

Progress of Implementation

Up to 2023 **225 care homes** in all Austrian counties have implemented or are well underway towards implementing *Hospice Culture and Palliative Care* **16.400 members of staff** participated in workshops on palliative geriatric care. All certified care homes are listed on: <https://www.hospiz.at/einrichtungssuebersicht/>

From 2017 to end of 2020 a pilot phase to implement the **VSD Vorsorgedialog®**, a nationwide instrument for advance care planning in nursing homes was actioned. Care homes that implemented the HPCCH project and other care homes demonstrably living a well-established hospice culture can implement VSD Vorsorgedialog® supported by a defined process.

The project is supported by an external advisory board 'Hospice and Palliative Care in primary care' in association with important policy makers and stakeholders.

Care homes in Carinthia, Lower Austria, Upper Austria, Salzburg, Styria, Tyrol and Vorarlberg that are interested in implementing HPCCH and VSD Vorsorgedialog® can contact *regional Hospice and Palliative Care coordinators*.

Care homes in Burgenland please contact the office of the Burgenland provincial government. Care homes in Vienna can contact Wiener Gesundheitsverbund, Gabriele Rab, MSc, gabriele.rab@gesundheitsverbund.at und Caritas ED Wien, Harald Weikl, harald.weikl@caritas-wien.at

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Hospice Culture and Palliative Care in Austria's Care Homes



Live well and die with dignity

The Project

Background

Good care for the elderly needs to be a priority in our society. Many care home residents suffer from multimorbidity and chronic progressive diseases. Effective pain and symptom control are key. During the disease progression and in the overall process of ageing several crises might occur. Best possible quality of life and autonomy must be in our focus.

It is important that all members of staff in care homes have exemplary knowledge, skills and attitude regarding Palliative Care and Hospice Culture. Hospice Culture needs to come alive in all processes and day-to-day routines.

Implementing the Project in Care Homes

The project is a 3-year organisational development process including 36 hours training in geriatric palliative care and VSD Vorsorgedialog® for all staff.

It is this combination of training of staff *and* the organisational development which enables the integration of Hospice Culture and Palliative Care in all processes in these institutions. This is the sound foundation for meeting needs and wishes of care home residents to enable them to live

well and die with dignity in their last living environment. The involvement of relatives and persons of trust is a key element of the project.

Carers will gain important knowledge and skills in Hospice Culture and Palliative Care that will lead to confidence in working with terminally ill and dying people and these will ensure the right attitude in both the individual carer and the overall team.

The VSD Vorsorgedialog®

It is important to offer the VSD Vorsorgedialog®, a nationwide instrument for advance care planning in nursing homes to residents and is a key element of an effective Hospice Culture. However, this conversation with a resident will only be conducted if she:he wishes to do so.

The VSD Vorsorgedialog® reinforces the resident's right to self-determination and provides orientation for end-of-life decisions and in emergency and crisis situations. This includes resuscitation procedures or hospital admissions.

The VSD Vorsorgedialog® corresponds to any other living will as long as the resident was capable of making decisions on his or her own at the time of the conversation. Some residents are not able to decide on their own during the process of VSD Vorsorgedialog® (e.g. patients with advanced dementia). In these cases, carers, their relatives or a person of trust can help to define and record the presumed will. This can support decisions in specific situations as well.

The VSD Vorsorgedialog® is implemented in the explanations of the amended law on living wills (§8). Since 2018 it is also listed in the adult protection law as an instrument to support human beings in their independent decision making (§239 section 2). Since 2022 it is in the law of Hospice and Palliative fund §4 Abs. 2 Z 5.

