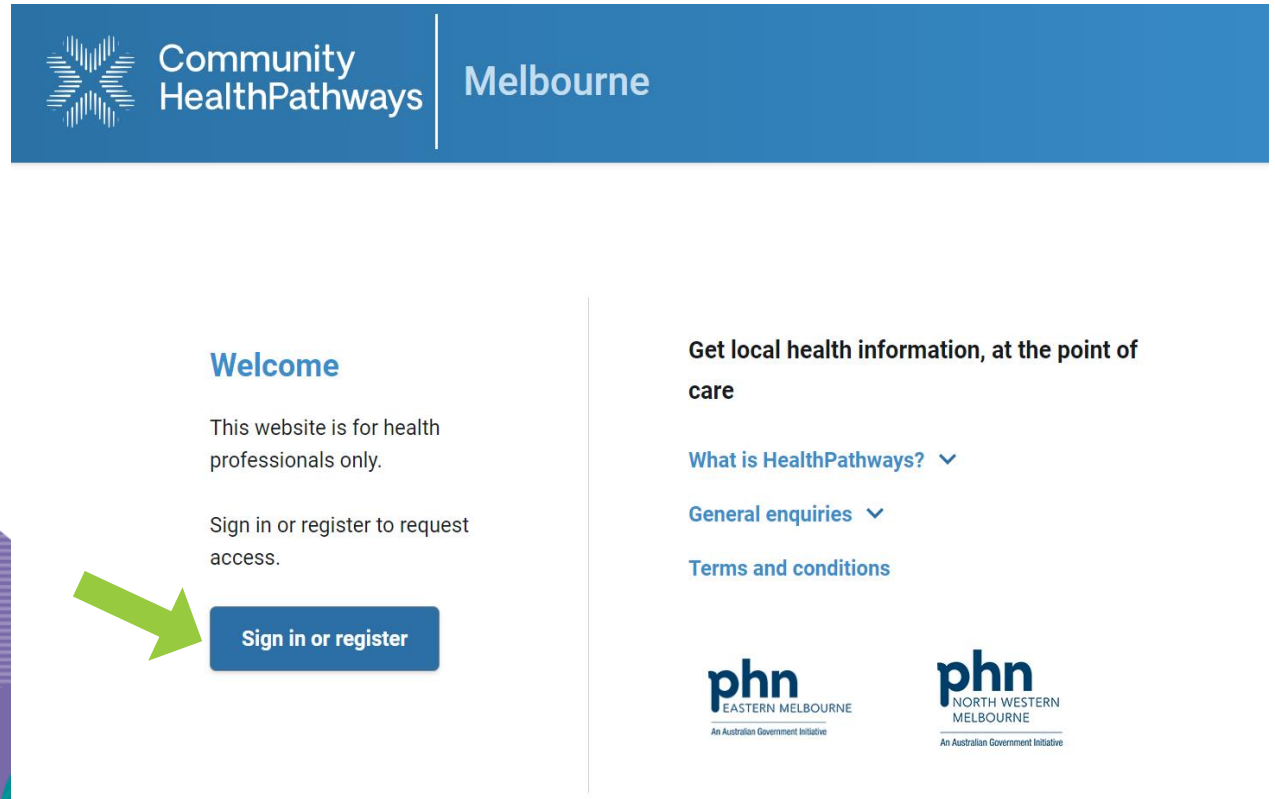
Accessing HealthPathways

From 30 September 2024, eligible users can sign-up for an individual HealthPathways Account.

For existing users, once logged in, you will see a banner at the top of the screen inviting you to start the process. Simply click on the banner to start creating your individual HealthPathways account.

Accessing HealthPathways

For new users, go to melbourne.healthpathways.org.au or scan the QR code to register.



Questions? Contact the team on:
info@healthpathwaysmelbourne.org.au

Session Conclusion

We value your feedback, let us know your thoughts.

Scan this QR code

You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

RACGP CPD will be uploaded within 30 days.

To attend further education sessions, visit,

https://nwmphn.org.au/resources-events/events/