

Enabling State Wide Advance Care Planning Initiative

Advance Care Planning Initiative

East Hume & Border

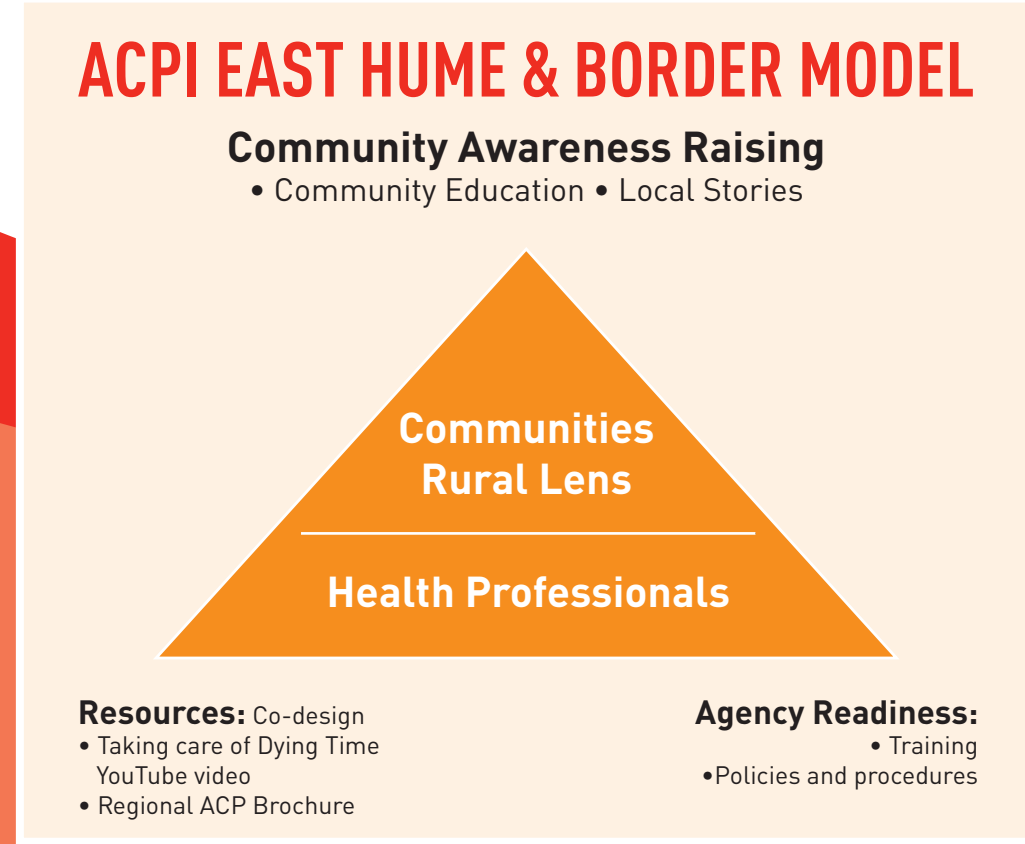
Executive Summary

Project Officer: Tricia Hazeleger

Project auspice: Central Hume Primary Care Partnership

Project funded by Victorian Department of Health and Human Services

May 2015 to December 2016



Recommendations

The Advance Care Planning Initiative: East Hume and Border has met project requirements and contributed significant resources towards promoting ACP in keeping with the Victorian Advance Care Planning Strategy 2014 - 2018. The following are recommendations from the Project.

Recommendation 1

Support local community and volunteer involvement in promoting ACP

ACPI activities have demonstrated the benefits of supporting community and volunteer ACP literacy and capacity, especially when linked with agency and health professional readiness.

Actions for consideration:

- 1.1 Develop a state-wide community and volunteer focused ACP program such as the Advance Care Planning Volunteer Ambassadors Program and provide a flexible pool of locally co-ordinated funds to support a sustainable and cost effective approach to 'having ACP conversations' throughout Victoria.
- 1.2 Targeted funding to reach diverse population groups could be provided through trusted local agencies under the guidance of state peak bodies and utilising platforms such as the 28 Primary Care Partnerships across Victoria.

The development of the 'Taking Care of Dying Time' ACP video in partnership with the Central Hume Primary Care Partnership's Aboriginal Community Support Worker (funded by Koolin Balit - Victorian Aboriginal Health & Wellbeing Strategy) reconfirmed the need to support targeted community ACP activities to reach diverse population groups.

Recommendation 2

Resource catchment and regional ACP improvements through collaborative co-ordination

Analysis of ACPI achievements provides evidence of the need to continue a collaborative approach to local, sub-regional and regional ACP systems improvement and the benefits of funding a regional co-ordination role to support agencies and communities to meet the Victorian Government's ACP objectives.

Actions for consideration:

- 2.1 Resource regional co-ordination roles to facilitate collaborative ACP improvements in health services and communities across Victoria.
- 2.2 Extend inter-professional ACP education and training by providing inter-sectoral ACP workshops in catchment based groups to ensure a consistent approach to ACP and referral / transfer pathways.
- 2.3 Develop consistent state-wide Mortality Review processes to incorporate ACP.

Recommendation 3

Use local stories to inform community and health system change in regional, state and federal policy and practice

ACPI activities have highlighted the value of identifying, collecting and actively using personal and professional ACP experience stories to influence ACP developments. This was demonstrated through 'Introduction to ACP' community sessions; 'Taking Care of Dying Time' ACP videos; the Victorian and New South Wales Ambulance Services meeting; advocacy documents and meetings such as on the Victorian Position Paper: Medical Treatment Bill; and the CHPCP Executive's Benalla Roundtable with the Federal Assistant Minister for Health and Aged Care.

Action for consideration:

- 3.1 Address ACP cross border and inter-state traveller issues through ACP mutual recognition agreements; incentives for health professionals and individuals to upload ACD and Substitute Decision Maker documents to My Health Record; ACP pathways prioritised and linked to health pathways (chronic health conditions, end-of-life) being developed by the Primary Health Networks.

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EXECUTIVE SUMMARY

Advance Care Planning Initiative: East Hume & Border – description and methodology

The Advance Care Planning Initiative: East Hume & Border Project was part of a state-wide initiative to enable Advance Care Planning in Victoria.

The Central Hume Primary Care Partnership was the auspice for the Project which operated from May 2015 to December 2016.

The Project catchment covered the local government areas (LGAs) of Alpine, Benalla, Mansfield, Wangaratta (Central Hume); and Indigo, Towong, Wodonga (Upper Hume) and the NSW border areas serviced by the health services in those LGAs.

The Project worked within a Model that had four components:

1. Community awareness raising about Advance Care Planning (community empowerment)
2. Training for health professionals on Advance Care Planning (workforce capacity building)
3. Developing resources for Advance Care Planning (localised and met health literacy requirements)
4. Supporting Advance Care Planning agency readiness in health organisations through the development of policies and procedures.

The funding for the Project was from the Victorian Department of Health and Human Services. This was provided through Networking Health Victoria who identified three consortia to develop process tools to support health services to implement and sustain Advance Care Planning (ACP) across organisations within a defined catchment area.

Rationale for the Project

In 2014, the Victorian Government released its Advance Care Planning Strategy [Advance care planning: have the conversation: A strategy for Victorian health services 2014 - 2018](#)

Prior to the release of the Victorian Advance Care Planning Strategy, a Regional Forum in November 2013 in Albury, highlighted concerns about Advance Care Planning including lack of community awareness; need for a central repository for Advance Care Planning resources that could be shared by organisations; and building expertise in health services to support Advance Care Planning in the north east of Victoria & bordering NSW areas.

Partnerships

A Regional Advance Care Planning Working Group was formed at the 2013 Forum to address identified concerns. The Central Hume Primary Care Partnership was a member of the Regional Working Group and had a key role with facilitating the Forum. The Regional Working Group was supported by Hume Medicare Local. A Consortium formed to apply for funding from the Victorian Department of Health to progress the work of the Regional Working Group. The Central Hume Primary Care Partnership was approached to auspice the Project due to the Hume Medicare Local ceasing in June 2015.

Project partners

Upper Hume catchment <ul style="list-style-type: none"> Albury Wodonga Health Lutheran Aged Care Mercy Health Albury Tallangatta Health Service Albury Wodonga Aboriginal Health Service 	Central Hume catchment <ul style="list-style-type: none"> Alpine Health Benalla Health Mansfield District Hospital Northeast Health Wangaratta Central Hume Primary Care Partnership
Community members and other representatives including New South Wales (bordering areas)	
<ul style="list-style-type: none"> Community Members – Palliative Care Volunteers (2) from Mercy Health Albury GP Yarrawonga Murray Primary Health Network 	<ul style="list-style-type: none"> Legal Representative Financial Services Murrumbidgee Local Health District Ambulance Victoria and Ambulance NSW

Key findings & messages from the Advance Care Planning Initiative: East Hume & Border

The key findings based on the four components of the Advance Care Planning (ACP) Model utilised in this Project were:

Community Awareness Raising

- ☛ Take ACP to local communities / groups.
- ☛ Local stories are the most powerful learning tool.

Training for health professionals on Advance Care Planning

- ☛ Changing professional practice needs more than what the current training on ACP provides.
- ☛ Inter-sectoral education supports integrated health system development.

Resources

- ☛ Co-design of ACP resources with local professionals and community members produces the best results.

Agency readiness: policies and procedures

- ☛ KISS - keep it simple and savvy.

The key messages are:

☛ Whole of system approach

Working collaboratively to enhance Advance Care Planning works best to achieve change in rural and regional areas.

☛ Readiness meets community expectations

ACP agency readiness and inter-professional education is best addressed before significant community awareness takes place to ensure local services respond effectively and positively to people producing Advance Care Plans.

☛ Local relevance: one size does not fit all

Local community based ACP groups have the best chance of ensuring the community awareness activities are relevant and well targeted; the inter-professional education is accessible and contextualised; and the agency readiness reflects local service systems and pathways.

☛ Build for Sustainability

Involvement and investment in the community-based ACP Group by local health services increases local ownership and commitment to future ACP development.

☛ Wearing lots of hats

Rural health professionals are community members too, ie. daughters, sons, parents, etc. and often wear many inter-related 'hats' eg. Rotary, chronic health support groups, etc. Therefore working on agency readiness and inter-professional education also results in increased community awareness and vice versa.

☛ Monitor and evaluate

Capturing what works and what can be improved, eg. feedback forms at community events and education sessions; and using Most Significant Change processes; provides data for improvement.

Way Forward

Late in 2016, the Regional ACP Working Group began to look at sustainability post the Project. It was agreed that the two Primary Care Partnerships (Upper Hume & Central Hume) would support sub-regional ACP Working Groups in 2017. Work would continue at the local level with ACP Community Awareness raising events. A high profile speaker would be brought to north east Victoria to address CEOs and Senior Management on Advance Care Planning.

A regional ACP Consultant would be contracted to work March to June 2017 to undertake ACP Agency Readiness audits; support the further roll out of the Volunteer Ambassador Program; and to develop specific resources to enable consistency in approach across north east Victoria.