Nepean Blue Mountains Local Health District

Using Resuscitation Plans to engage clinicians in advance care planning – changing culture by changing practice

Palliative Care Nurses Australia Conference
Adelaide Australia
June 2026

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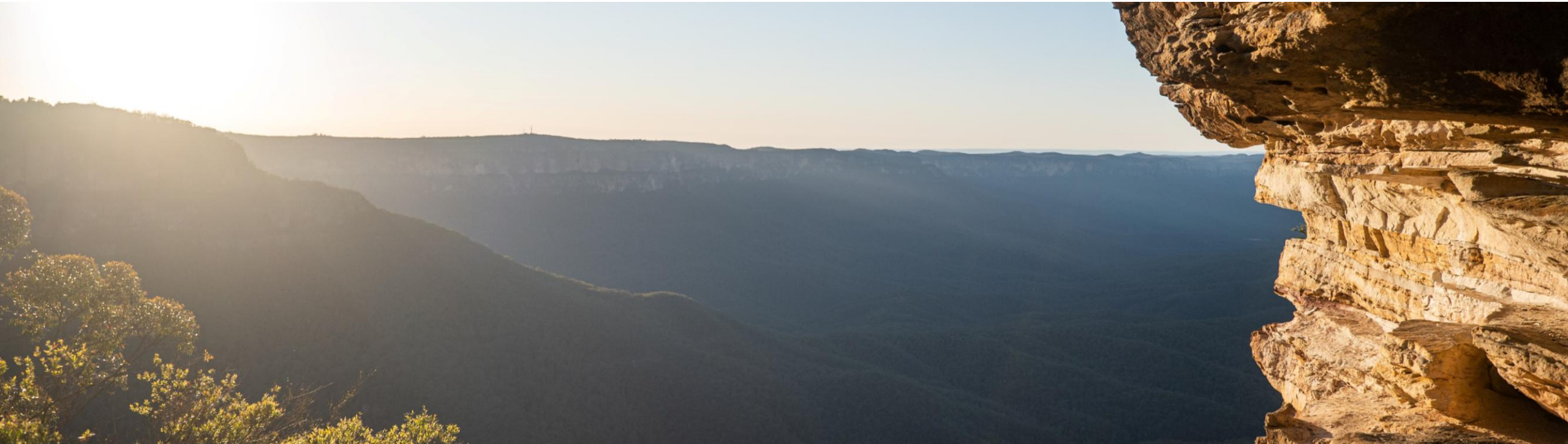
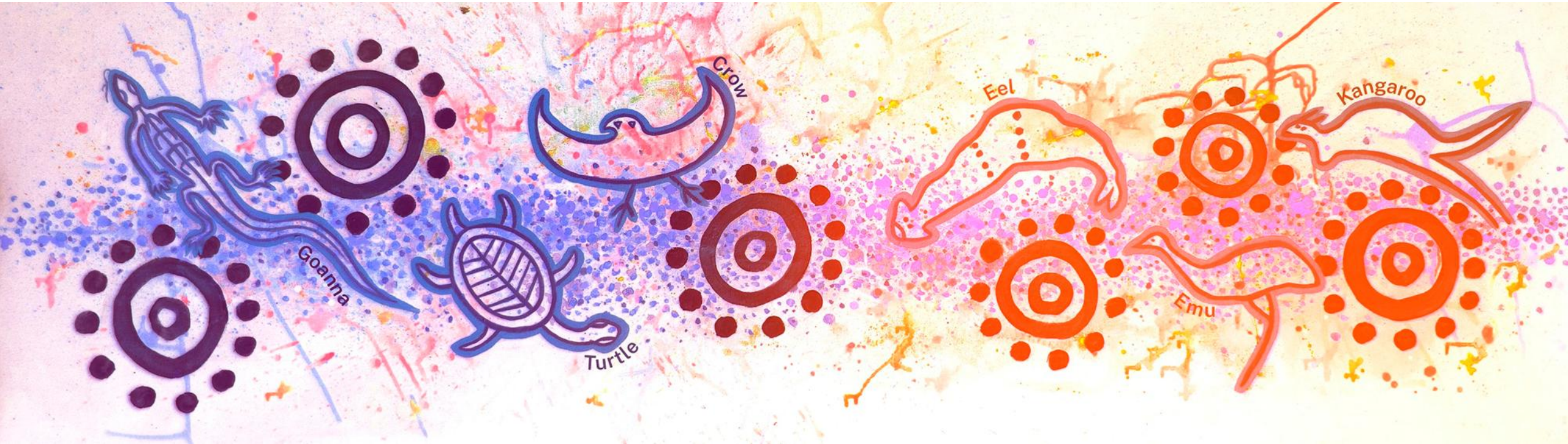
NMBLHD – Clinical Governance Unit



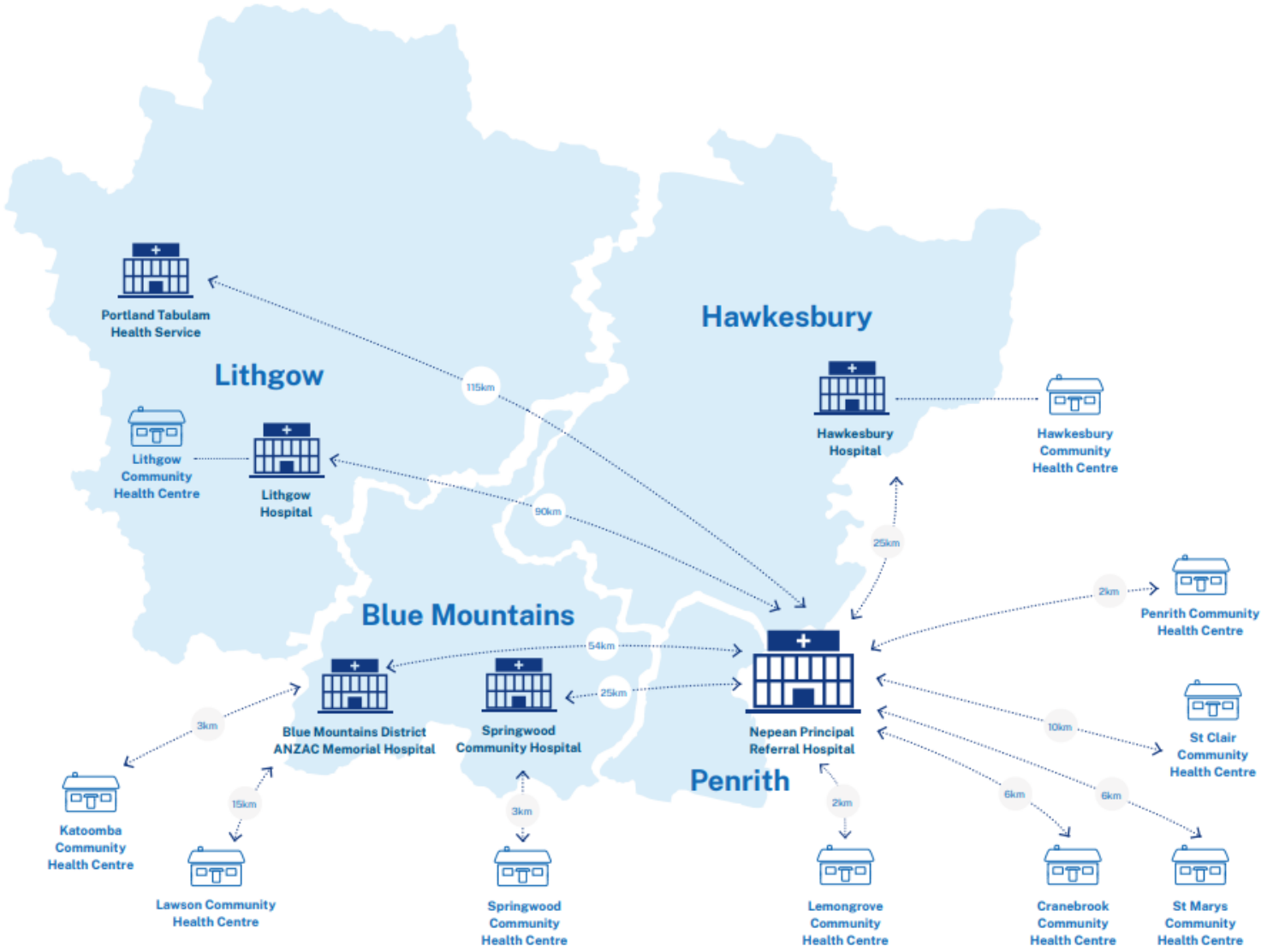
Acknowledgement of Country

The Nepean Blue Mountains Local Health District acknowledges the traditional custodians of the lands and waterways within its boundaries including the Darug, the Gundungurra and the Wiradjuri people. We acknowledge and pay respects to Elders past and present. We extend that respect to our local Aboriginal community and staff. We celebrate their strength and enduring connection to culture.

Artwork: 'We All Share the Same Water' by Leanne Watson, Shay Tobin and Leanne Tobin



Nepean Blue Mountains Local Health District - NBMLHD



384,000
people in 2022

10%
of population over 70 years of age

20%
were born overseas

7.3%
projected population growth by 2032

Cancer
is the leading cause of premature death

4.7%
of population are Aboriginal

56%
of residents live in the Penrith LGA

14%
of residents were born in non-English speaking countries

Higher
rates of mental health and behavioural conditions compared to NSW average

Higher
rates of obesity in adults, compared to the NSW average

Higher
rates of chronic obstructive pulmonary disease compared to the average for NSW

NBMLHD Strategic Plan 2023 - 2028

OVERVIEW

- Strategy development
- Data impact
- Questions

BEST PRACTICE

To embed ACP into routine clinical practice

GOAL

To create a culture of clinician-led early and ongoing conversations with patients and carers about healthcare goals and preferences

People are more likely to receive goal concordant care

COMMENCING THE ACP COORDINATOR ROLE

COLLECT BASELINE QUANTITATIVE DATA

- Inform role development
- Identify gaps
- Evaluate interventions
- Meet reporting and accreditation requirements

EXISTING DATA SOURCES FOR RESUSCITATION PLANS

NSW GOVERNMENT / CLINICAL EXCELLENCE COMMISSION	Review of all hospital deaths REPORT: "Resuscitation Plan in place at time of death"
SWPRD Powerchart	Electronic Medical Record (eMR) REPORT: "Resuscitation Plans Created"

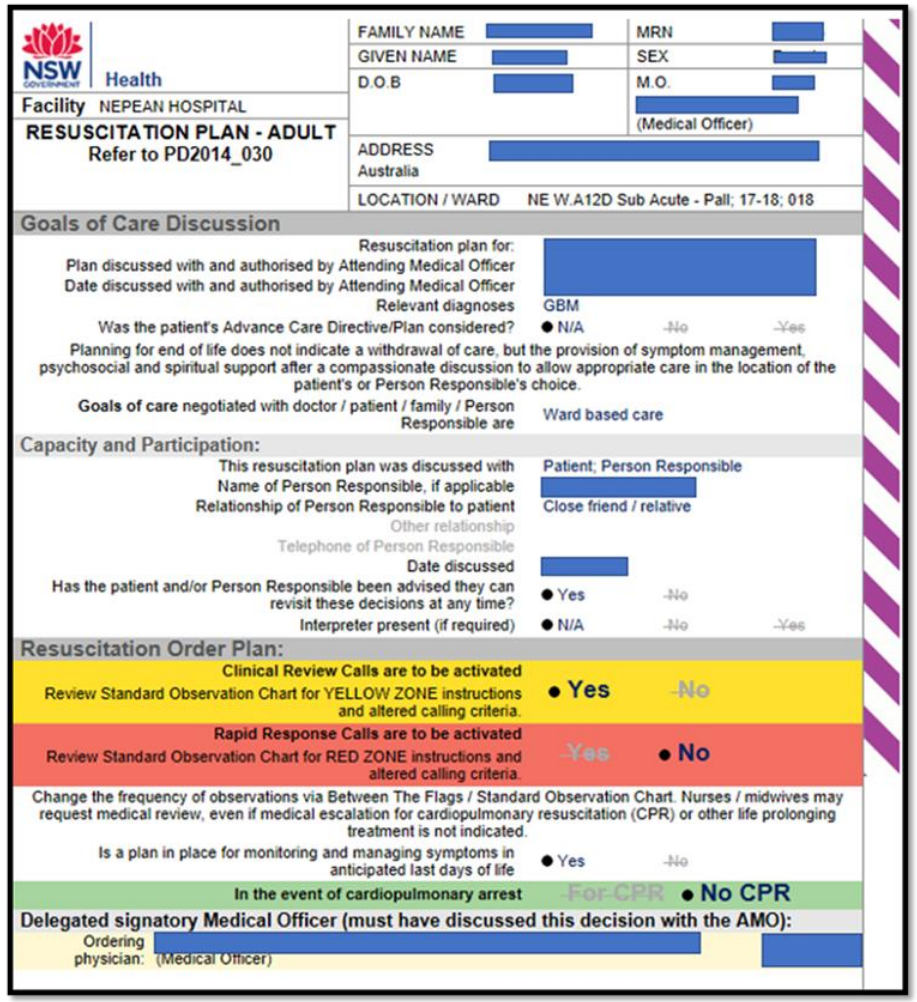
RESUSCITATION PLANS AS A CLINICAL ACCESS POINT

CLINICIAN CONVERSATIONS

- “Conversations don’t happen”
- “It’s left until it is too late”
- “People suffer”

- “Resuscitation Plans”
- “Resuscitation Plans”
- “Resuscitation Plans”

ALWAYS SOMEONE ELSE’S FAULT



NSW Health
Facility NEPEAN HOSPITAL
RESUSCITATION PLAN - ADULT
Refer to PD2014_030

FAMILY NAME [redacted] MRN [redacted]
GIVEN NAME [redacted] SEX [redacted]
D.O.B [redacted] M.O. [redacted]
(Medical Officer)
ADDRESS [redacted]
Australia
LOCATION / WARD NE W.A12D Sub Acute - Pall; 17-18; 018

Goals of Care Discussion

Resuscitation plan for: [redacted]
Plan discussed with and authorised by Attending Medical Officer
Date discussed with and authorised by Attending Medical Officer
Relevant diagnoses: GBM
Was the patient's Advance Care Directive/Plan considered? ● N/A ~~No~~ ~~Yes~~

Planning for end of life does not indicate a withdrawal of care, but the provision of symptom management, psychosocial and spiritual support after a compassionate discussion to allow appropriate care in the location of the patient's or Person Responsible's choice.

Goals of care negotiated with doctor / patient / family / Person Responsible are: Ward based care

Capacity and Participation:

This resuscitation plan was discussed with: Patient; Person Responsible
Name of Person Responsible, if applicable [redacted]
Relationship of Person Responsible to patient: Close friend / relative
Other relationship
Telephone of Person Responsible
Date discussed [redacted]
Has the patient and/or Person Responsible been advised they can revisit these decisions at any time? ● Yes ~~No~~
Interpreter present (if required) ● N/A ~~No~~ ~~Yes~~

Resuscitation Order Plan:

Clinical Review Calls are to be activated
Review Standard Observation Chart for YELLOW ZONE instructions and altered calling criteria. ● **Yes** ~~No~~

Rapid Response Calls are to be activated
Review Standard Observation Chart for RED ZONE instructions and altered calling criteria ~~Yes~~ ● **No**

Change the frequency of observations via Between The Flags / Standard Observation Chart. Nurses / midwives may request medical review, even if medical escalation for cardiopulmonary resuscitation (CPR) or other life prolonging treatment is not indicated.

Is a plan in place for monitoring and managing symptoms in anticipated last days of life ● Yes ~~No~~

In the event of cardiopulmonary arrest ~~For CPR~~ ● **No CPR**

Delegated signatory Medical Officer (must have discussed this decision with the AMO):

Ordering physician: [redacted] (Medical Officer) [redacted]

SHARING THE DATA: TWO STRATEGIES

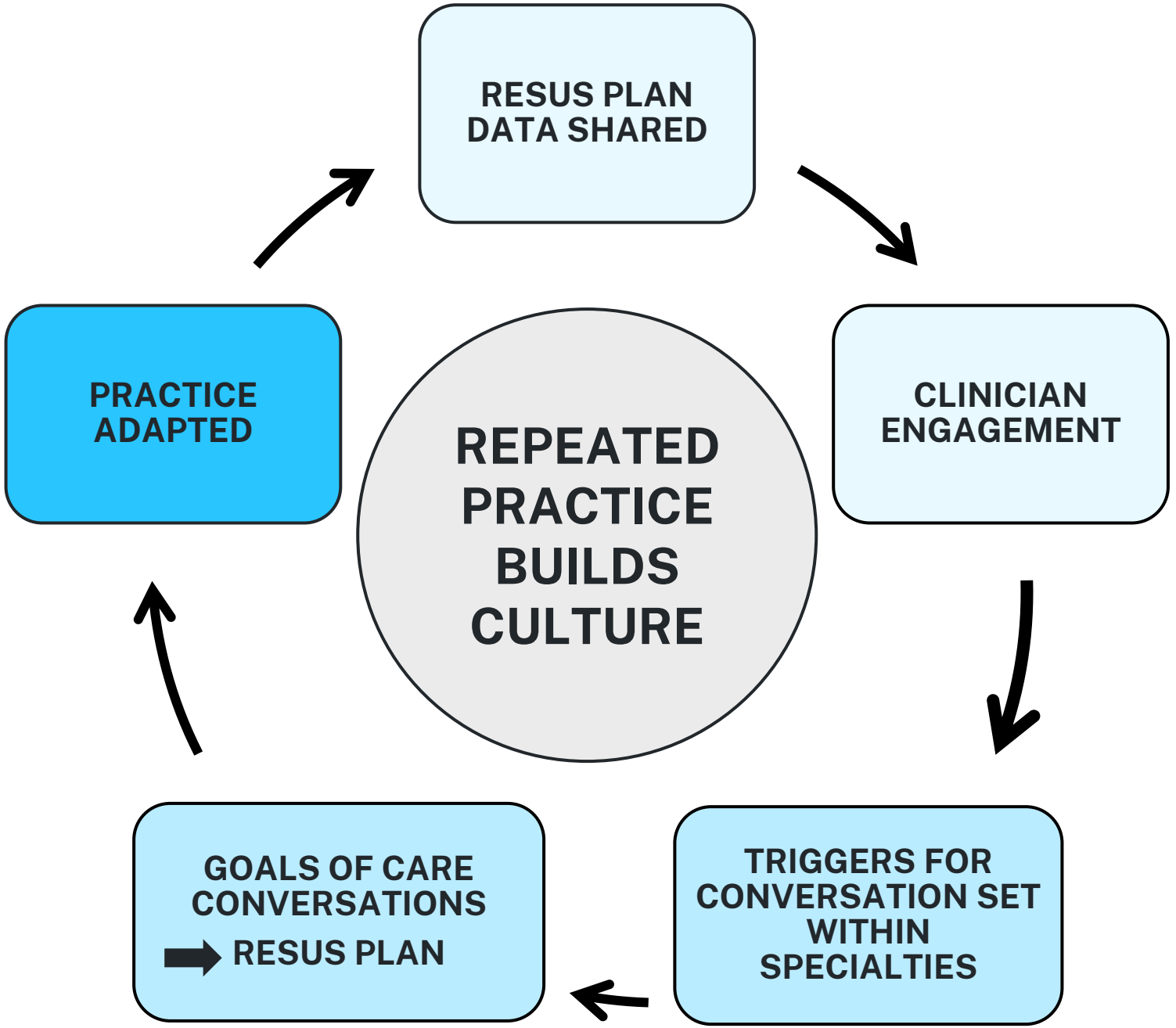
PUT ACP ON THE AGENDA

NBMLHD Meetings	
District Deteriorating Patient Committee Meeting	**Quarterly**
Blue Mountains Deteriorating Patient Meeting	Monthly
Lithgow Hospital Deteriorating Patient Meeting	Monthly
Nepean Hospital Deteriorating Patient Meeting	Monthly
Hawkesbury Hospital Deteriorating Patient Meeting	Monthly
Advance Care Planning & End of Life Committee	**Quarterly**
Blue Mountains Standard 5 Meeting	Bi-Monthly
Hawkesbury Standard 5 Meeting	Bi-Monthly
NBMLHD Safe Care Committee	**Bi-monthly**

ENGAGE WITH CLINICIANS

Present to specialty groups forums

- Mortality & Morbidity meetings
- Education meetings
- Any meeting I could get into!



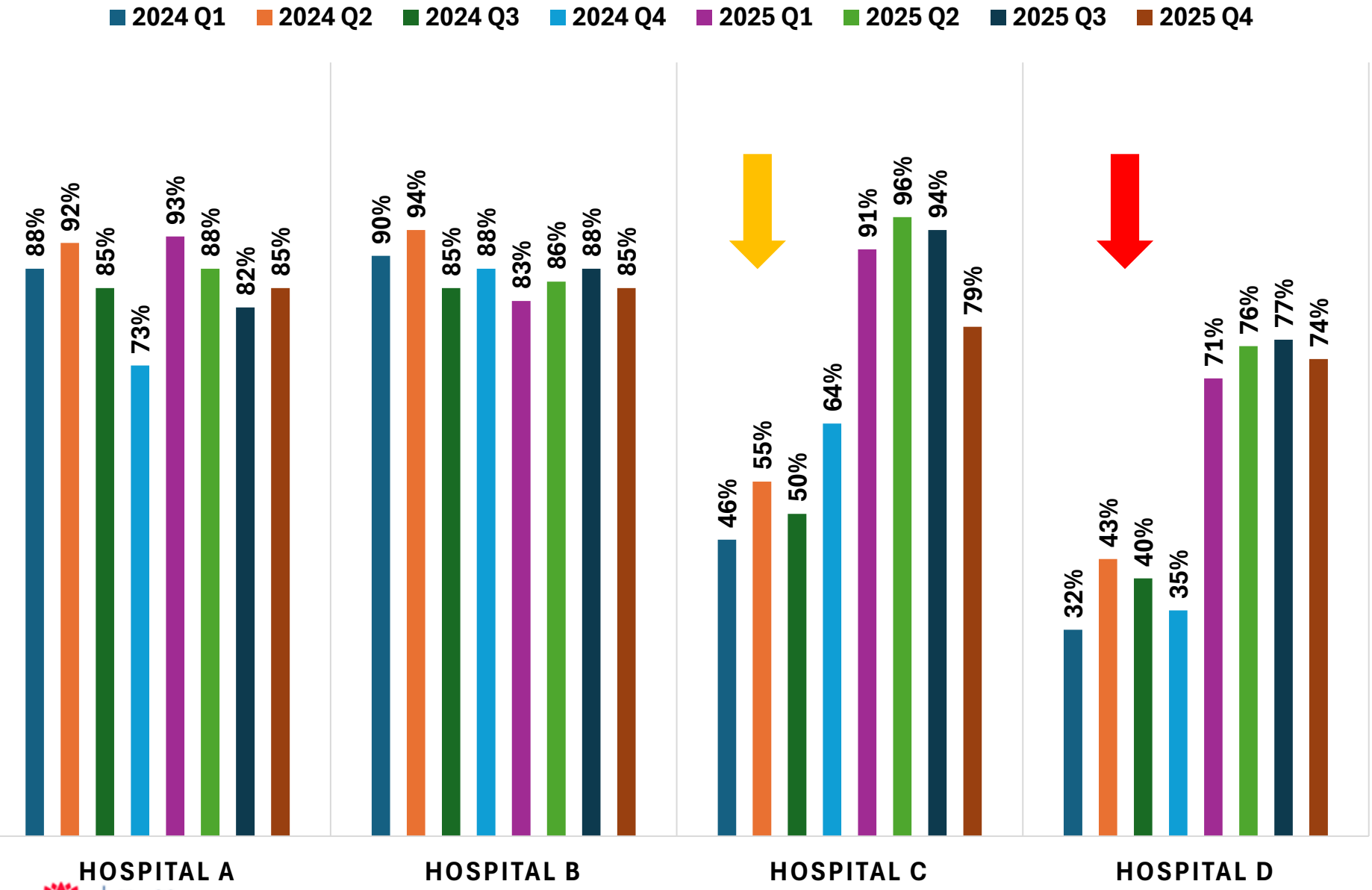
Change the routine

Change the culture

Conversation skills support

DATA IMPACT

CLINICAL EXCELLENCE COMMISSION DEATH DATA
RESUSCITATION PLAN IN PLACE AT TIME OF DEATH - NBMLHD



HOSPITAL C

- Hospital CNC took data to hospital Mortality & Morbidity meeting
- Local plan
- Significant improvement

HOSPITAL D

- Broad representation of clinicians across the facility at these meetings
- ACP Coordinator present at specialty meetings
- Significant improvement

eMR RESUSCITATION PLAN REPORT POWER BI DASHBOARD – ALL patients

Health
Nepean Blue Mountains
Local Health District

Nepean Blue Mountains
Local Health District

Supportive & Palliative Care

Speciality
All

Total Resus Plans	Total Patient Died	Patient Died in ED
15,386	4393	116

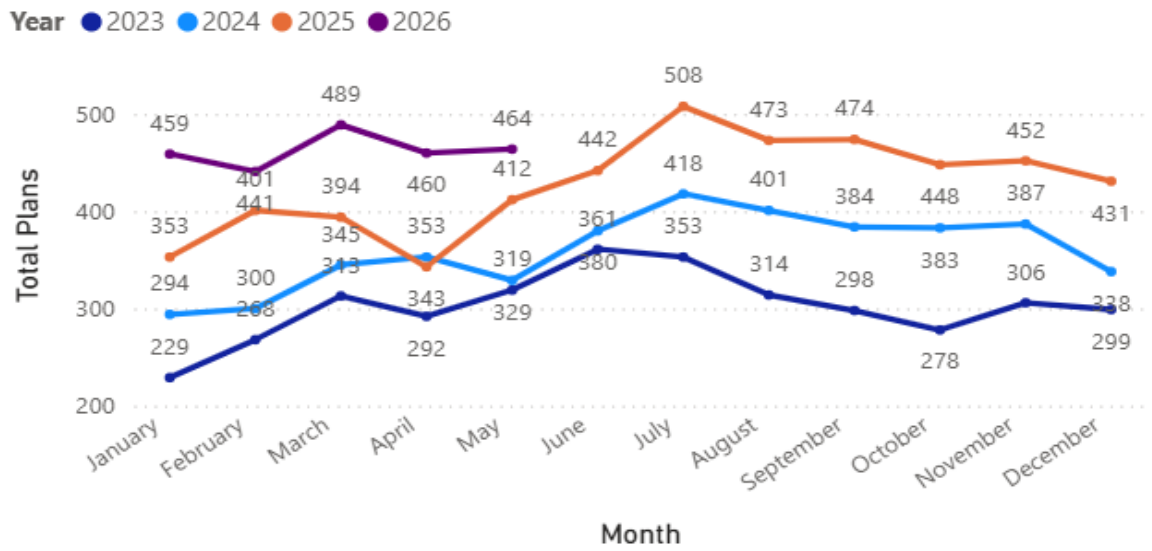
Year
- 2023
- 2024
- 2025
- 2026

Facility
All

Adv. Care Plan
Yes | No | N/A

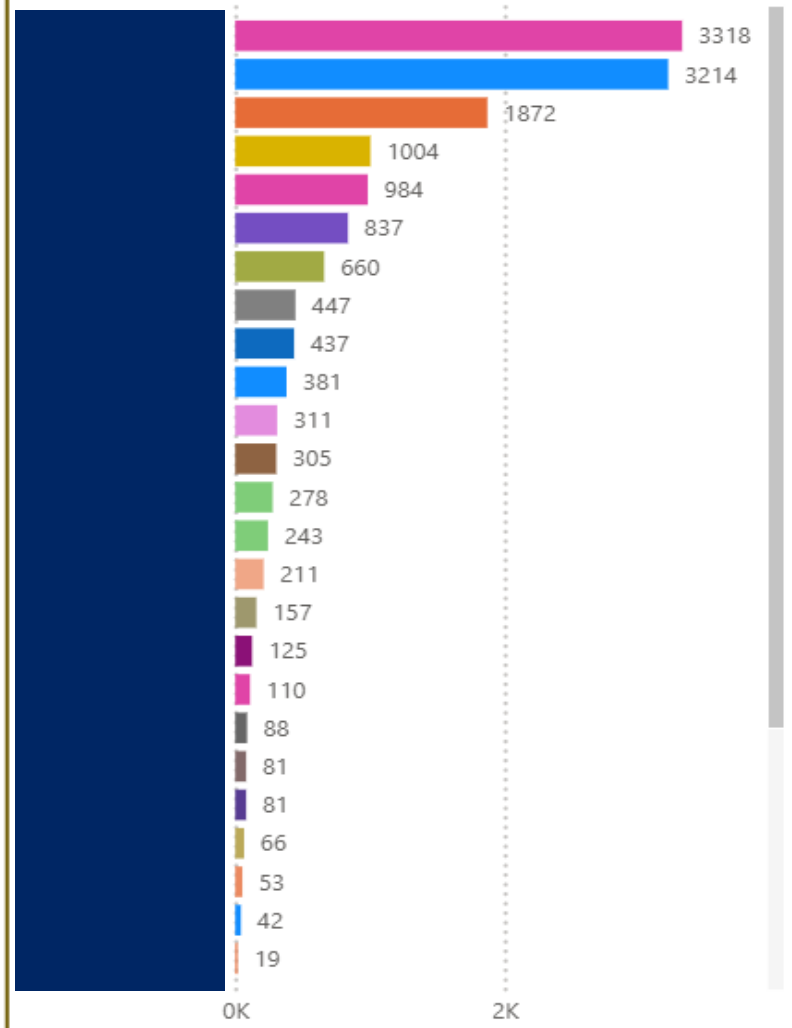
Age Groups
- a_ <= 20
- b_ 21-39
- c_ 40-59
- d_ 60-69
- e_ 70-79
- f_ 80-89
- g_ 90-99
- h_ 100-109

Resus Plan by Month



AMO	SPECIALITY	Total Resus Plan (n)
[redacted]		

Resus Plan by Speciality



eMR RESUSCITATION PLAN REPORT POWER BI DASHBOARD – 80+Years Patients

Health
Nepean Blue Mountains
Local Health District

Nepean Blue Mountains
Local Health District

Supportive & Palliative Care

Speciality

All

Total Resus Plans	Total Patient Died	Patient Died in ED
7,756	2106	72

Year

- [ ] 2023
- [ ] 2024
- [ ] 2025
- [ ] 2026

Facility

All

Adv. Care Plan

Yes | No | N/A

Age Groups

- [ ] a_ <= 20
- [ ] b_ 21-39
- [ ] c_ 40-59
- [ ] d_ 60-69
- [ ] e_ 70-79
- [ ] f_ 80-89
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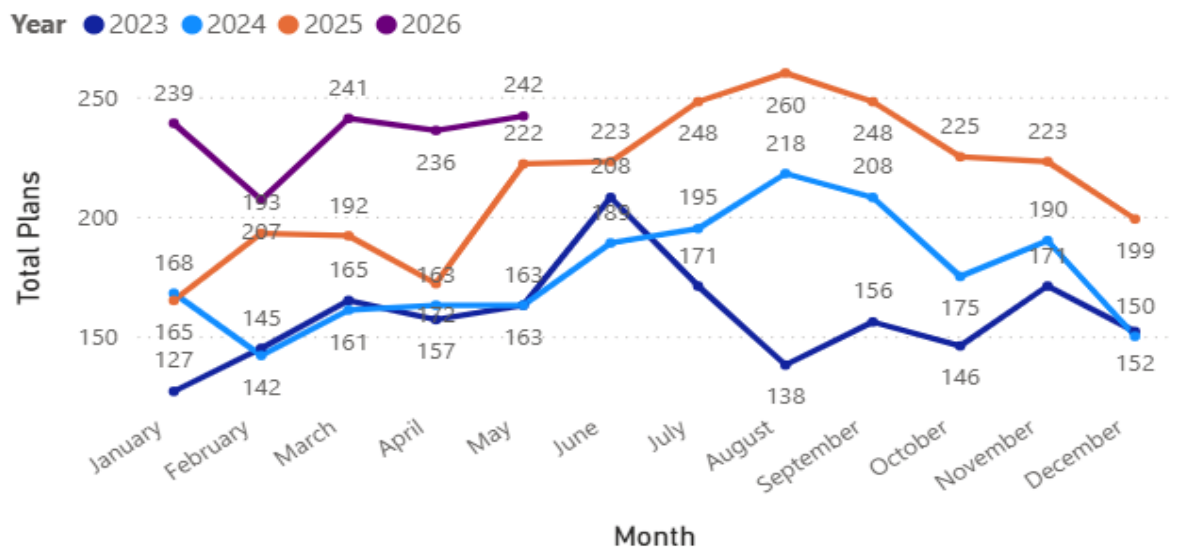
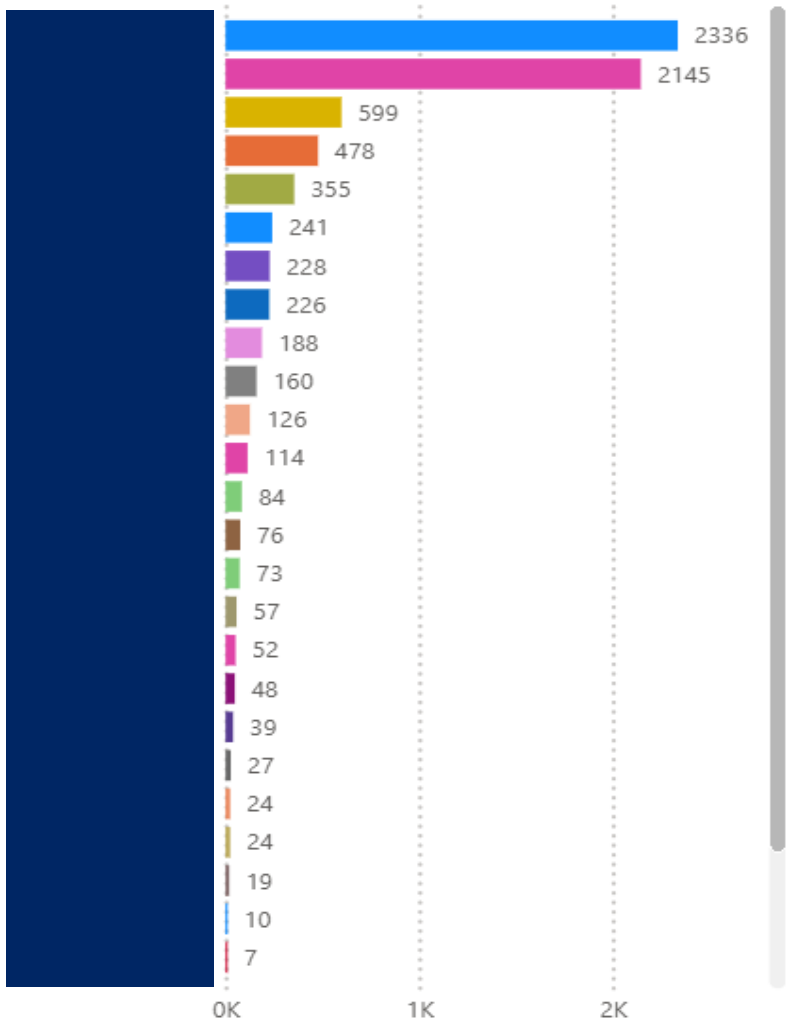
Resus Plan by Month

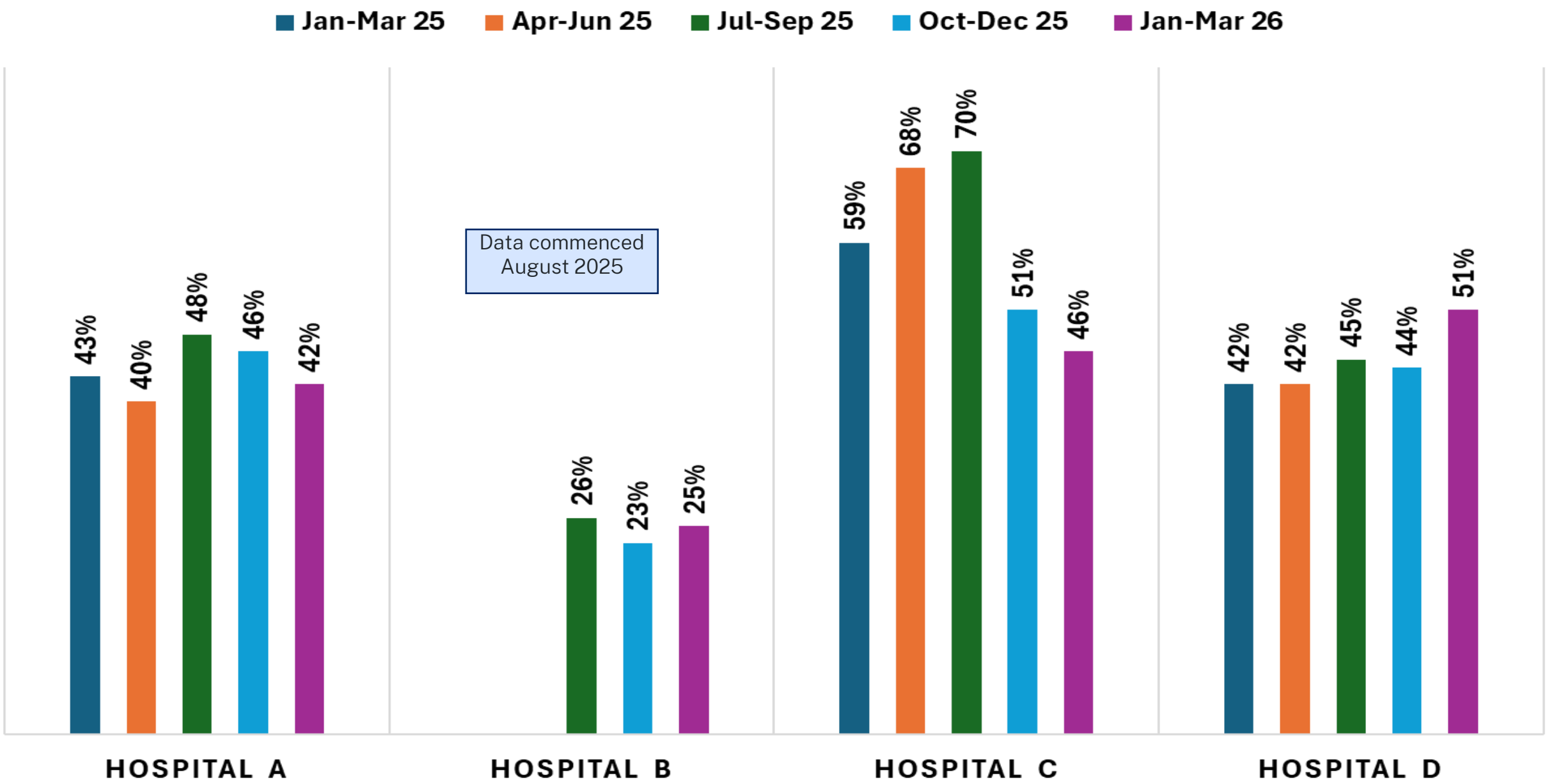


AMO	SPECIALITY	Total Resus Plan (n)
[redacted]		262
		198
		189
		173
		163
		128
		128
		121
		111

Resus Plan by Speciality



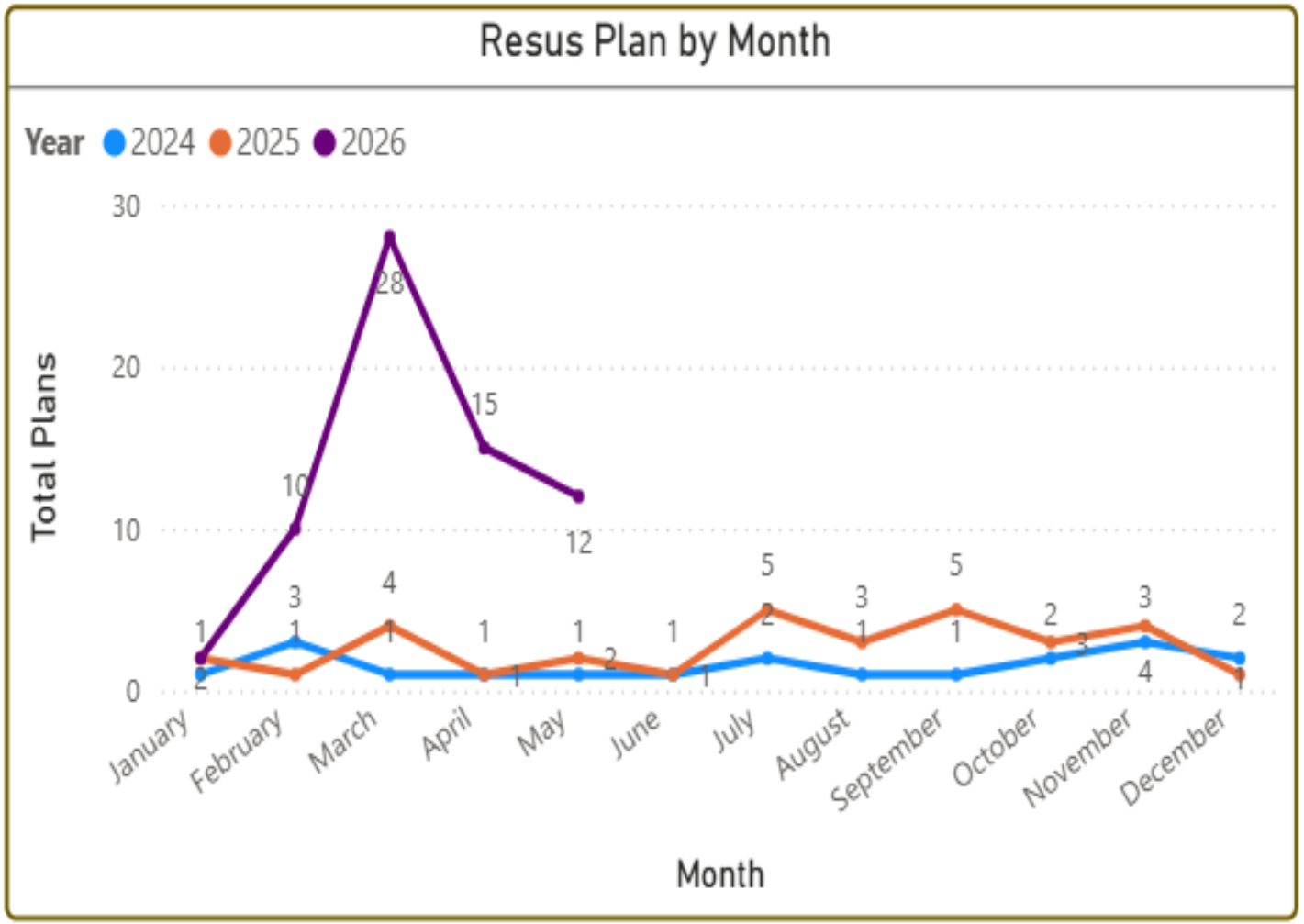
COMPARATIVE DATA ACROSS THE DISTRICT
% 80+YEARS PATIENTS WITH RESUSCITATION PLAN: JANUARY 2025 – MARCH 2026



EXAMPLE: REHABILITATION WARD – NEPEAN HOSPITAL

Health
Nepean Blue Mountains Local Health District

OBSERVATION: Low number Resus Plans
HYPOTHESIS: Pts have Resus Plan when transfer care
ACTION: Met with Rehab service Feb 2026

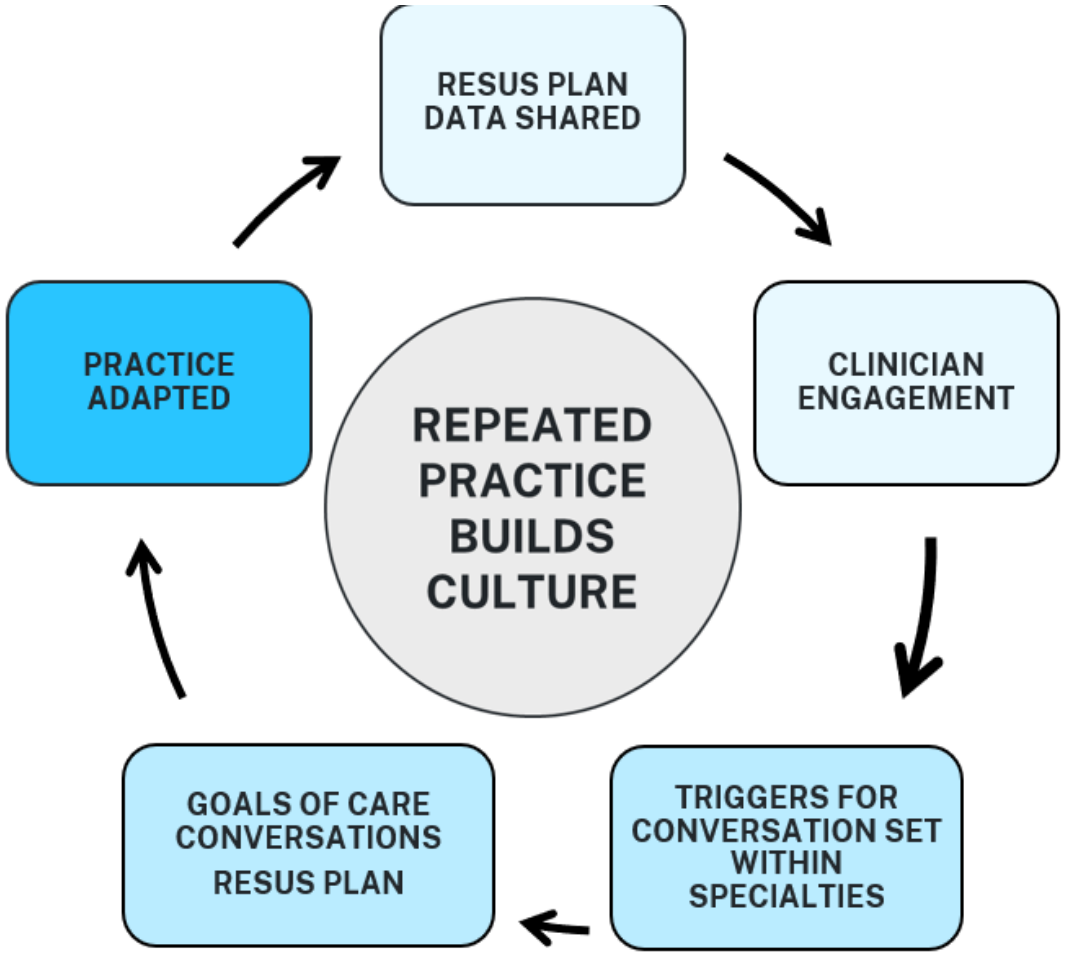


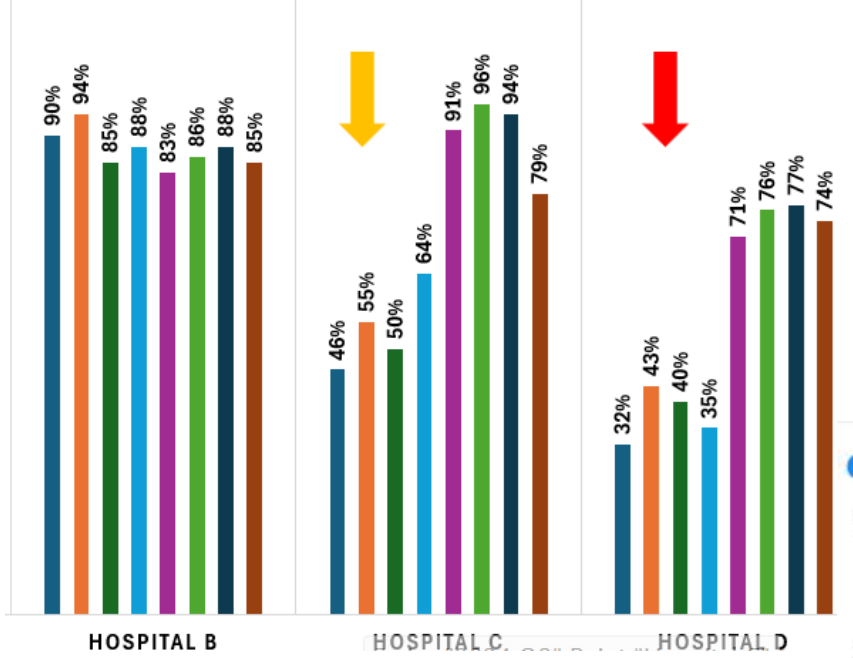
MEETING OUTCOME

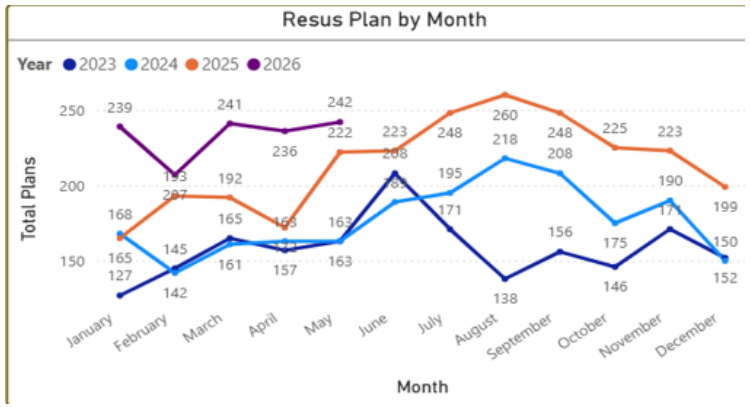
Pts usually do NOT have Resus Plan on transfer of care – if they do, from acute phase

- ❑ All patients to have GOC conversation upon transfer of care and Resus Plan created
- ❑ Workshopped conversation skills during meeting
- ❑ New doctors on rotation to ward orientated to culture & mentoring/role modelling of conversation provided
- ❑ Monthly data distributed to staff by clinical lead
- ❑ ACP information offered

PATIENTS RECEPTIVE







Data drives practice - Repeated practice reshapes culture