



Secretary

Department of Health

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Nicole D'Rozario
Coroner's Registrar
Coroners Court of Victoria
Via e-mail: cpuresponses@coronerscourt.vic.gov.au

Dear Ms D'Rozario

Thank you for your letter of 17 March 2023 to the Minister for Health, the Hon Mary-Anne Thomas MP, enclosing a copy of Coroner McGregor's finding without inquest into the death of Reginald Griggs (COR 2021 001876). I am deeply sorry to learn of the circumstances of Mr Griggs' death, particularly that his wishes, expressed in an advance care directive, were not followed by his care providers.

I am pleased to advise that my department is taking actions to address the Coroner's recommendations that we increase the awareness of the need to ascertain the existence of advance care directives, particularly through completing proper Goals of Care discussions. The department will issue a formal communication to health services about the importance of engaging their clinicians in these matters and alert them to the resources the department has developed to assist them in this practice.

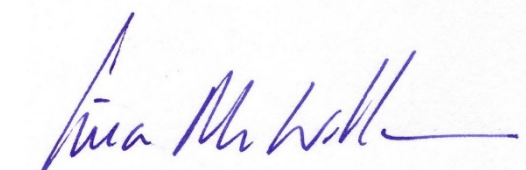
Indeed, my department had previously undertaken work addressing these recommendations, work that pre-dates the Coroner's recommendations. This work serves to assist health services ascertain and document advance care directives and have proper goals of care discussions.

More specifically, we have:

- implemented the Creating Age-Friendly Health Systems in Victoria initiative 2022
- published and implemented the Partnering in healthcare framework (2019)
- published the 'Simplifying medical decision making and advance care planning' position paper (2016)
- published and implemented the strategic policy framework entitled Advance care planning: have the conversation (A strategy for Victorian health services 2014-2018) in 2014 and
- required, as a condition of funding, all Victorian public hospitals to be accredited against the National Safety and Quality Health Service Standards.

Enclosed as an attachment to this letter is a more detailed overview of these pieces of work. Should you wish to discuss this matter further, please contact Theresa Williamson, Manager, End of Life Care and Palliative Services at the Department of Health on (03) 9456-3334 or theresa.williamson@health.vic.gov.au.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Euan M Wallace', with a long horizontal flourish extending to the right.

Professor Euan M Wallace AM
Secretary

19/06/2023

Enc

Current initiatives

[Creating age friendly health systems in Victoria](#)

This initiative contains components that provide resources and implementation guides to assist health services to have appropriate goals of care discussions with older people and improve their performance in advance care planning matters more generally.

The Age-Friendly Health Systems Collaborative forms part of the 100,000 Lives Program that Safer Care Victoria is currently running as a substantial improvement project. It commenced in May 2022 and is working with 31 teams from 18 private and public, health and residential aged care settings across the state.

The purpose of the initiative is to get health services to reliably provide a set of four evidence-based elements of high-quality care, known as the Age-Friendly '4Ms' Framework (What Matters, Medication, Mind, and Mobility) to all older people admitted to their health service. The 4Ms identify the core issues that should drive all decision making in the care of older people.

A key part of the Age-Friendly '4Ms' Framework is the 'What Matters' component – asking every older person what matters to them and ensuring this is incorporated into their plan of care. Importantly, under the 'What Matters' component, resources and implementation guides are made available to assist health services, amongst other things, to have appropriate goals of care discussions with older people.

Although the Collaborative is closed to further participants, the resources produced as part of this initiative have been made freely available on Safer Care Victoria's website ([Age friendly guide to using the 4Ms](#)) and can be accessed by any health service that wants to improve their performance in the advance care planning and goals of care arena, especially as it relates to older people.

Partnering in healthcare – a framework for better care and outcomes and relationship to hospital accreditation ([Partnering in healthcare framework](#))

Elements of the Partnering in healthcare framework offer suggestions to health services on how to conduct appropriate goals of care discussions.

Under the accreditation policy for Victorian public health organisations, Safer Care Victoria is responsible for, amongst other things, supporting health service organisations to develop, implement, maintain and improve safety and quality systems in line with the NSQHS Standards. As part of its remit, in 2019 Safer Care Victoria published *Partnering in healthcare – A framework for better care and outcomes*.

This framework consists of five domains (Personalised and holistic; Working together; Effective communication; Equity and inclusion; and Shared decision-making). Each domain is underpinned by evidence and best practice and was informed by extensive consultation with consumers and health services.

The framework describes suggested priorities and actions health services can take to improve consumer outcomes in healthcare. The 'Personalised and holistic' and 'Shared decision making' domains in particular offer suggestions to health services on how to, amongst other things, conduct appropriate goals of care discussions.

National Safety and Quality Health Service Standards (NSQHS Standards) and hospital accreditation ([National Safety and Quality Health Service Standards-2nd-edition](#))

There are eight NSQHS Standards in total of which, elements within two of the Standards - Standard 2 (Partnering with Consumers Standard) and Standard 5 (Comprehensive Care Standard) pertain to ascertaining and documenting the existence of advance care directives and/or conducting goals of care discussions.

Accreditation is part of the regulatory framework that assures government and the community that systems are present in health services to protect the public from harm and improve the quality of health service provision. The department's Policy and Funding Guidelines outlines accreditation to the NSQHS Standards as a condition of funding for all public hospitals.

The NSQHS Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission). The primary aim of the NSQHS Standards is to protect the public from harm and improve the quality of healthcare. They provide a nationally consistent expectation of the minimum level of care that should be provided by health service organisations and the systems that are needed to deliver such care.

In relation to the Partnering with Consumers Standard, under the Sharing decisions and planning care item, Action 2.06 requires health services to have processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care. Further, Action 2.07 requires health services to form partnerships with patients and carers so that patients can be actively involved in their own care. Action 2.08, under the Communication that supports effective partnerships item, requires health services to use communication mechanisms that are tailored to the diversity of the consumers who use its services.

In relation to the Comprehensive Care Standard, under the Planning for comprehensive care item, Action 5.09 requires health services to ensure patients are supported to document clear advance care plans. Further, under the Comprehensive care at the end of life item, Action 5.17 requires health services to have processes to ensure that current advance care plans can be received from patients and that they are documented in the patient's healthcare record.

Previous initiatives

Work leading up to the passage of the Medical Treatment Planning and Decisions Act 2016 (the Act)

In developing the Act, detailed stakeholder consultation was undertaken through the publication of the '[Simplifying medical treatment decision making and advance care planning](#)' position paper (2016) as well as evidence from a range of sources including:

- national and international research on advance care planning and legal frameworks
- the Victorian experience of implementing advance care planning in healthcare services

- responses received to the department's *Simplifying medical treatment decision making and advance care planning* position paper (2016)
- discussions with a range of key stakeholders that could play a role in implementing the Act
- relevant feedback from broader Victorian consultation activities including the Greater Say for Victorians: Improving End of Life Care consultations, which informed the development of [Victoria's end of life and palliative care framework](#) (2016) in which nearly 700 people participated in public consultations and written submissions were received from close to 40 organisations and more than 40 community members
- public submissions to the Parliamentary Standing Committee's Inquiry into End of Life Choices.

Record keeping requirements under the Act

Stakeholder consultation conducted as part of the development of the Medical Treatment Planning and Decisions Bill contemplated the importance of health services initially ascertaining and properly documenting the existence of an advance care directive.

The importance of this requirement found its way into Section 98 of the Act which signals the importance of health services initially ascertaining and properly documenting the existence of an advance care directive. It requires that the health facility ascertain whether an advance care directive is in force in relation to any patient in that facility and if there is, to take reasonable steps to ensure a copy of the patient's advance care directive is placed with the patient's clinical records.

This provision was consistent with the then national framework for advance care directives (2011) which supported including advance care directives in the person's medical record, as the approach had been shown to be the most reliable way of accessing advance care directives when needed.

Advance care planning: have the conversation (A strategy for Victorian health services 2014-2018) ([the Strategy](#))

The policy framework laid out in the Strategy aimed to increase opportunities for people to develop advance care plans and for them to be used by health services in caring for that individual in accordance with their expressed wishes.

The Strategy also provided practical resources for health services to ascertain and document the existence of advance care directives and guide the systematic implementation of advance care planning.

The Strategy outlined the importance of introducing an alert system for advance care plans that is consistent across the health service; identifying systems for storage of advance care planning documentation; making changes to documentation to reflect advance care planning conversations; and recording a person's existing advance care plan on admission documents, care planning documents, medical alerts and discharge documents.

In addition, as part of the Strategy, the department commissioned the development of an agency readiness checklist ([agency readiness checklist](#)) which detailed 20 separate items for health services to self-assess against to evaluate their organisation's readiness to implement advance care planning.