

Responding to Voluntary Assisted Dying Requests – State-wide procedure

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1. Introduction

1.1 Purpose

As a catholic healthcare service, Mater adheres to the Code of Ethical Standards for Catholic Health Care Services in Australia and as such does not promote or facilitate treatments where the primary purpose is to terminate life. Mater people will not initiate discussions about Voluntary Assisted Dying (VAD) with patients and families as specified in the Voluntary Assisted Dying Act 2021 (Qld).

1.2 Scope and context

This procedure outlines the process for responding to patient requests for Voluntary Assisted Dying within Mater facilities and across our services. This document applies to all Mater facilities, staff and stakeholders across the state. This procedure will be read in conjunction with **Requests for Voluntary Assisted Dying – State-wide Policy** and the overarching documents and resources listed in section 5.

1.3 Governing documents

Document ID	Document Title
MPPL-05683	Requests for Voluntary Assisted Dying – State-wide Policy
MPPL-03883	Mater Health By-Laws for Accredited Practitioners – Policy
MPPL-03767	Clinical Governance Framework - Policy

2. Procedure requirements

2.1 Responding to requests for VAD

- a. All requests for information about VAD will be received in a compassionate, respectful and patient-centred manner.
- b. Patients will be advised that responding to requests for VAD information may take some time due to the need to mobilise appropriate personnel. Patients will be informed that requests may not be actioned on weekends. All patients requesting VAD will be informed that their request has been received and acknowledged.
- c. Any patient requesting VAD will be required to meet strict eligibility criteria as outlined in the legislation.



- d. Mater people caring for patients who request VAD information will respond using the Clarify, Acknowledge, Respond, Escalate (CARE) approach. See appendix 1 for further information.
- e. All VAD requests will be managed as per the tiered approach outlined in Figure 1.

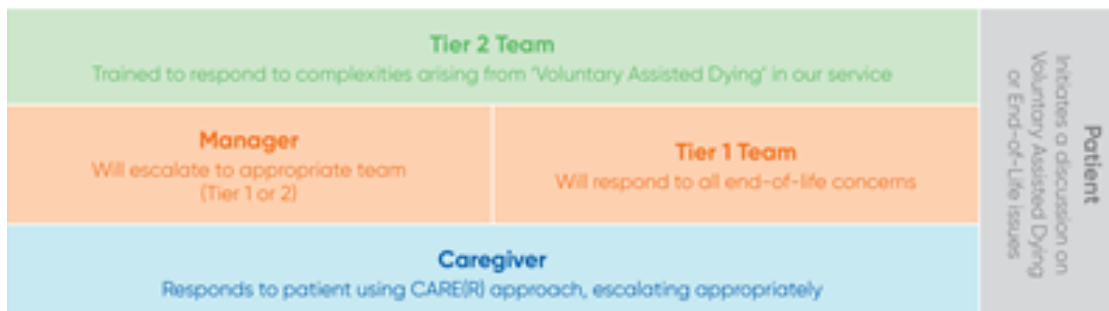


Figure 1: Escalation levels for VAD requests at Mater

- f. Refer to appendix 2 for more information on the requirements for all entities relating to VAD.

2.2 Tier 1 Response

- a. Each Mater facility/service has access to a Tier 1 response support team which includes relevant clinicians and healthcare staff who can discuss end of life care options with the patient and family.
- b. Personnel responding to the Tier 1 request will be the patient's treating care team including the consultant/Visiting Medical Officer (VMO). Additional support from After Hours Managers, local area Manager, Advanced Care Planning Coordinator, palliative care Clinical Nurse Consultants, palliative care doctors and other appropriately trained allied health personnel will be included as required.
- c. A Tier 1 response will:
 - i. Engage in open, sensitive and respectful discussions with a patient about their end of life concerns.
 - ii. Provide an opportunity to discuss end of life care options with the patient and/or their medical treatment decision maker/caregiver.
 - iii. Provide access for patients to end of life care options consistent with Mater's Code of Ethics.
 - iv. Seek to understand the nature of the request, including clarifying whether the patient is in need of end of life care services that Mater is able to provide, and ensure that the patient is aware of Mater's commitment to provide care to them. Refer to appendix 2 for guidance on how to respond to requests for VAD and 'desire to die' statements (DTDS).
 - v. Notify the local area Manager, After-Hours Manager or Advanced Care Planning Coordinator in the first instance. This includes requests made to any Mater person or visiting personnel.
 - vi. Ensure that the patient's admitting medical officer has been notified.
 - vii. Ensure appropriate referrals to pastoral care, social work and/or palliative care are made on the patient's request.



- viii. Document the request in the patient's health record as per usual facility/service requirements for documentation.

2.3 Tier 2 Response

- a. Each Mater facility/service can facilitate a Tier 2 response to support Mater people with requests for VAD from patients.
- b. A Tier 2 response will be initiated when:
 - i. The Tier 2 Lead is notified of a VAD request by a Tier 1 team member;
 - ii. The Tier 1 team is unable to resolve the patient request or the patient is not satisfied with the Tier 1 response;
 - iii. The patient requests leave/transfer for the purposes of undertaking a VAD assessment;
 - iv. The patient is too unwell or unstable to facilitate transfer but still wishes to proceed with a VAD request for information, assessment or administration decision;
 - v. A patient enters a Mater facility/service in possession of a VAD substance.
- c. A Tier 2 response will be initiated and led by the relevant Director of Clinical Services or Executive Officer (Central and North Queensland) or equivalent.
- d. The Tier 2 Lead will draw on advice and guidance from any or all of the below personnel:
 - i. Director of Clinical Governance;
 - ii. Pastoral Care representative;
 - iii. Advanced Care Planning Coordinator;
 - iv. Social Worker representative;
 - v. Palliative care representative;
 - vi. Legal representative;
 - vii. VAD Coordinating Practitioner (external);
 - viii. Other appropriate personnel as required.
- e. All VAD requests escalated to Tier 2 will trigger a safety huddle discussion. The safety huddle will be initiated and led by the relevant Director of Clinical Service or Executive Officer where the request for VAD has been received.
- f. A Tier 2 response will:
 - i. Work with the patient to determine an acceptable and prudent resolution, taking into account the patient's preference for care as well as clinical, ethical and legal advice as necessary.
 - ii. Notify the Mater Chief Executive Officer (CEO) and Executive Director Mater Health of the activation by completing an incident briefing to keep them informed of decisions/outcomes.
 - iii. Coordinate response, prepare risk mitigation plans including how VAD is integrated into existing services and systems, update incident briefing and involve/inform relevant stakeholders (internal and external) as required.
 - iv. Ensure current advanced care planning documentation is in place.



2.4 Transfer of a patient to another facility

- a. If a patient requests transfer to another service for the purpose of accessing VAD, this will activate a Tier 2 response.
- b. In these circumstances, if a patient requests release from care for a period of time for the purpose of accessing assessment of eligibility for VAD, Mater facilities will follow normal processes for leave from care. The Tier 2 team will work with the patient to determine patient preferences for care considering relevant clinical, ethical and legal advice.
- c. The Tier 2 team will advise, after discussions with the patient's treating team and/or coordinating VAD practitioner, if it is safe for the patient to undergo transfer or be approved for release from care.
- d. Mater facilities/services will continue to provide care for the patient until such time that care has been assumed by an appropriate receiving provider.
- e. In the event that an authorised VAD practitioner is required to assess a patient at a Mater facility/service they will not be required to undertake usual credentialing processes. The authorised VAD practitioner will contact the relevant DCS/EO who will arrange verification and access to the site/service. **Refer to Private Entity Guidance – Voluntary Assisted Dying for more information.**
- f. The Tier 2 Lead (or equivalent) will inform senior health leadership, through an update to the incident briefing, that the patient requires a QVAD assessment at a Mater facility/service in accordance with the legislation's requirements and Private Entity Guidelines.
- g. The table below lists some considerations the treating practitioner will consider prior to arranging transfer of a patient to undergo VAD assessment or for administration of a VAD substance. For further details on considerations for transfer - **Refer to the Voluntary Assisted Dying Act and the Queensland health Voluntary Assisted Dying Handbook (2022).**

Considerations for transferring a patient for VAD assessment	<p>The deciding practitioner must consider:</p> <ul style="list-style-type: none">• Whether the transfer would be likely to cause serious harm to the person: examples of serious harm include: significant pain; significant deterioration to the person's condition.• Whether the transfer would be likely to adversely affect the person's access to voluntary assisted dying. Examples of adverse effects include: the transfer would likely result in a loss of decision-making capacity of the person; the pain relief or medication required for the transfer would likely result in a loss of decision-making capacity of the person.• Whether the place to which the person is proposed to be transferred is available to receive the person.• Whether the transfer would cause undue delay and prolonged suffering in accessing voluntary assisted dying.• Whether the person would incur financial loss or costs because of the transfer.
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Considerations for transferring a patient for administration of the VAD substance

The deciding practitioner must consider:

- Whether the transfer would be likely to cause serious harm to the person: examples of serious harm include: significant pain; significant deterioration to the person's condition.
- Whether the transfer would be likely to adversely affect the person's access to voluntary assisted dying: examples of adverse effects include: that the transfer would likely result in a loss of decision-making capacity of the person; that the pain relief or medication required for the transfer would likely result in a loss of decision-making capacity of the person.
- Whether the place to which the person is proposed to be transferred is available to receive the person.

Adapted from: Queensland Government. Queensland Voluntary Assisted Dying Handbook. Version 2.0. October 2022

2.5 Responding to a patient in possession of a VAD substance

- a. Mater facilities/services may request that patients refrain from bringing onto Mater premises and/or into our facilities, substances intended to cause death under the legislation.
- b. If a patient brings the VAD substance into a Mater facility (e.g. this may be disclosed by the patient on admission or when a medication history is being undertaken by a Mater clinician), the Tier 2 team will be notified.
- c. Under these circumstances, the VAD substance will remain in the locked box (provided with the substance) and in possession of the patient at all times. The locked box will be kept out of public view and in a place that is not accessible to a unauthorised staff member.
- d. A Tier 2 safety huddle will be initiated to work with the patient to determine an acceptable and prudent resolution, taking into account their preferences for care as well as clinical, ethical and legal advice as necessary.
- e. The Tier 2 lead will ensure all related discussions with the patient and/or family are documented in the patient's health care record as per usual facility/service requirements for documentation.
- f. If any Mater person becomes aware of a patient in possession of a VAD substance, they are to immediately notify their manager or the After Hours Manager, who will escalate to Director of Clinical Service or Executive Officer (Tier 2 lead).

2.6 Care of the patient following ingestion of VAD substance

- a. If a patient admitted to any Mater facility/service has ingested a VAD substance, it may take several hours or even days to take effect. In the event that this may occur, all cares will continue to be provided to the patient.
- b. If a patient admitted to any Mater facility/service has ingested a VAD substance and it has caused death, procedures for care of the deceased patient will be followed.



- c. The doctor certifying the death will write on the death certificate that the person's underlying illness, disease, or medical condition was the cause of death. It must not mention voluntary assisted dying as per legislation requirements.
- d. Mater will provide necessary care and bereavement support to those who may be distressed by the situation, including healthcare practitioners, family and friends of the patient and any Mater people.
- e. Mater people will not assume responsibility for any unused VAD substance and will refer management of these to the nominated 'Contact Person' as appointed by the patient under the legislation, prior to their death.

2.7 Disposal of VAD substance

- a. VAD substances are regulated under the VAD Act and not the Medicines and Poisons Act 2019, and as such, are not to be disposed of in clinical areas per the usual S8 and S4 diversion-risk medicines procedures.
- b. If a patient passes away prior to using the VAD substance in their possession, the Unit Manager or Team Leader will notify the relevant Director of Clinical Service/Executive Officer or the After Hours Manager who will arrange appropriate storage of the substance in a secure location that is not accessible to unauthorised staff/persons.
- c. If the patient elects not to go ahead with VAD while remaining an in-patient, the relevant Director of Clinical Service/Executive Officer or the After Hours Manager, in consultation with the patient, will arrange secure storage of the substance in a secure location that is not accessible to unauthorised staff/persons until it is collected by the patient's VAD contact person.
- d. The contact person will be responsible for arranging to return the VAD substance to an authorised disposer within 14 days of a patient passing away or revoking their self-administration decision.
- e. The Director of Clinical Services/Executive Officer may elect to initiate a safety huddle to discuss storage options with the Director of Pharmacy, Mater Pharmacy or Pharmacy Manager of local Mater CNQ facility and other Tier 2 representatives.

2.8 Responding to requests to be present or assist whilst person self-administers or is assisted to administer the VAD substance

- a. Mater people are not permitted to be present or assist whilst a patient self-administers or is supported to administer a VAD substance. Such an action would be viewed as formal cooperation as it would constitute purposeful or intentional facilitation of someone undertaking VAD.
- b. Any request to be present whilst a patient self-administers or is assisted to administer the VAD substance will activate a Tier 2 response.
- c. If a patient requests a Mater person to be present or assist with self-administering a VAD substance, staff will inform the patient that:
 - i. Mater people are not permitted to facilitate nor be present whilst a person is undertaking VAD;



- ii. The person can be referred to a health professional within our service who is qualified to engage in discussions about end of life care;
- iii. The patient may wish to discuss their request with QVAD (see appendix 4 - QVAD contact details) or their nominated support person as prescribed in the legislation.

2.9 Governance and reporting

- a. All requests for VAD will be recorded by each facility/service and reported monthly in the Quality and Safety report.
- b. The number of VAD requests will be tabled and discussed at the monthly Clinical Systems Committee meeting.

2.10 VAD staff education

- a. All Mater people, including agency staff and students, will be required to undertake VAD education including:
 - i. Training in relation to Mater's position on the legislation;
 - ii. How to activate a Tier 1 or Tier 2 response to requests for VAD as required;
 - iii. How to document any interactions/discussions related to VAD;
 - iv. All Mater Managers and Directors will receive training appropriate to support other Mater people, provide advice, and where relevant, take on decision-making responsibility on complex issues in relation to VAD.

2.11 Staff wellbeing in response to VAD request

- a. All Mater people have the right to refuse to be involved in any VAD discussions.
- b. Staff who experience distress or concerns over any part of the process of VAD are encouraged to approach their manager in the first instance who can provide information on support options.
- c. Further support can be accessed from the Mater Employee Assistance Program and Pastoral Care. There are Employee Assistance contacts for each facility which are to be provided by the unit manager to the employee or for urgent assistance call 1800808374 (24 hours).

3. Compliance

3.1 Related legislation

Voluntary Assisted Dying Act 2021 (Qld): [View - Queensland Legislation - Queensland Government](#)



3.2 Standards

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017.

4. Definitions

For the purpose of this procedure the following definitions apply:

Term	Definition
Provide or Facilitate VAD	(in the sense of this policy's statement that "Mater does not provide or facilitate VAD") means to take steps which are part of the formal VAD process (such as providing assessments for VAD or administering the VAD substance) which are inherently related to this process, such as approving VAD-related activities, encouraging patients to undertake VAD, or providing referrals for them to do so. The policy differentiates providing or facilitating VAD from those actions required of Mater by the law (such as the transfer of patients seeking after VAD), and those actions reasonably required by good medical practice (such as informing a patient who is seeking information about VAD of government agencies that can assist with their enquiry).
Mater Facility	means hospital or day procedure centre or Pharmacy conducted by a Mater entity and in which health services are provided.
Palliative care	means treatment, care and support for people living with a life-limiting disease. This includes physical, emotional, psychological, spiritual and social support for the patient, family and significant others.
Tiered Governance Structure	refers to the establishment of a tiered system comprising All Mater People, Tier 1 and Tier 2 teams (see below) in response to VAD legislation.
Tier 1	refers to a team available at each facility to engage in sensitive end of life care discussions with patients or consumers.
Tier 2	refers to a team available at each facility which has the competency and authority to resolve complex issues relating to VAD in a timely manner.
Transfer	means to support the movement of a patient or consumer from one facility to another, including all relevant communication with the receiving provider and transport arrangements.
Voluntary Assisted Dying	(VAD) is the term used in VAD legislation in Queensland to refer to the administration of a VAD substance and includes steps reasonably related to such administration. For the purpose of this policy, the term VAD applies to legislated processes that enable the administration of a poison or controlled substance for the purpose of causing a person's death in any jurisdiction within which Mater operates.
Voluntary Assisted Dying substance	(VAD substance) means a poison or controlled substance or a drug of dependence which has the purpose of causing a person's death under the VAD legislation.
Mater People	Mater person or people.



Term	Definition
	<p>Anyone who carries out work for Mater and its subsidiaries including employees, contractors, subcontractors, visiting medical officers, employees of labour hire companies (e.g. nursing agency staff), outworkers, apprentices and trainees, students, volunteers, and Person(s) Conducting a Business or Undertaking who are individuals if they perform work for Mater.</p> <p>The term Mater People may refer to one or more individuals. The term 'Mater Person' is the singular of 'Mater People'.</p> <p>Unless explicitly stated otherwise, 'Mater People' and 'Mater Person' have the same meaning as the term 'worker' under the Work Health and Safety Act 2011 (Qld).</p>

(Note: further glossary of terms related to VAD available from Qld Health: [Glossary of terms | Voluntary assisted dying | Queensland Health](#))

5. Related documents

Mater documents

- Mater Health By-Laws for Accredited practitioners - policy MPPL-03883
- Clinical Governance Framework – state-wide policy MPPL-03767
- Comprehensive Care (previously Provision of Care)- state-wide policy MPPL-04323
- Whistle-blower Policy MPPL-02153
- Requests for Voluntary Assisted Dying – stat-wide policy MPPL-05683

External documents

- Catholic Health Australia, [Code of Ethical Standards for Catholic Health and Aged Care Services in Australia. 2001.](#)
- Voluntary Assisted Dying Act 2021 (Qld)
- St Vincent's Health Australia. Responding to requests for Voluntary Assisted Dying. 2019.
- Queensland Health. Voluntary Assisted Dying in Queensland 2022. [Voluntary Assisted Dying in Queensland | Queensland Health](#)
- Queensland Health. Information on voluntary assisted dying substances. Information on voluntary assisted dying substances | Queensland Health
- Private Entity Guidance – VAD Queensland Government. Version 1.0, July 2022.



6. Document information

Earlier revisions

Revision #	Published date	Comment
1	02/12/2022	Version 1 published on the Mater Policy and Procedures Library

Key contacts

During drafting consultation	Kate Kynoch - Knowledge Translation Manager, Clinical Governance Unit
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Approver	Clinical Systems Committee

Affirmation

This governance document is consistent with [Mater's Mission](#).
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7. Appendix 1: CARE Approach to VAD Conversations

Guidelines for managing conversations about VAD

Clarify



Ask questions:

- Ensure we have understood the person correctly
- Assists us to obtain essential information
- Are simple to ensure we have the correct information

Examples of clarifying questions:

- "Did I hear you say...?"
- "Did I understand correctly when you said...?"
- "What did you mean when you said...?"

Acknowledge



- It is important to acknowledge the concern/statement the patient has raised and not to ignore it because it is too hard
- By acknowledging their concern/statement we are showing that we care

Some examples of statement you can use that show you are acknowledging the patient's include:

- "That must be really hard for you"
- "I am sorry that you are going through this"
- "That sounds really challenging"
- "This must be hard to talk about, thank you for opening up to me"

Respond



- By understanding what the patient is telling us and acknowledging what they are experiencing, we need to ensure they know we are going to take action
- It is important to tell them how you will respond to what they have told you

Some examples of ways you can respond include:

- "I can see this is upsetting for you, so I would like to speak to [a colleague] who will be able to talk through ways we can help you. Would that be ok?"
- "We have a team that can support you and discuss this further. Could I organise for someone from the team to come and see you?"
- "Lets see if we can get on top of the [symptom] that you are experiencing now, then I think it would be helpful for you to talk to one of our specialists in this area who can provide you with more support and advice"

Escalate



- It is important you do what you have said you are going to do. You must escalate to the appropriate person, whether this is your manager or an identified specialist team that are available to help you
- If you are responsible for documenting, ensure you have documented all the information in the patient notes and risk management system. If not ensure you have provided as much information to your manager/specialist team, so they can document appropriately

Mater has established several pathways for escalation. Any of the following will be able to assist you:

- Your department manager;
- A 'Tier 1' team, who are trained to respond to all end of life concerns in a clear and compassionate way;
- A 'Tier 2' team, who are trained to respond to complexities arising from 'VAD' in our services.

Remember:

- Documentation into patient notes and the risk management system must be objective. You must only document the facts, not your opinion on the situation you were presented with



8. Appendix 2: Minimum Legislative Obligations

The Voluntary Assisted Dying Act (2021) outlines the requirements for all entities relating to VAD. For the purposes of the Act, an entity is the organisation that operates a:

- hospital
- residential aged care facility
- hospice
- facility at which accommodation, nursing or personal care is provided to persons who need nursing or personal care.

These obligations do not apply when a person is receiving these services outside of a facility, for example, when a person is receiving aged care or palliative care at a private residence.

The table below outlines minimum obligations for entities as identified in the Act. This table has been modified from Queensland Government. Queensland Voluntary Assisted Dying Handbook. Version 2.0. October 2022. For full details please refer to the source document:

<https://www.health.qld.gov.au/system-governance/legislation/voluntary-assisted-dying-act/information-for-healthcare-workers/handbook>

Note this is not Mater specific guidance – it is legislation for minimum obligation for all facilities.

Voluntary assisted dying step	Minimum obligation – permanent residents only	
Request for information	<ul style="list-style-type: none"> • To not hinder access at the facility to information about voluntary assisted dying. • To allow reasonable access by a registered health practitioner or a QVAD-Support employee. 	
Requests	<ul style="list-style-type: none"> • To allow reasonable access by a medical practitioner who can receive the request as outlined in the handbook. • If the practitioner is unable to attend, take reasonable steps to facilitate transfer of the person to a place where the request can be made. 	
	Non-permanent resident	Permanent resident
Assessments	<ul style="list-style-type: none"> • Take reasonable steps to facilitate transfer of the person to and from a place where the assessment may be carried out. • If the person is unable to be transferred, allow reasonable access by the coordinating practitioner, consulting practitioner, or registered health practitioner. 	<ul style="list-style-type: none"> • Allow reasonable access by the coordinating practitioner, consulting practitioner or registered health practitioner depending on assessment phase. • If the practitioner is unable to attend, take reasonable steps to facilitate transfer of the person to and from a place where the assessment may be carried out.



Administration decision	<ul style="list-style-type: none"> • Take reasonable steps to facilitate transfer of the person to and from a place where the decision can be made. • If the person is unable to be transferred, allow reasonable access by the coordinating practitioner. 	<ul style="list-style-type: none"> • Allow reasonable access by the coordinating practitioner. • If the practitioner is unable to attend, take reasonable steps to facilitate transfer of the person to and from a place the decision can be made.
Self-administration of the VAD substance	<ul style="list-style-type: none"> • Take reasonable steps to facilitate transfer of the person to a place the person can self-administer a voluntary assisted dying substance. • If the person is unable to be transferred, not hinder access by the person to the voluntary assisted dying substance. 	<ul style="list-style-type: none"> • Not hinder access by the person to the voluntary assisted dying substance.
Practitioner administration of the VAD substance	<ul style="list-style-type: none"> • Take reasonable steps to facilitate transfer of the person to a place the person can be administered the voluntary assisted dying substance. • If the person is unable to be transferred, allow reasonable access by the administering practitioner and an eligible witness 	<ul style="list-style-type: none"> • Allow reasonable access by the administering practitioner and an eligible witness.



9. Appendix 3: Guidance for staff to respond to VAD and Desire to Die statements

Responding to requests for VAD and 'desire to die' statements (DTDS)	
a.	<p>Patients who are approaching the end of their life may make statements expressing a desire to die or to have their death hastened. Whilst such statements can be confronting for staff, it is important to respond appropriately, considering a patient-centred care approach.</p> <p>Responses should include:</p> <ol style="list-style-type: none"> i. Acknowledging the statement; ii. Understanding that this is a valid concern for the patient; iii. Allowing the patient to express their concerns, using active listening skills; iv. Trying to identify patient specific concerns e.g., pain, emotional or psychological distress; v. Remembering that a DTDS is not automatically a request or desire for VAD; vi. A script to assist in responding to requests and training will be available to all staff.
b.	All DTDS expressed by a patient should be referred to a Tier 1 team member. Under certain circumstances it is prudent to consider the risk of suicide.
c.	<p>Tier 1 and Tier 2 Team members will:</p> <ol style="list-style-type: none"> i. Be alert to their own responses; ii. Through active listening, be open in their manner to hearing the patient's concerns; iii. Assess potential contributing factors; iv. Address potentially reversible factors and make appropriate referrals to other members of the multidisciplinary team to support this; v. Discuss with treating team referral to palliative care for assistance with more complex advance care planning or symptom management vi. Document the conversation and plan of management in the patient notes.
d.	Tier 1 and Tier 2 Team members are encouraged to engage with Pastoral Care early in the process to facilitate/support holistic conversations.
e.	If concerns regarding the patient are unable to be satisfactorily addressed by a Tier 1 Team member, a Tier 2 response should be activated.



10. Appendix 4: Queensland Health QVAD Contact Information

QVAD-Support	Opening hours: 8:30am-4pm Monday to Friday Phone : 1800 431 371 Email: qvadsupport@health.qld.gov.au
QVAD-Pharmacy	Email: qvadpharmacy@health.qld.gov.au

