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End of Life Directions for Aged Care
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Using ELDAC Toolkits to Address Outcome 5.7

Professor Deborah Parker

Addressing the Standards: Webinar 2

ELDAC is funded by the Australian Government Department of Health, Disability and Ageing

What is ELDAC?

ELDAC
End of Life Directions for Aged Care
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Funded by the Australian Government Department of Health, Disability and Ageing, ELDAC (End of Life Directions for Aged Care) is a free online resource for aged care workers and health professionals caring for older people at the end of life.

ELDAC aims to:

- Build palliative care and advance care planning knowledge, skills and linkages in aged care and primary care.
- Promote lasting change at the individual, service and system levels of aged care and primary care.
- Make lasting change that enables a reduction of avoidable hospital admissions, with shortened stays, and improved quality of care for people supported in residential and community aged care programs.

QUT Flinders University UTS Palliative Care Australia Matters of life and death Ageing Australia ahha australian healthcare & hospitals association the voice of public healthcare Catholic Health Australia

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ELDAC Toolkits

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Setting/Clinician Specific

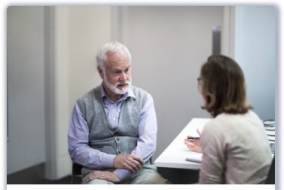
- Residential Aged Care
- Home Care
- Primary Care
- Allied Health

Residential Aged Care

Information to support residents and families.

Home Care

Information to support clients and families.



Primary Care

Evidence-based resource for people working in primary care.

Allied Health

Practical resources and information to support allied health professionals.

Topic Specific

- Dementia
- Managing Risk
- End of Life Law
- Linkages

Linkages

Linkages between aged, primary and palliative care services.

End of Life Law

The law at end of life for the aged care sector.

Dementia

Information to support people with dementia and their families.

Managing Risk

Information and guidance on effective governance and risk management.

A Framework for Care

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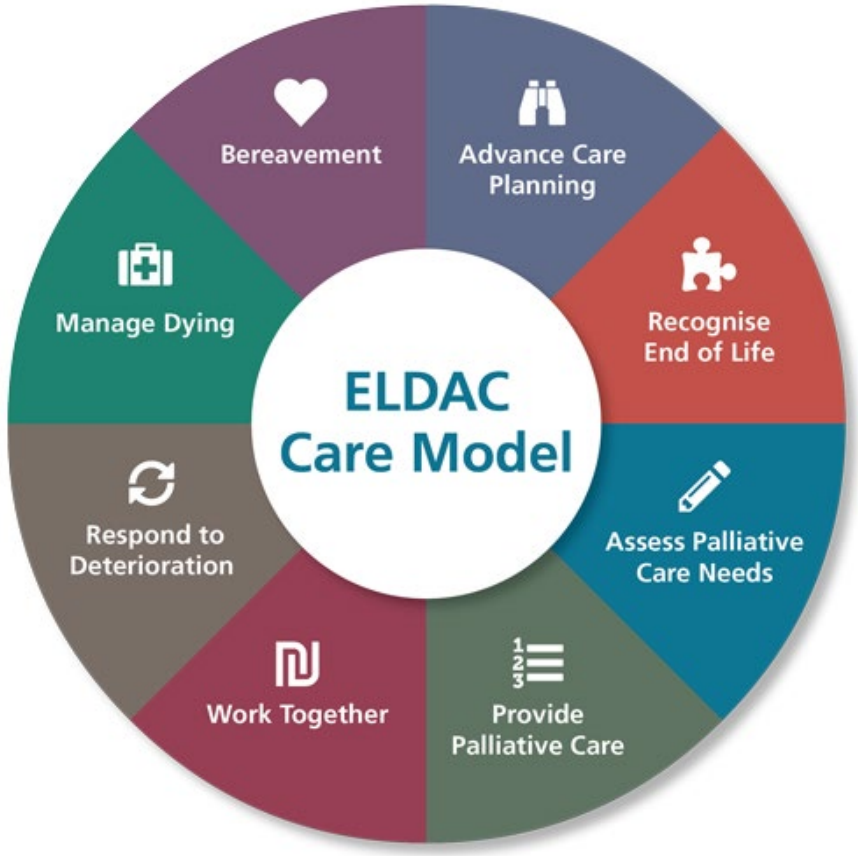
ELDAC provides a framework for thinking about palliative care in aged care.

The eight areas that make up the **ELDAC Care Model** are essential to providing care at the end of life and reminds care providers that care needs will change over time.

Information about each of these eight care domains and related resources are included in the ELDAC website and toolkits.



Aged Care Act 2024

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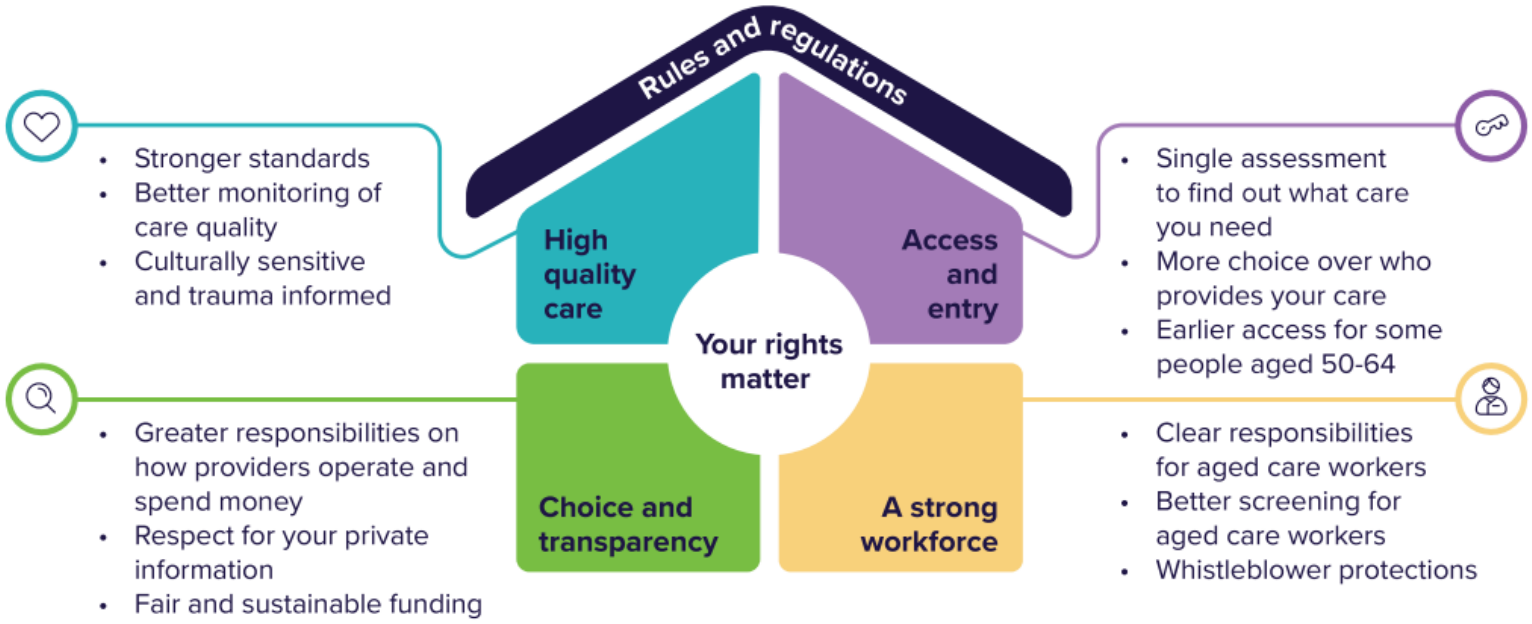

Your rights matter

- Respect for your choices
- More independence
- Better complaints process
- Choose who helps you to make decisions
- Respect for your culture and identity
- Stay connected to your community

The new Aged Care Act puts you at the centre of your aged care. This visual outlines the main parts of the new Act and how they work together.

Aged Care Act 2024

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Makes laws about:

- A Statement of Rights for older people
- Who can access aged care services
- Funding of aged care services delivered under the new Act, including what the government will pay and what an older person can be asked to pay
- Stronger powers for the regulator, the Aged Care Quality and Safety Commission
- The Support at Home program
- Strengthened Aged Care Quality Standards

Statement of Rights

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Gives older people the right to:

- Make their own decisions about your own life
- Have their decisions not just accepted, but respected
- Get information and support to help them make decisions
- Communicate their wishes, needs and preferences
- Feel safe and respected
- Have their culture and identity respected
- Stay connected with their community.

The Statement of Rights includes the right to palliative care and end-of-life care

Strengthened Standards

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Strengthened Aged Care Quality Standards

Expectations for older people

Standard 1
I am valued and have choice over the life I lead

Standard 2
I have confidence in my service provider

Standard 3
My care is based around who I am and what's important to me

Standard 4
I feel safe and supported where I live

Standard 5
I get the right clinical care for me

Standard 6
I enjoy tasty and nutritious food every day

Standard 7
I contribute to the community I live in

Australian Government
Aged Care Quality and Safety Commission

Find out more
agedcarequality.gov.au/older-people

Standard 5 – Clinical Care

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Describes the responsibilities of providers to deliver safe and quality clinical care services to older people. There are 7 Outcomes:

- Outcome 5.1: Clinical governance
- Outcome 5.2: Preventing and controlling infections in delivering clinical care services
- Outcome 5.3: Safe and quality use of medicines
- Outcome 5.4: Comprehensive care
- Outcome 5.5: Safety of clinical care services
- Outcome 5.6: Cognitive impairment
- Outcome 5.7: Palliative care and end-of-life care

Standard 5 – Outcome 5.7

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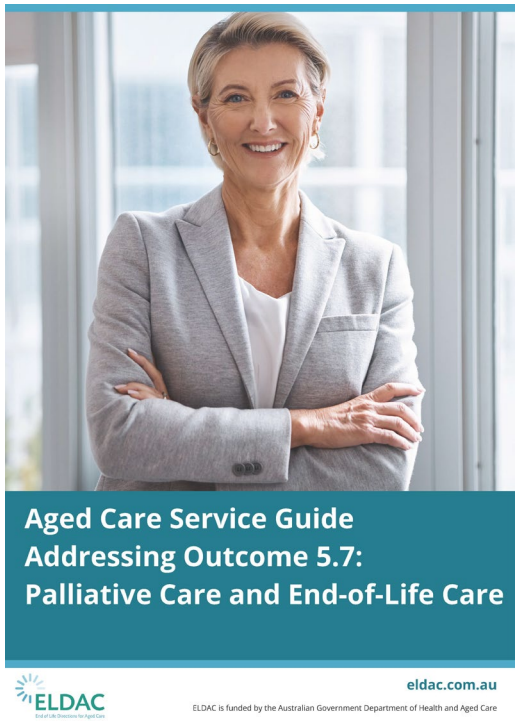
- The provider must recognise and address the needs, goals and preferences of individuals for palliative care and end-of-life care, and must preserve the dignity of individuals in those circumstances.
- The provider ensures that the pain and symptoms of individuals are actively managed, with access to specialist palliative and end-of-life care when required.
- The provider must ensure that supporters of individuals and other persons supporting individuals are informed and supported, including during the last days of life.

There are 4 Actions associated with this Outcome



Action 5.7.1 and 5.7.2

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5.7.1 - The provider has processes to recognise when the older person requires palliative care or is approaching the end of their life, supports them to prepare for the end of life and responds to their changing needs and preferences.

5.7.2 - The provider supports the older person, their family, carers and substitute decision maker, to:

a) continue end-of-life planning conversations
b) discuss requesting or declining aspects of personal care, life-prolonging treatment and responding to reversible acute conditions
c) review advance care planning documents to align with their current needs, goals and preferences.

Law, RAC, Home Care and Dementia Toolkits

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RAC/Home Care and Dementia

<u>Advance Care Planning</u>

- How to have ACP conversations

<u>Recognise End of Life</u>

- Using the SPICT Tool
- ELDAC Video's – Recognise End of Life (RAC and Home Care)

End of Life Law

- Advance Care Directives
- Capacity and Consent to Medical Treatment
- Substitute Decision Making
- Futile or Non-beneficial treatment

Coming Soon

- Podcast – Recognising the Last Days and Last Year of Life
- Podcast – Acute Hospital Transfer from Residential Care

Actions for 5.7.3

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5.7.3 - The provider uses its processes from comprehensive care, to plan and deliver palliative care that:

a) prioritises the comfort and dignity of the older person
b) supports the older person's spiritual, cultural, and psychosocial needs
c) identifies and manages changes in pain and symptoms
d) provides timely access to specialist equipment and medicines for pain and symptom management.
e) communicates information about the older person's preferences for palliative care and the place where they wish to receive this care to workers, their carers, family and others
f) facilitates access to specialist palliative care and end-of-life health professionals when required
g) provides a suitable environment for palliative care
h) provides information about the process when a person is dying and about loss and bereavement to family and carers.

RAC, Home Care and Dementia Toolkits

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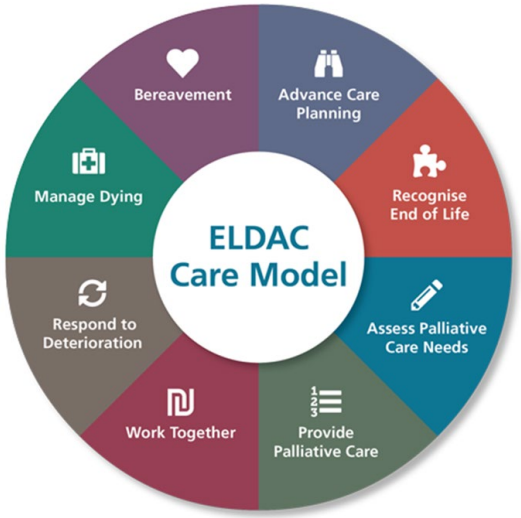
Assess Palliative Care
- Framework for holistic needs assessment
- Clinical tools to support assessment
- Dementia specific considerations for pain, nutrition and changed behaviours
- ELDAC Video's – Assess Palliative Care Needs (RAC and Home Care)

Provide Palliative Care
- Principles of palliative care
- Management of common symptoms
- Meeting Psychosocial needs
- Meeting Spiritual care needs
- Dementia specific considerations for pain, nutrition and changed behaviors

Work Together
- Coordination of care and case conferences
- Linking to specialist palliative care and other specialists (Dementia Toolkit)
- ELDAC Video's – Work Together (RAC and Home Care)

Bereavement
- What is grief, loss and bereavement
- ELDAC Video – After Death Care and Bereavement (Home Care)
- Family resources



Coming soon

Podcasts
- Referring to Specialist Palliative Care
- Managing Polypharmacy in Aged Care
- Care in the Bereavement Phase

New Bereavement Resources

Bereavement Resources

Managing Risk and Allied Health Toolkits

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Managing Risk

- Risk management principles
- Nutrition and hydration
- Transfers
- Medication Management

Allied Health

- The role of Allied Health Professionals
- Referral pathways and telehealth
- Funding models

Actions for 5.7.4

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5.7.4 - The provider implements processes in the **last days of life** to:

a) recognise that the older person is in **the last days of life** and respond to rapidly changing needs
b) ensure medicines to manage pain and symptoms, including anticipatory medicines, are prescribed, administered, reviewed and available 24-hours a day
c) provide pressure care, oral care, eye care and bowel and bladder care
d) recognise and respond to delirium
e) minimise unnecessary transfer to hospital, where this is in line with the older person's preferences.

RAC, Home Care and Dementia Toolkits

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Manage Dying

- Recognise Dying
- Terminal care pathway/plan
- End of Life Medications
- ELDAC Video's – Manage Dying (RAC and Home Care)
- Family Resources

Coming soon

- Eye, pressure, bowel and bladder care
- Managing secretions
- Recognise and respond to delirium
- End of Life Pathway (Support at Home Program)
- Podcasts
  - Recognising the Last Days and Last Year of Life
  - Acute Hospital Transfer from Residential Care

Standard 3 – The Care and Services

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Expectation Statement for older people

The funded aged care services I receive:

- Are safe and effective
- Optimise my quality of life, including through maximizing independence and reablement
- Meet my current needs, goals and preferences
- Are well planned and coordinated
- Respect my right to take risks

Standard 3 – The Care and Services

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There are four outcomes providers must meet:

- Outcome 3.1 – Assessment and planning
  - Action 3.1.6 – Processes for advance care planning
- Outcome 3.2 – Delivery of funded aged care services
- Outcome 3.3 – Communicating for safety and quality
- Outcome 3.4 – Planning and coordination of funded aged care services

Standard 3 – Action 3.1.6

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The provider has processes for advance care planning that:

- support the individual to discuss future medical treatment and care needs, in line with their needs, goals and preferences, including beliefs, cultural and religious practices and traditions
- support the individual to complete and review advance care planning documents, if and when they choose
- support the individual to nominate and involve a substitute decision maker for health and care decisions, if and when they choose
- ensure that advance care planning documents are stored, managed, used and shared with relevant parties, including at transitions of care.

End of Life Law Toolkit – Multiple Resources

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Overview of End of Life Law in Australia	Capacity and Consent to Medical Treatment	Advance Care Directives	Substitute Decision-Making
Withholding and Withdrawing Life-Sustaining	Legal Protection for Administering Pain and Symptom Relief	Futile or Non-Beneficial Treatment	Urgent Medical Treatment
Managing Disputes about Medical Treatment Decision-Making	Voluntary Assisted Dying	Frequently Asked Questions (FAQs)	State and Territory End of Life Law

RAC, Home Care and Dementia Toolkits

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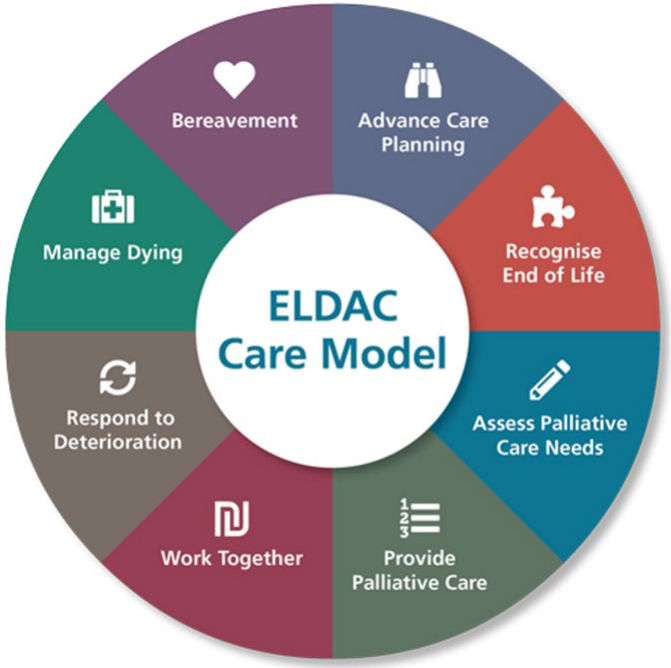
Advance Care Planning

- Practical resources to facilitate ACP/ACD conversations
- ELDAC Videos – Recognise End of Life (RAC and Home Care)
- Family resources
- Supporting diverse populations
    - People living with dementia
    - Culturally and Linguistically Diverse
    - Aboriginal and/or Torres Strait Islander
    - LGBTI+

Coming soon

- Podcast – Supported Decision Making



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