

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



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SUMMARY	This document outlines the admission processes for patients VAD services within Royal Hospital for Women (RHW). The overarching documents for this Business Rule are the: NSW Health Policy, PD2023_037 Voluntary Assisted Dying ² and the NSW Health, Voluntary Assisted Dying Clinical Practice Handbook ¹

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1. BACKGROUND

Voluntary Assisted Dying (VAD) became a lawful end of life option in NSW on 28 November 2023. South Eastern Sydney Local Health District (SESLHD) recognises VAD as a lawful end of life option and acknowledges eligible people's right to access associated services and supports.

The NSW Voluntary Assisted Dying Act 2022, (the Act) allows people to choose the manner and timing of their death. A person makes an administration decision and can request to self-administer or have a practitioner administer the VAD substance in the inpatient or community setting. Detailed outlines of the VAD process are provided within the [NSW Health, Voluntary Assisted Dying Clinical Practice Handbook¹](#)

The purpose of this document is to outline processes within the Royal Hospital for Women (RHW) that support patients who have received a VAD substance authorisation by the Board and are requesting to have this administered in the inpatient setting.

VAD substance administration within the RHW could occur in any of the below contexts:

- People receiving care as an inpatient at the RHW may choose to have the VAD substance administered during their admission.
- People receiving care in the community or from local healthcare establishments where VAD services cannot be provided may request an admission at the RHW for the purpose of VAD substance administration.

Within SESLHD the VAD Liaison Service (VAD-LS) has been established in response to the NSW Health Policy, [PD2023_037 Voluntary Assisted Dying²](#) and will be available to provide navigation support throughout the VAD process, including during substance administration.

The SESLHD VAD-LS can be contacted via the hospital switch board or via SESLHD-VAD@health.nsw.gov.au by staff.

The SESLHD VAD-LS staff will use this business rule to support people on a VAD pathway accessing an inpatient bed for the purpose of VAD substance administration.

Table 1 – Definitions

Term	Definition
Administering Practitioner	The authorised practitioner responsible for administering the VAD substance to a patient who has chosen practitioner administration. The coordinating practitioner is by default the patient's administering practitioner, but the role can be transferred after the prescription step.

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Administration Decision	Refers to a patient's choice to either self-administer the VAD substance (self-administration decision), or have it administered to them by an administering practitioner (practitioner administration decision).
Authorised Practitioner	A medical practitioner or nurse practitioner who meets the professional experience and eligibility requirements in the Act and has completed the approved VAD training.
Coordinating Practitioner	The authorised practitioner who accepts a patient's first request for VAD and is responsible for assessing and supporting the patient throughout the process.
Conscientious Objection	Is when a person declines to participate in a lawful process or procedure due to their personal beliefs, values, or moral concerns. Health practitioners who have a conscientious objection to VAD may still have legal obligations under the Act.
Practitioner Administration	Administration of a VAD substance by an administering practitioner.
Self-administration	Administration of a VAD substance by the patient themselves.
Voluntary Assisted Dying Act 2022 (The Act)	The legislation (NSW) that legalises and governs VAD in NSW.
Voluntary Assisted Dying (VAD)	The administration of a VAD substance and steps reasonably related to the administration.
Voluntary Assisted Dying Liaison Service (VAD-LS)	The SESLHD service supporting people seeking information or access to VAD while also providing process navigation, support and guidance to staff who directly and indirectly involved in VAD.
Voluntary Assisted Dying Substance	A Schedule 4 or Schedule 8 poison approved by the Health Secretary for use under the Act for the purpose of causing a patient's death.

2. RESPONSIBILITIES

Role	Responsibilities
SESLHD Employees	<ul style="list-style-type: none"> Treat all patients with respect and dignity, despite their own perspective on VAD. Undertake general awareness training as required for VAD. Manage VAD substances brought into the RHW as per the SESLHDPR/764 VAD Substance Management Maintain patient confidentiality by not discussing the patients' personal decision with family/friends unless instructed by the patient.
Nursing Unit Managers (NUMs) or Department Managers	<ul style="list-style-type: none"> Ensure that all staff involved in the care of patients on a VAD pathway are given access to general awareness training as required. Be aware of staff on unit who may be conscientious objectors and not be involved in VAD processes as outlined in the Act. Ensure there are options on the ward/unit for safe storage of VAD substances as per SESLHDPR/764 VAD Substance Management Escalate any concerns with the VAD process appropriately.
Registered Pharmacists	<ul style="list-style-type: none"> Ensure safe disposal of any unused VAD substance in accordance

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	with the Act and the SESLHDPR/764 VAD Substance Management
Medical Officers	<ul style="list-style-type: none"> Respect the wishes of patients who are on a VAD pathway. Support patients in finding an alternative Medical Practitioner if they are a conscientious objector.
SESLHD VAD Liaison Service (VAD-LS)	<ul style="list-style-type: none"> Comply with this business rule to support patients who request hospital admission for the purpose of VAD substance administration. Be present during VAD substance administrations within service hours providing support to patient's, families, administering practitioners and local ward staff
Hospital Executive	<ul style="list-style-type: none"> Provide executive level leadership supporting the implementation of VAD as a lawful end of life option available to eligible community members within SESLHD. Act as a senior escalation point for unmitigated barriers associated with patients being admitted for VAD services or substance administration.

3. PROCEDURE

3.1 Booking Admission to the RHW For VAD Substance Administration

- All patients seeking admission to the RHW for VAD substance administration require the RHW Booking Form to be completed (SES030010) to be completed by the VAD Coordinating Medical Practitioner. This must be sent to the Admissions Office email SESLHD-RoyHosWomenRndk-AdmissionsList@health.nsw.gov.au and to the NUM of Macquarie Ward for coordination of admission. Patients will then be placed on the booked admission list for the nominated date of admission.
- Admissions for the purpose of VAD substance administration are considered planned admissions and will occur on an ad hoc basis by negotiation with the NUM of Macquarie Ward and the AMO.
- Patients will be admitted directly to a single room on Macquarie Ward after 9:30am
- All pre and post VAD substance administration care will be provided by the allocated area.
- The SESLHD VAD-LS will be present during the administration of the VAD Substance to support the patient, their family, and the staff.
- For more urgent admissions due to unexpected deterioration, the SESLHD VAD-LS will need to discuss this with the NUM of Macquarie Ward to facilitate the patient's wishes.
- Patients will be admitted under an appropriate AMO who has agreed to participate. AMOs do not need to be Authorised VAD Practitioners.
- AMOs with conscientious objections to VAD are not obligated to admit such patients for the purpose of substance administration.
- If there are any issues with the admission of patients on a VAD pathway, this should be escalated to the NUM of Macquarie Ward.

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- Any requests from external practitioners will need to be discussed with the SESLHD VAD-LS via hospital switch or email SESLHD-VAD@health.nsw.gov.au

3.2 Patients Admitted for VAD Substance Administration

- Patients on a VAD pathway must be treated with the same respect and confidentiality afforded all our patients.
- Storage of the VAD substance (oral, enteral and intravenous) is to be managed as per [SESLHDPR/764 VAD Substance Management](#)
- Patients accessing VAD services at the RHW may be eligible for the NSW Health Isolated Patients Travel and Accommodation Assistance Scheme, please refer to the [NSW Health Policy, PD2023_038 Isolated Patients Travel and Accommodation Assistance Scheme](#) for details.

3.3 Patients Transferred from Healthcare Establishments where VAD is not provided

- Some healthcare establishments are not participating in the provision of VAD services.
- Patients within those healthcare establishments can request to be transferred to another facility to access VAD services.
- Patients being transferred from other facilities, for the purpose of VAD substance administration need to occur via the RHW Access and Demand Nurse Manager who will support with an Inter-Hospital Transfer (IHT). The RHW Access and Demand Nurse Manager can be contacted via Tel: 93826537 or Mb: 0417426577
- The referring facility is responsible for identifying an AMO and negotiating transfer.
- On rare occasions, a patient seeking access to VAD may require a transfer of care from a non-participating healthcare establishment to enable them to participate in the assessment process if transferring between facilities is causing the patient undue stress. This requires an Inter-Hospital Transfer as outlined above with an admission under an appropriate specialist team during the VAD assessment process. Should the SESLHD VAD-LS have awareness of transfers of this kind, the service will need to escalate these to the NUM of Macquarie ward.

3.4 VAD Patients Admitted for Other Reasons

- Patients on a VAD pathway may still require medical treatment. It is against the law for a medical practitioner to withdraw non-VAD services that the practitioner would usually provide to the person, or their family and other close contacts, because of that person's request to access VAD.
- Patients may attend hospital with their VAD substance locked box. The VAD substance locked box is the patient's property and management of this within SESLHD facilities is outlined within the [SESLHDPR/764 VAD Substance Management](#).
- Patients admitted for other reasons may deteriorate while an inpatient and decide to take or have their VAD substance administered. This needs to be coordinated with the NUM of Macquarie Ward and the SESLHD VAD-LS to support the patient taking their VAD substance in an appropriate place.

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4. Implementation, Communication and Education Plan

- This CBR will be distributed to medical, nursing and allied health staff with RHW via @health email and discussed at ward meetings, education and patient quality and safety meetings.
- Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access.
- Staff are encouraged to complete the NSW Health VAD awareness training module targeted to all staff. SESLHD staff can access this via My Health Learning (course code: 501951057).

5. Related Policies and Procedures

- [NSW Health Voluntary Assisted Dying policy directive \(PD2023_037\)](#)
- [NSW Health Voluntary Assisted Dying Clinical Practice Handbook](#)
- SESLHD Voluntary Assisted Dying Model of Care December 2023 (link pending)
- [SESLHDPR/764 VAD Substance Management](#)

6. Cultural Support

- When clinical risks are identified for an Aboriginal woman, she may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.
- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours.
- If the woman is from a non-English speaking background, call the interpreter service and dial 1 on the selection menu and notify them this is to support with a VAD pathway: [NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters](#).
- Patients on a VAD Pathway can be referred to the POWH Pastoral Care service as per normal processes. Acknowledgement of the VAD pathway should be included on the referral.

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5. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
18/12/2023	V0.1 (Draft)	Tayla Vella – VAD Project Manager
24/01/24 21.3.24	V0.2 (Final Draft)	Tayla Vella – VAD Project Manager Collation of feedback Endorsed at RHW Safety and Quality Committee