

# Implementing Advance Care Planning and the Medical Treatment Planning and Decisions Act

VHQA Conference May 2018

# Advance Care Planning

*A process of planning for future health and personal care, whereby the person's values and preferences are made known so that they can guide decision-making at a future time when the person cannot make or communicate their decisions.*

A national framework for advance care directives. Australian Health Ministers' Advisory Council, 2011.

# Advance Care Planning

*Reflecting, thinking, talking, finding out more information*

Medical Treatment  
Decision Maker

Support Person

Advance Care  
Directive

Instructional  
Directive

Values  
Directive

82% of Australians think it's important to talk to their family about how they would want to be cared for at the end of their life.

Only 28% have done so.

Source: Palliative Care Australia Incorporated

Patients expect clinicians to initiate discussions about advance care planning and end-of-life preferences.

Many doctors feel poorly prepared to conduct end-of-life discussions and do not routinely initiate conversations until late in the course of illness.

Bernacki RE and Block SD. Communication About Serious Illness Care Goals: A Review and Synthesis of Best Practices. *JAMA Intern Med.* 2014;174(12):1994-2003

# National Standards: Edition 2

	<h2>Partnering with Consumers</h2> <p>Shared decision-making with patient and/or substitute decision-maker</p>
	<h2>Comprehensive Care</h2> <p>Individualised treatment plan: agreed goals, support people Processes for receiving, storing and documenting ACP End of life care: identify patients; specialist palliative care; staff education, supervision and support; review safety and quality of care.</p>
	<h2>Communicating for Safety</h2> <p>Structured handover process that includes awareness of patient's goals and preferences</p>



*Advance care planning: have the conversation. A strategy for Victorian health services 2014-2018*

**Four priority action areas:**

1. Establishing robust systems so that organisations can have the conversation
2. Ensuring an evidence-based and quality approach to having the conversation
3. Increasing workforce capability to have the conversation
4. Enabling the person being cared for to have the conversation

# Advance Care Planning in 3 steps

A

- Appoint a MTDM

C

- Communicate your wishes

P

- Put it on Paper

'ACP in 3-Steps' © Northern Health 2009



# Medical Treatment Planning and Decisions Act 2016

# Governance

- Steering Group
  - Key stakeholders
  - Multidisciplinary
- Policy and Procedure review
  - 60 existing procedures – mostly minor amendments
  - New procedures – e.g. pharmaceutical therapy

# Documentation

- State-wide
  - DHHS / OPA templates
- Local
  - Forms review
    - ~ 30 forms: mainly consent forms
  - Nursing Admission Assessment
  - Goals of Care
    - Precinct-wide

# Patient management system

- Alerts
  - MTDM / MEPOA
  - Written ACP
  
- Patient registration sheet
  - MTDM and Support Person



MELBOURNE HEALTH

4031326

Example, Nine (Mr)

DOB: 18/11/1959

Male 58 years, 3 months



Patient Information

<b>Country of Birth</b>	New Zealand	<b>Spoken Language</b>	English
<b>Religion</b>	Catholic	<b>Marital Status</b>	Single
<b>ATSI</b>	NOT Aboriginal or TSI	<b>Occupation</b>	Full Time

Residential Address

2 Kingsland Street  
 Brunswick VIC 3055  
**Phone** 9323 3278      **Mobile** 0400123123  
**Work**  
**Email** mrexample@train.com.au

Mailing Address

Patient Contacts

<b>Contact 1 / NOK</b>	Mr David Simpson <b>Relationship</b> Neighbour/Friend 4 Kingsland Street, Brunswick VIC 3055, Australia <b>Comment</b>	<b>Phone</b> 9323 2278 <b>Mobile</b> 0400321321
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<b>Emergency Contact</b>	Mrs Sarah Example <b>Relationship</b> Wife 12 Smith Court, Brunswick VIC 3055, Australia <b>Comment</b>	<b>Phone</b> +64 21 232 278 <b>Mobile</b> +64 400 123 12
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<b>Appointed MTDM</b>	Mrs Jane Example <b>Relationship</b> Daughter 1 Star St, Talbot VIC 3371, Australia <b>Comment</b> Appointed MTDM – paperwork scanned in to patient record	<b>Phone</b> 03 9387 1122 <b>Mobile</b> 040022333
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<b>Support Person</b>	Mrs Sarah Example <b>Relationship</b> Wife 12 Smith Court, Brunswick VIC 3055, Australia <b>Comment</b> Wife elderly – lives in Nursing Home	<b>Phone</b> 03 9387 1122 <b>Mobile</b> 0444111222
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Insurance Details

Elected	Registered Health Fund	Policy	Insurance Plan	Policy State Date
<input type="checkbox"/>	Medicare – Public Patient	0	Not Specified	30/01/2017
<input type="checkbox"/>	Transport Accident Commission	0	Not Specified	27/02/2015
<input type="checkbox"/>	Medibank Private	1231151534	Top	01/01/2013

Patient Identifiers

<b>Medicare No</b>	23119792811	<b>Pen Concession</b>	1325154ASC
<b>Veteran Affairs</b>	VX1234561	<b>Aged Pension</b>	
<b>Mental Health</b>		<b>Health Care Card</b>	

Primary GP / Practice

Dr Jeffrey Orders <b>Phone</b> 03 9210 1122 <b>Fax</b> 03 9210 9988 <b>Comment</b>	Betta Health Medical Centre 2 Kingsland Terrace Kingsland 1021 New Zealand
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PATIENT REGISTRATION FORM

Medical Treatment Planning & Decisions Act 2016



IP1C

# Education

- Health Practitioners
  - ~70 presentations
- ACP Champions
- Ward/administrative Clerks
  - iPM changes
  - Organisational obligation
- Consumers
  - ACP information updated
  - National ACP Week information stall

# Communication strategy

- Weekly updates in Bulletin
- Monthly articles in newsletter
- Emails to senior medical staff
- Intranet and Internet
- Screen savers

# Legislative Compliance

- Acts and regulations administered by DHHS related to public health, mental health, health services provided to Victorians.
- New MTPD Act = new legislative requirements
  - Are there controls in place to ensure that before a health practitioner administers medical treatment to a person who does not have decision-making capacity to make the medical treatment decision, the health practitioner makes reasonable efforts in the circumstances to ascertain if the person has either or both of the following:
    - an advance care directive;
    - a medical treatment decision maker?
- Compliance Result
  - Yes / No / NA & Current Risk Rating
  - Current Controls
  - Identified Gaps and Actions Required



# Collaborative approach

- Precinct
  - Consent
  - Advance Care Planning
  - Goals of Care
- Primary and Community care providers
  - NWMPHN Roles and Responsibilities booklet  
<https://nwmphn.org.au/clinical-community/advance-care-planning/>
  - Outreach education
  - Consumer education

