

FEBRUARY 2019

CHA VAD RESPONSE TASKFORCE

CLINICAL GOVERNANCE
RECOMMENDATIONS



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PART 1 - CLINICAL GOVERNANCE FRAMEWORK RECOMMENDATIONS

This document presents the synthesis of the work of the CHA VAD¹ Response Taskforce in relation to clinical governance issues relevant to the VAD legislation. It is presented as a series of recommendations for CHA Members to adapt within the context of their own governance frameworks.

The objectives of these recommendations are:

1. To recommend a structured competency approach governance system (referred to here as a tiered system) to respond to issues relating to VAD;
2. To provide clinical governance guidelines which reflect the ethics and legal advice consistent with our ethical principles;
3. To recommend policy provisions, guidelines, and education and training designed to support a consistent response.

The CHA Taskforce wishes to thank the following services for their work in developing these guidelines:

- Calvary Health Care;
- St John of God Healthcare;
- St Vincent's Hospital Melbourne & St Vincent's Health Australia;

1. Voluntary Assisted Dying, as defined by the Voluntary Assisted Dying Act 2017 (Vic)

CLINICAL GOVERNANCE FRAMEWORK

In recognising the significance of the Voluntary Assistance Dying (VAD) Legislation and its potential impact for patients, residents and staff, the CHA Taskforce agreed to a common approach to clinical governance which will enact our ethic of care. This begins with each facility selecting a dedicated executive as the sponsor overseeing the VAD response process, with regular reporting to the CEO and Board as relevant. It also includes a tiered escalation system for any issues which arise related to VAD, to ensure that appropriate care services and expertise are available to patients, residents and staff.

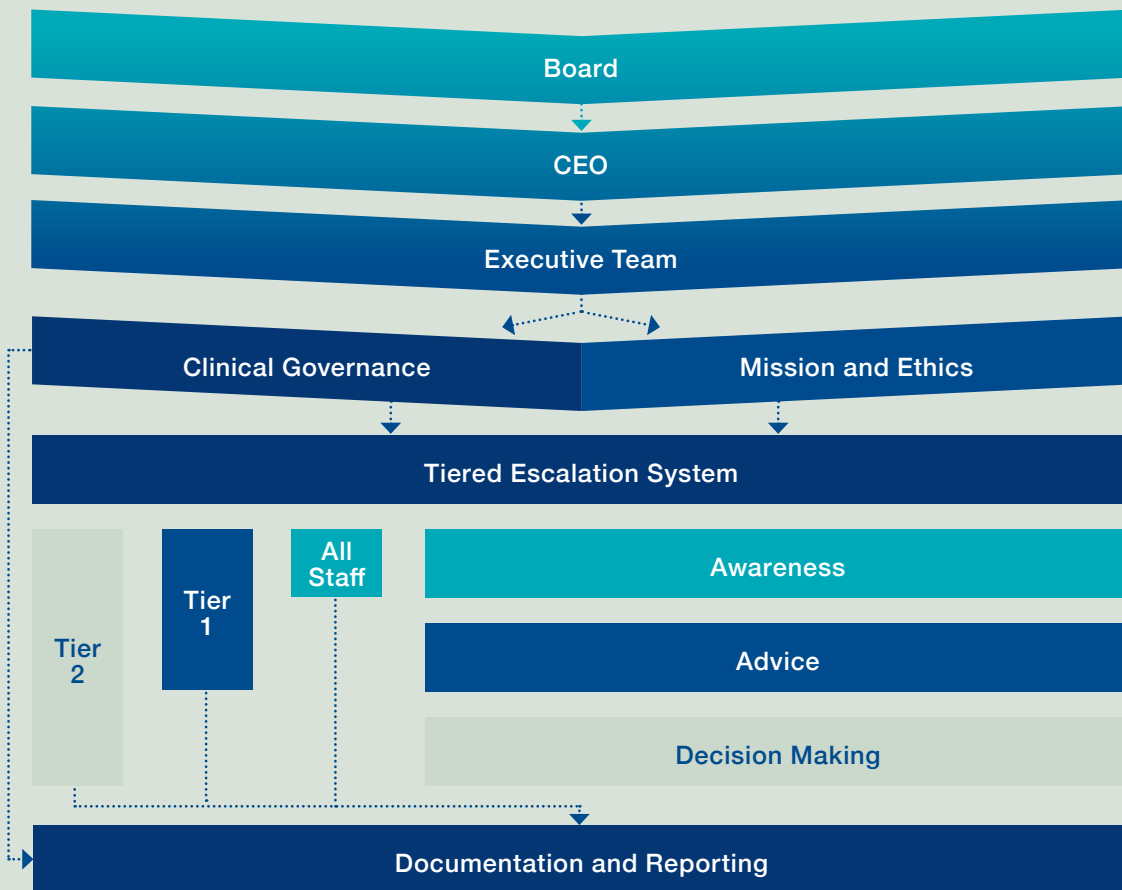


Figure 1: Tiered Governance Framework

CLINICAL GOVERNANCE FRAMEWORK

TIERED SYSTEM

The CHA taskforce acknowledges that different scenarios may arise once VAD is legal and will require different levels of competency in response to VAD related clinical issues. These range from basic competencies which all staff should be familiar with to more complex competencies which will be required in certain complex cases. We recognise that these will be different for acute care, sub-acute care, aged care, and community care environments.

In response, we recommend all services work to establish tiered competencies across their systems. This tiered system is reflected in all of the recommendations which follow. Our recommendation that every interaction between patients/residents/clients with our services in relation to VAD has a tiered response recognises the significance of any such interaction, and that it requires a thoughtful and well informed response.

Our recommendation for the Tiered system is described below. Table 1 illustrates the recommended tiers and requirements are described below:

	All Staff	Tier 1	Tier 2
Awareness			
Awareness of organisational position	✓	✓	✓
Awareness that VAD can only be initiated by a patient	✓	✓	✓
Awareness of basic information provision re: VAD	✓	✓	✓
Awareness of documentation requirements	✓	✓	✓
Awareness of escalation requirements	✓	✓	✓
Advice			
Manage sensitive discussions and address end of life concerns	X	✓	✓
Provide advice on end of life care options	X	✓	✓
Connect patients / residents / clients to end of life care options	X	✓	✓
Decision Making			
Management of complex cases	X	X	✓
Escalate and Inform relevant stakeholders	X	X	✓
Manage risks	X	X	✓
Commission or seek expert advice as required	X	X	✓

Table 1: Capability Framework for Tiered Governance System

CLINICAL GOVERNANCE FRAMEWORK

TIERED SYSTEM

ALL STAFF

We recommend that all staff receive training and education that enables them to respond with *All Staff* competencies.

Our recommendation is that *All Staff* are:

1. Aware of the organisation's position on Voluntary Assisted Dying;
2. Aware that they must not initiate discussions about or recommend 'Voluntary Assisted Dying'.
3. Aware that, if they are asked about 'Voluntary Assisted Dying', that they need to disclose certain information to the person asking OR seek out an alternative staff member who can disclose information in a timely manner:
 - a. That their service does not provide nor facilitate VAD;
 - b. That there are care options that their care service is able to connect them to, and that they can offer information on those/connect the person in their care to these options if they would like to seek this out;
 - c. And, are readily able to access written information for patients/clients/residents which communicates the same;
4. Aware of how to document any interactions related to VAD;
5. Aware of how to escalate to Tier 1 or Tier 2 response where required.

TIER 1 – STAFF WITH PROFESSIONAL EXPERTISE

We recommend that our services establish a *Tier 1* response capability which is designed to include relevant professional expertise for discussions about options for patient/resident/client end of life care.

A *Tier 1* response will:

1. Engage in open and sensitive discussion with a patient/resident/client about their end of life concerns;
2. Provide advice to patients, residents or clients on end of life care options;
3. Provide advice to caregivers on end of life care options;
4. Connect patients, residents or clients to end of life care options;

We note that such capability is an existing recommendation for all services which seek to provide excellent end of life care, and that it can be fulfilled by various clinical staff, from specialist doctors to appropriately trained nurses or other allied health personnel. We recognise that access to Tier 1 response capabilities will differ from service to service, and recommend that services consider the following:

Tier 1 – Services with access to specialist palliative care services

In these services, a Tier 1 response may involve referral to the available specialist palliative care services for patients for whom palliative care is appropriate. If there are patients for whom palliative care is not appropriate, other staff with Tier 1 competencies may also be considered.

Tier 1 – Acute or Sub-Acute services without access to specialist palliative care services

In these services, a Tier 1 response may involve setting up pathways to other services with specialist palliative care competency or undertaking education and training with selected staff to ensure that a Tier 1 team is available within the service;

Tier 1 – Aged Care

In these services, a Tier 1 response would normally involve enacting a referral pathway to a resident's treating GP or the service's on-call GP. It may also include the provision of information to the resident about end of life care options, which they may wish to discuss with the GP. Notwithstanding this, such services may also consider undertaking education and training with selected staff to provide a Tier 1 response within the service;

Tier 1 – Community Care

In these services, a Tier 1 response would normally involve enacting a referral pathway to a client's treating GP or the service's on-call GP. It may also include the provision of information to the client about end of life care options, which they may wish to discuss with the GP. Notwithstanding this, such services may also consider undertaking education and training with selected staff to provide a Tier 1 response within the service;

CLINICAL GOVERNANCE FRAMEWORK

TIERED SYSTEM

TIER 2 - EXECUTIVE LEADERS WITH DECISION MAKING AUTHORITY AND COMPETENCY

We recommend that our services establish a *Tier 2* response capability which is designed to take on responsibility for decision-making in complex scenarios. A *Tier 2* team will normally be comprised of senior staff who have decision-making authority for the organisation.

A *Tier 2* response will:

1. Have decision-making capability and authority in complex cases;
2. Inform relevant stakeholders (internal and external);
3. Prepare risk mitigation plans;

4. Seek advice (such as ethical or legal advice) where needed

A Tier 2 team will take the overall responsibility in both responding to complex cases and provide support for the governance of the system. This means that the membership of the team should consist of both clinical and executive leadership. CHA will be developing formation and training in ethical, legal and governance considerations related to VAD to support Tier 2 teams.

IMPLEMENTATION OF THE TIERED SYSTEM

We recommend the implementation of the Tiered System to be in conjunction with an organisation-wide education program.

STAFF EDUCATION AND DEVELOPMENT

The Taskforce recommends an organisation wide education system incorporating the relevant clinical and policy information. The relevant programs should contain tiered information and a recommended program is shown in Table 2 and Table 3, with reference to the Taskforce’s recommended clinical guidance.

Education Requirements	All Staff	Tier 1	Tier 2
Awareness			
General Education and Awareness Program on response and escalation	✓	✓	✓
Policies, guidelines and procedures	✓	✓	✓
Access to patient information and brochures	✓	✓	✓
Advice			
Specific training on “end of life conversations”	x	✓	✓
Specific training on VAD legislation and options of care	x	✓	✓
Training on organizational VAD related policy and pathways	x	✓	✓
Decision Making			
CHA formation and training ethical and legal governance	x	x	✓

Table 2: Recommended Education Program for Tiered Governance System

Clinical Guidance		All Staff	Tier 1	Tier 2
1A	Staff not initiating discussion about VAD	Build awareness	Engage in discussion	Provide support and decision with reference to duty of care, ethical and legal considerations.
1B	Responding to requests for VAD Information	Build awareness, provide written information	Engage in discussion and advice options	
2A	Responding to those who are going through the VAD process	Awareness of escalation process	Awareness of complexity, provide general advice, consider escalation process	
2B	Responding to those who are in possession of VAD substance			
3A	Responding to those who have taken the VAD substance but not caused death			
3B	Responding to those who have died of VAD			
3C	Responding to those who requests for staff member to be present / assist with VAD			
4A	Managing grief and Bereavement following VAD	Awareness and general support	Professional bereavement support	

Table 3: Education Contents Supporting Complex Response and Policy Framework

INFORMATION PACKAGES

The Taskforce recognises the wide range of operational environments for Catholic care facilities and recommends tailored communication packages to meet the needs of different operational settings.

The following documents are recommended for each facility:

Clinical Guidance	Public Hospitals	Private Hospitals	Community	Aged Care
Position Statement on Voluntary Assisted Dying	✓	✓	✓	✓
Response to Voluntary Assisted Dying Policy	✓	✓	✓	✓
Consumer information regarding End of Life Care*	✓	✓	✓	✓
Guidance for VMOs working within Catholic Healthcare Facilities	✓	✓		
Guidance for GPs working with residents or clients in Catholic Healthcare Facilities regarding VAD			✓	✓

Table 4: Information Packages Recommended for Service Sectors

* It is recommended that consumer information on end of life care should:

1. Be provided for all new residents that are accepted into aged care facilities
2. Include clarity about the extent and scope of end of life care services that are available to them in organisations that are congruent with our position, and how to access these;
3. Include the state health department website and information line which is the appropriate resource if a person wishes to seek out information of their own accord.