



ST VINCENT'S  
HOSPITAL  
MELBOURNE



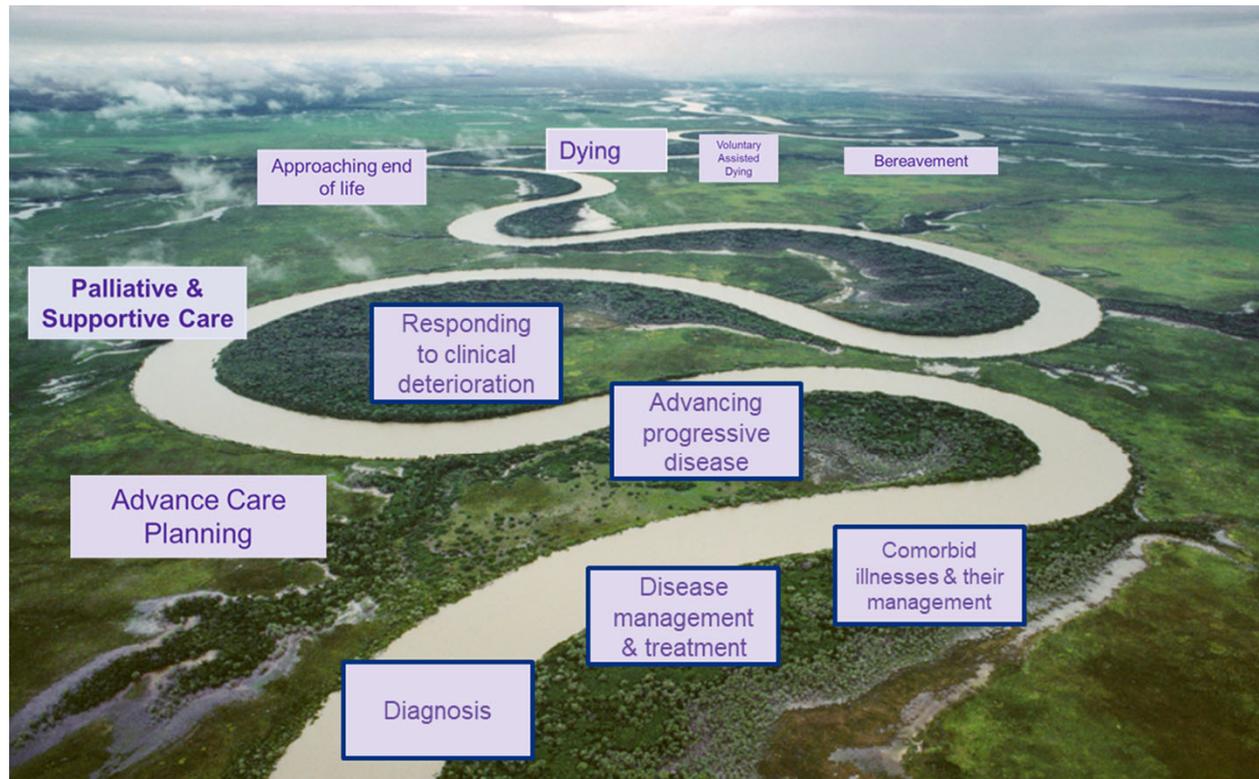
## Responding to the Voluntary Assisted Dying (VAD) Legislation at St. Vincent's Hospital Melbourne

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# Caring for those with serious illness



Across an illness trajectory people may be thinking about dying/death as a

- Possibility
- Probability
- Inevitability

Expression of suffering....

# Challenges (for all service providers)

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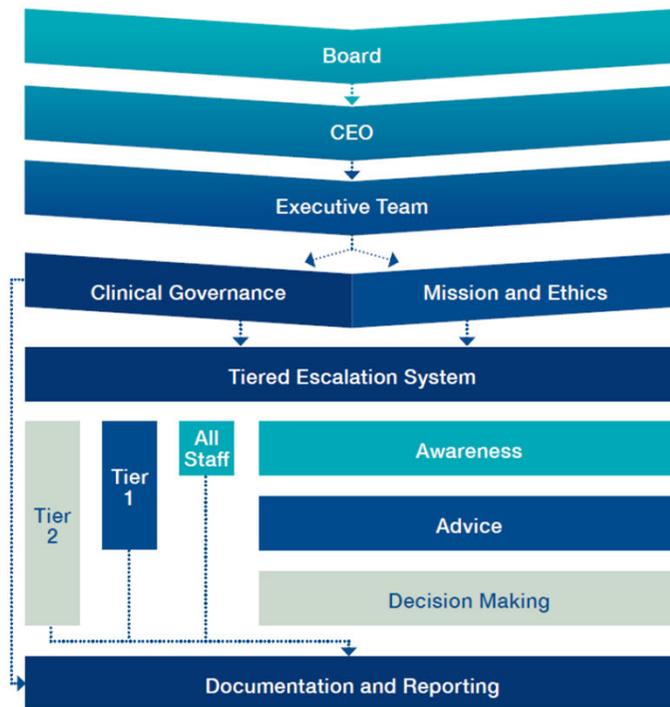
- **Translating the broader context of St Vincent's Health Australia's position statement representing, Catholic Identify & Code of Ethics, to the reality of maintaining 'coal face' care by staff for patients.**
- **Creating a program that could:**
  - Understand the context of care for those with serious illness and work with those where dying was a possibility/probability
  - Participate in the discernments that legislated change would bring to the clinical, legal and ethical spaces of care
  - Keep the patient/person and their needs at the centre of care – What can we do, rather than what we can't
  - Manage the potential for significant variations in care needs and care outcomes
  - Maintain support and education for clinical staff within SVHA/M context
- **Creating a framework that could support the program's objectives**

# Framing & creating a program –

## CHA End of life care VAD response taskforce



Framing clinical, legal and ethical issues



Capability Framework for Tiered Governance System

	All Staff	Tier 1	Tier 2
<b>Awareness</b>			
Awareness of organisational position	✓	✓	✓
Awareness that VAD can only initiated by patient	✓	✓	✓
Awareness of basic information provision re: VAD	✓	✓	✓
Awareness of documentation requirements	✓	✓	✓
Awareness of escalation requirements	✓	✓	✓
<b>Advice</b>			
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	✓	✓
<b>Decision Making</b>			
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	✓

Tiered Governance Framework

Key: SVHM Implementation discernment & processes

# SVHM Implementation discernment & processes

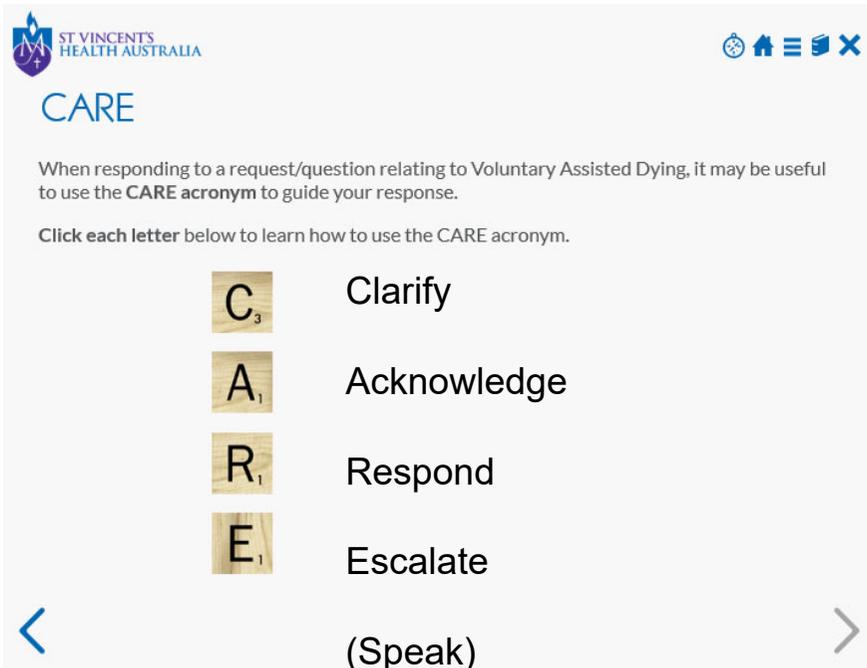
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- **St Vincent's Ethic of End of Life Care**
- **SVHA & SVHM Response to VAD Policy**
- **SVHM Response to VAD guidance**
- **Education and training platform**
- **EOLC & VAD FAQ**
- **End of life liaison service (ELLS) (Tier 1)**
- **Response to VAD Executive working group (Tier 2 )**

# End of Life Liaison Service (ELLS)

**ELLS Clinically focussed team that responds to requests for information and/or access from expressions of desire for death to VAD process.**

**ELLS has 24 hour referral process ensuring timely, appropriate responsive support for patients, family and staff.**

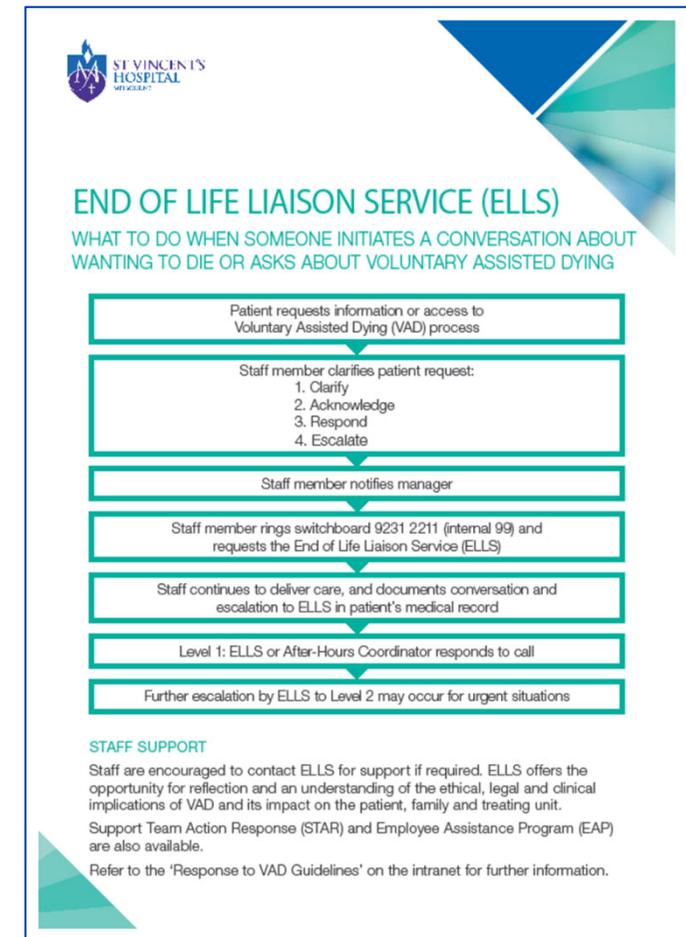


**CARE**

When responding to a request/question relating to Voluntary Assisted Dying, it may be useful to use the **CARE acronym** to guide your response.

Click each letter below to learn how to use the CARE acronym.

- C<sub>3</sub>** Clarify
- A<sub>1</sub>** Acknowledge
- R<sub>1</sub>** Respond
- E<sub>1</sub>** Escalate
- (Speak)**



# SVHM ELLS Framework

## Level one

ELLS 1 team:

- Palliative Care Consult Service & Program manager
- Clinical assessment & planning
- Education & training
- Comms skill
- Response position and care planning

Responds to any request relating to wish to die/desire for death or patient expression surrounding VAD

## Level Two

ELLS 2 team:

- Senior clinicians
- Executive members: CMO & CNO, Mission
- Legal representation
- SVHA Ethics Representation
- VAD Program team

Advice for complex issues of ethics, legalities, and care

Join Education, training staff support

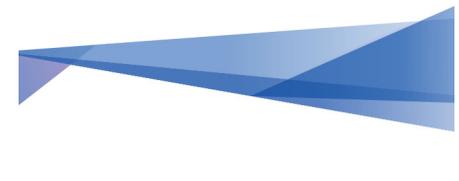
## Level '0'

- ACP & EOLC activities
  - Program manager
  - ACP CNC
  - Unit ACP& EOLC champions
- Support for patient, carers & staff



What are the components of communicating about care?

- Clinical nuts & bolts....care planning
- Legal requirements
- Decision making processes –Ethics



# Outcome and Learnings



**Each situation is unique in presentation, timing and issues raised.**

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- Patient:
  - Patients feel heard , with timely response
  - Expressions of distress & raising VAD are not a 'fast track' to the assumed end result
  - VAD new acronym for patients to raise a flag to be heard
  - Cohort that recognise dying is imminent
  - Limited awareness that they are the drivers of the VAD process
  - Awareness of potential limitations/barriers surrounding SVHM, still desire care through SVHM/expressions of frustration ( often beyond SVHM-the legislated system issues.
- Carer/family:
  - Limited awareness of the VAD process
  - Significant impacts on supporting patient's requests +ve & -ve
- ELLS
  - Governance structures have provided organisational confidence
  - ELLS ensures a robust clinical process and patient focus with appropriate interaction btw tier 1 & 2
  - Working with a new system demonstrates the importance of:
    - i. ongoing education and mentoring of staff when cases present during clinical care
    - ii. increasing need for clinicians to understand a patient's goals of care through ACP, in the context of a request for VAD
    - iii. collegial relationships with VAD Care Navigators have been of critical importance
    - iv. SVHM can work with pts to provide EoLC alongside requests for VAD



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Thank you

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

