



## **SUBMISSION TO SENATE INQUIRY INTO PALLIATIVE CARE**

**For:** Senate Community Affairs Reference Committee

**Copy to:** Professor Timothy Skinner, Director UTAS Rural Clinical School  
Mr Gavin Austin, CEO Tasmania Health Organisation -North West

**Prepared by:** Ms Colleen Cheek, 4C Project Manager

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**Subject: Cradle Coast Connected Care (4C) Project**

Thank you for your invitation to present the Cradle Coast Connected Care Project to the Senate Inquiry. While this presentation has been prepared at short notice, we welcome future interest.

- Please see 1.52 minute news bulletin as introduction: <http://www.abc.net.au/news/2012-06-13/health-record-system-to-assist-elderly/4069276?section=tas>
- In 2009 Tasmania Health Organisation -North West (formerly North West Area Health Service) championed the Living and Dying Well Project(LDW). This project led the introduction of a local adaption of the United Kingdom Gold Standards Framework to 5 local Registered Aged Care Facilities (RACFs) to offer a supportive and palliative model of care to elderly residents.
- The overarching goal of the supportive and palliative model is to maintain an individual's dignity and provide for good living and good dying. This includes better assessment of the needs of elderly residents, taking into account their illness trajectory, prognostic indicators, and their preferences and wishes for care, to ensure care aligns with these wishes and is medically appropriate and achievable. A resident may be offered the opportunity to plan and make choices for their future care, including their healthcare preferences towards the end of their lives. This approach gives residents a much needed avenue to make their intentions known as well as providing carers, family and medical team the information to ensure the dignity of the resident is sustained through to end of life;
- This approach requires cultural change and improved communication, collaboration and coordination with Primary Health Care Teams, acute hospitals, Allied Health, after hours services such as GPAssist, and other specialists;
- In 2011 Cradle Coast Electronic Health Information Exchange, a consortium of UTAS Rural Clinical School, General Practice North West, North West Area Health Service, and Cradle Coast Authority saw the opportunity to join with and support this innovative program with a shared electronic health record, and were subsequently successful in their bid to be a national lead eHealth site, Cradle Coast Connected Care;



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- The LDW has engaged with RACF staff to deliver education and promote the culture change required around more patient-centred, supportive and palliative care, and has delivered education programs to the participating General Practitioners to facilitate their understanding of offering this model to residents;
- The positive culture changes in care for people reaching end of living year(s) are:
  - Person centred care** takes in all aspects of the person (personal values and spiritual in addition to the medical components) into the approach to advance care planning.
  - Promoting Dignity** by aligning day to day care and clinical care with the person's values, preferences, priorities, advance wishes.
  - Creating teamwork approach through Primary Health Teams (PHT)** providing flatter hierarchy and better collaboration to achieve Gold Standards Framework 7Cs : improving skill and confidence, communication, coordination and continuity of care, control of symptoms, care of the dying, continued learning, care of the carers (ie family carers and Staff).
  - Identifying residents who may benefit** from Supportive and Palliative approaches to care. This isn't just for those with cancer, but other disease trajectories.
  - Continued Learning:** significant event analysis and after death audits provide an opportunity for all team members to reflect.
  - Embracing technology:** through the 4C system
- 4C is a shared electronic health record which has been developed concurrently to align with the LDW, to better communicate advance care planning of the residents across organisational boundaries;
- The 4C plan has 3 main components –
  - the ACD(Advance Care Directive), which implements the instrument used by the Tasmanian Guardianship Board to register an Enduring Guardian, or allows for other documents which might contain a person's wishes.
  - the DPAG (Dignity, Preferences, ACD Summary and Goals of Care) document which is a dynamic document, capturing a person's preferences for information, involvement in decision making, values, and specific requests, a summary of ACD information, and Goals of Care – Length of Life, Comfort, Function, and Planning (for expected deterioration)
  - the CAPs(Clinical Action Plans) which contain clinical recommendations for problems, allowing the primary health team to plan ahead for expected and potential deteriorations;
- The 4C system uses interoperable national communication infrastructure and national standards to support this local area of need, cross boundary care, and integration of primary and secondary health services;
- By providing timely shared electronic health information, it is expected to assist better use of limited acute hospital resources by reducing the use of medically futile interventions, reducing overly burdensome interventions, and offering care that is beneficial to the resident and is appropriate to the stage of illness, prognosis, with achievable and realistic goals of care.
- The system incorporates palliative care plans for clinical pathways, making good palliative care available to all elderly residents through their primary care team, not just those living near, and eligible for, specialist palliative care services;



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- The 4C system underwent Privacy and Medico-Legal reviews, both of which are available at <http://www.cradle-coast-ehealth.org.au/research/the-4c-project>

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