The role of the champion

Tuesday 15th July 2014
Sam Brean  Eastern Health ACP Program Lead
Today

- Eastern Health (EH)
- EH ACP program journey
  - 2003-2011 baseline data
  - 2012 ACP Redesign Forum
- ACP champions
  - Internal and external
- Future state vision
  - Developing sustainability
7 hospitals, over 8000 staff, serving 700,000 people in the Eastern Region

Source: Department of Health Victoria 2008.
Eastern Health ACP baseline

2003-2011

- Low ACP uptake approximately 35 ACD completed per year
- 500 staff trained in respecting patients choices (RPC)
- EH ACP staffing levels: 1.6EFT nursing 0.1EFT medical
- ACP policy and procedures
- Strong organisational support
- Loss of momentum
ACP redesign forum October 2012

Please note irrespective of where the stakeholder was based many experienced similar challenges.

- Challenging conversations
- Skepticism
- Numerous EH patient electronic systems
- Resources
- Documentation

Barriers

Evaluation

- Brainstormed with Austin & Barwon Health ACP programs
- Researched best practice
- Rapport
- Audit compliance to wishes
- Review of electronic systems
- Revised ACP documentation & included indigenous artwork

Continuous improvement

- Flexible approach
- Develop ACP internal/external engagement
- Simplify electronic systems
- Compliment clinicians
- Sustainable models of ACP

Continuous improvement
Internally our first steps....

- We realised there was a mismatch between supply v’s demand
  - we needed to link with stakeholders

- Expanded EH ACP service from **referral only** to:
  - Complimenting clinicians daily work
    - Complex family situations
    - Refusal of treatment certificates
    - Advice & guidance
    - Available for staff and their families
    - We coach clinicians in real time
    - We are available for the community (Non EH patients)
    - We assist other organisations’
Initial internal stakeholder engagement

- Clinical focus on Ambulatory services
  - Transition Care Program (TCP)
  - Hospital Admission Risk Program (HARP)
  - Residential In Reach
- Palliative Care Services
- Integrated Renal Services
Process for developing champions

- Recognition
- Understand work flow
- Implement
- Trouble shoot together
- Evaluate
Internal engagement data

Completed ACP documents/discussions

- TCP
- HARP
- Renal
- Palliative care

- 2012
- 2013
- 2014 YTD
TCP champions

- TCP 12 week program
  - (72 inpatient beds and 22 community clients Total = 94)
- TCP case managers championed implementation of ACP
- ACP team provided education, administrative and clinical support
- 2013 92 ACD completed
- 2014 28 ACD completed YTD
HARP champions

- HARP 3-6 month program
- Approximately 600 episodes per month
- Depending upon HARP stream needs we offer differing support
Internal champions continued

Residential In Reach
Dr. Andrea Bee

HARP/Residential In Reach Project
Palliative Care Nurse Practitioner
Fiona Mcloed

Geriatric Evaluation Management (GEM)ward Angliss Hospital
Nurse unit manager Essy Shergis
External stakeholder engagement
External champions

- Inala Independent Living Clinic (44 residents)

General Practitioner Dr. David Webster
Practice nurse Anne Dalton &
Eastern Health Nursing Coordinator

### Inala GP Clinic ACP Outcome Data

<table>
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<th>Number of Clinics</th>
<th>Patients Seen</th>
<th>ACP Completed</th>
<th>ACP Declined</th>
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Community engagement – ‘The Puffing Billies’
Community demand for ACP

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**Research indicates that:**

- Patients do not have distress or anxiety as a result of hearing the truth about their illness
- Patients want their doctor to talk to them about end of life issues, and they want the discussion to occur sooner rather than later
- Advance care planning reduces stress, anxiety and depression in surviving family members

*(Gesme & Wiseman, 2011)*
Current community Initiatives

- ACP in the Yarra Valley
  - Partnership between Eastern Health and Eastern Medicare local
  - Aim is to develop a sustainable model for ACP

- Assisting practice nurses to implement own ACP initiatives

- We aim to assist all interested parties to raise awareness and ultimately develop sustainable models
Is our approach working for EH?

2013

ACP team: 57%
Other: 43%

2014 YTD

ACP team: 25%
Other: 75%
Future state principles

- Contained, targeted, measurable approach across the region not over saturate
- Ensure flow of information to enable adherence to wishes

Link with stakeholders

- Build into patient flow
- Discussion owned by everyone
- Monitor quality of experience for all
- Audit outcome of ACDs where available
- Continuous improvement

Quality service
Reflection's

- Increasing demand from the community and clinicians
- For ACP to be successful we believe in developing sustainable model/s
- Small changes can have a big impact
- One size does not fit all
- We are still evolving
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