Touchstone Life Care

Advance Care Planning Integration

Whiddon Pilot Project

Impact Report

22 May 2025

TOUCH STONE LIFECARE

for-purpose evaluations

Context

In Australia, the legislative context surrounding aged care and advance care planning has evolved to ensure the provision of quality care and the honouring of individual preferences. The Aged Care Quality Standards (ACQS), updated throughout 2023[1] and included in legislation passed in 2024[2], emphasises the importance of consumer choice and dignity as part of comprehensive and person-centred care. This legislative and regulatory framework aims to encourage timely initiations of advance care planning discussions by healthcare professionals, particularly during significant transitions such as admission into care and changes in medical condition.[3]

Advance Care Plans (ACPs) are needed when people experiencing a health emergency are unable to communicate or make decisions due to critical illness or cognitive decline. ACPs are designed to ensure that care preferences are met. There is evidence that ACPs reduce inappropriate hospitalisations and improve end of life care.[4] To date, ACPs have been paper-based and often unavailable when needed to inform clinical decisions in delivering person-centred critical and end-of-life care.

During these health emergencies, healthcare teams and residents' loved ones must make shared decisions to decide what medical treatment to give, often creating stress and conflict. 86% of Australians aged over 65 do not have an ACP.[5] Consequently, older Australians, if they lose the ability to speak or make decisions for themselves, may not receive treatments that match their informed preferences.

About Touchstone Life Care

Touchstone Life Care (Touchstone) is designed to minimise the anxiety, stress and suffering of those facing end-of-life care, and for their families, medical teams and providers. Touchstone helps individuals, aged and home care providers, planners and the health system by providing a digital platform for ACPs that ensures an individual's wishes for end-of-life care are captured and communicated. Using Fast Healthcare Interoperability Resources (FHIR) standards, the Touchstone platform offers end users and providers an online system to easily and securely manage Advance Care Directives (ACDs) and ACPs.

Touchstone is a cloud-based platform that includes:

Secure storage of ACPs and ACDs and other documents for end-of-life planning and secure sharing of the documents with trusted contacts and health providers.

Instant access to the documents and plans via a unique QR code, for use in emergencies.

Version control to avoid confusion from outdated documents. Users can choose to upload an existing PDF statutory directive, a Goals of Care Document, Medical Power of Attorney or other supporting documents of their choice.

Integration and connectivity across health and aged care ecosystems.

[1] Australian Government: Aged Care Quality and Safety Commission. *Quality Standards. https://www.agedcarequality.gov.au/providers/quality-standards*
[2] Australian Government: Aged Care Quality and Safety Commission. 2024. *New Aged Care Act*. https://www.agedcarequality.gov.au/about-us/legislation-and-policies/new-aged-care-act
[3] Nolte, L and Macleod, A. 2020. *Advance Care Planning: Aged Care Implementation Guide*. Advance Care Planning Australia, Austin Health.

https://www.advancecareplanning.org.au/__data/assets/pdf_file/0031/179293/advance-care-planning-in-aged-care-implementation-guide.pdf
[4] Tran, M., Grant, M., Clayton, J. and Rhee, J. 2018. *Advance Care Decision Making and Planning*. The Royal Australian College of General Practitioners. https://www1.racgp.org.au/getattachment/34e97816-5e55-4fab-ada0-966e091450a6/Advance-care-decision-making-and-planning.aspx
[5] Ibid.

About Whiddon

[Whiddon](#) is a not-for-profit aged care provider, serving over 2,800 older Australians. They offer residential aged care, community care and retirement living services across metropolitan, regional and rural areas. Their care model is centred on enriching lives and ensuring that residents and consumers remain deeply connected to what matters most to them.

About the pilot project

The purpose of the pilot was for Whiddon to trial the transition of ACP management to a cloud-based system, using Touchstone software. Using grant funding from the J.O & J.R Wicking Trust, Whiddon purchased Touchstone's software and platform to be piloted in their residential aged care sites. The sites chosen for the pilot were Largs, Narrabri (Jessie Hunt) and Maclean. All sites are located in regional NSW. Factors that informed nomination of pilot sites included capacity for change management processes and strong ACP practices.

The pilot included support from Touchstone for onboarding, training, and software implementation. Self-paced education modules were made available to Whiddon staff to complete online via Whiddon's own Learning Management Platform. Touchstone also provided a mix of in-person and online training at each pilot site. The Touchstone platform was formally rolled out in December 2024 and January 2025. Whiddon used the cloud-based platform to upload both legacy and new ACPs for residents. These documents are now accessible during care transitions and in critical care decision-making situations. The scope of the pilot is outlined in the figures overpage.

3	137	178
Pilot sites	**Residents**	**Onsite staff**

Purpose of this report

This Impact Report examines the implementation and subsequent outcomes of the Touchstone platform for managing ACPs across its residential aged care sites during the pilot period.

Learnings presented in this Impact Report will support future digital transformation projects for Touchstone Life Care and the aged care sector more broadly.

Specifically, this Impact Report explores:
- Outcomes achieved by introducing Touchstone software at the three pilot sites
- Lessons learned from the pilot implementation

This data collection utilised a mixed methods approach, collecting qualitative and quantitative data between November 2024 – March 2025, as shown in Table 1.

Table 1: Data collection

Method	Responses
Interviews with Whiddon staff[6]	9
Interviews with Touchstone staff	2
Post-education module staff survey	19
Project data	Whiddon & Touchstone databases

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[6] Includes Whiddon senior management and onsite staff across the three pilot sites. Onsite staff interviewed include Residential Service Managers, Care Service Managers and Care Coordinators.

Adaption during pilot project

The Touchstone platform has been in use since January 2025. The timing of the implementation was delayed by two key factors:

Changes in the aged care sector: The incoming new Aged Care Act created a need for Whiddon to prioritise time, training, and resources towards preparing for its implementation. Regulatory and legislative changes can cause additional pressures and change fatigue with aged care staff. The initial scope of the pilot project was 27 Whiddon sites, however this was adapted to include three sites. This approach provided the opportunity to gather insights and staff feedback from these initial test sites before a larger scale rollout.

Integration requirements: During the implementation phase, Whiddon was undergoing a broader review of its organisational IT systems. This led to a strategic decision to integrate the Touchstone platform with Whiddon's Microsoft Azure infrastructure instead of their Clinical Management System (CMS).

Pilot summary

Digital transformation in the aged care sector offers opportunities to increase efficiencies in advance care planning and improve the quality of care provided to residents. The Touchstone platform represents a significant move away from outdated information systems in the aged care sector that no longer meet privacy or digital storage requirements. Staff adoption is the major obstacle to introducing technology into aged care as they need to balance change management with their day-to-day work. In this case, Whiddon staff understand the benefit of Touchstone and its potential long-term impact for the residents they support.

This pilot demonstrated positive outcomes across three key areas:

- Family members, loved ones and trusted contacts have access to the most up to date ACPs for residents

- Staff are willing to engage in the transition process, and see the potential benefits of Touchstone for their work

- Transition to a cloud-based interoperable system is possible without disrupting resident care

Outcomes would be optimised by incorporating:

- Additional integration with the existing CMS to support more seamless staff adoption

- Ongoing and flexible training opportunities that are tailored to the needs of the aged care site

- Streamlined communication flows to support responsive troubleshooting

- Broader communication to the wider healthcare ecosystem

Pilot outcomes

This section outlines to what extent the implementation of Touchstone achieved the desired outcomes during the pilot. The following five outcomes were assessed:

Theme	Outcome
Clarity on medical preferences	1. More residents have an accessible ACP that is readily available when needed 2. Residents, their loved ones and staff have a shared understanding of the resident's care preferences
Experience	3. Staff have improved knowledge and confidence in completing ACPs with residents
Quality of care	4. Staff have improved skills and confidence in following and managing ACPs 5. Staff have more time to provide other care

Outcomes were assessed by triangulating data collected from interviews with Whiddon and Touchstone staff, post-education module surveys and project data. The extent to which an outcome was achieved is presented across three levels of achievement:

Achieving	Working towards	Not yet achieved

Clarity on medical preferences

Outcome: More residents have an accessible ACP that is readily available when needed

Achieving

Thanks to the pilot project, **80% of residents across the pilot sites have an ACP that can be accessed via a cloud-based system or using a QR code** (Table 2).

Table 2: ACP data across pilot sites[7]

	Largs	Maclean	Jessie Hunt	Total
Residents	48	54	35	137
Residents with ACPs stored on Touchstone's platform	**58%** (28/48)	**100%** (54/54)	**77%** (27/35)	**80%** (109/137)

Whiddon staff expressed positivity about the possibility of medical teams accessing resident ACPs quickly using a QR code, however sites had limited opportunity to test this feature in practice during the pilot period.

"The availability to use QR codes for ambulance and hospital [is valuable]. We have a bi-monthly hospital meeting where we let them know... They thought this ease of access was good." – Whiddon staff.

Why this matters: Digitisation of ACPs provides instant access to residents' most up-to-date documents. Now stored in a structured, secure database with interoperable accessibility, ACPs can be shared with healthcare professionals and linked with external systems like My Health Record and hospital Electronic Medical Records (EMRs).

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[7] Based on data provided by Touchstone 25 March 2025.

Outcome: Residents, their loved ones and staff have a shared understanding of the resident's care preferences

Achieving

To date, **69% of ACPs stored on the Touchstone platform have been shared with trusted contacts** (see Table 3). Importantly, every trusted contact included in the data below has opened and accepted the ACP. This indicates a shared understanding of the residents' care preferences. Some (3) residents at the Maclean site also had their ACP shared with several trusted contacts, such as General Practitioners (GPs).

Table 3: ACPs shared across pilot sites

	Largs	Maclean	Jessie Hunt	Total
ACPs stored	28	54	27	109
ACPs shared with trusted contact	**96%** (27/28)	**81%** (44/54)	**14%** (4/27)	**69%** (75/109)

The Touchstone platform's unique ability to streamline ACP sharing with trusted contacts has been positively received by Whiddon staff.

"I think the next of kin having access is a great thing. Some have viewed it and pointed out problems [with the ACP] and we have changed it." – Whiddon staff.

"Having the ability to attach a contact person so it goes straight to them is one of the big bonuses [of Touchstone] …Getting forms back from family members is a timely thing for us to do. A good thing about Touchstone is sending a family the document and saying, 'Are you happy with that?'" – Whiddon staff.

Staff also reported that Touchstone's ability to digitally share ACPs with trusted contacts and have clear oversight over this data is valuable for compliance processes.

"It's also an easier thing to prove for compliance that trusted contacts have seen it." – Whiddon staff.

Why this matters: The Touchstone platform's capability to digitally share ACPs with trusted contacts and support automated reporting supports compliance with the ACQS. This ease of sharing provides peace of mind for residents and their loved ones that their wishes have been documented, shared and understood.

Experience

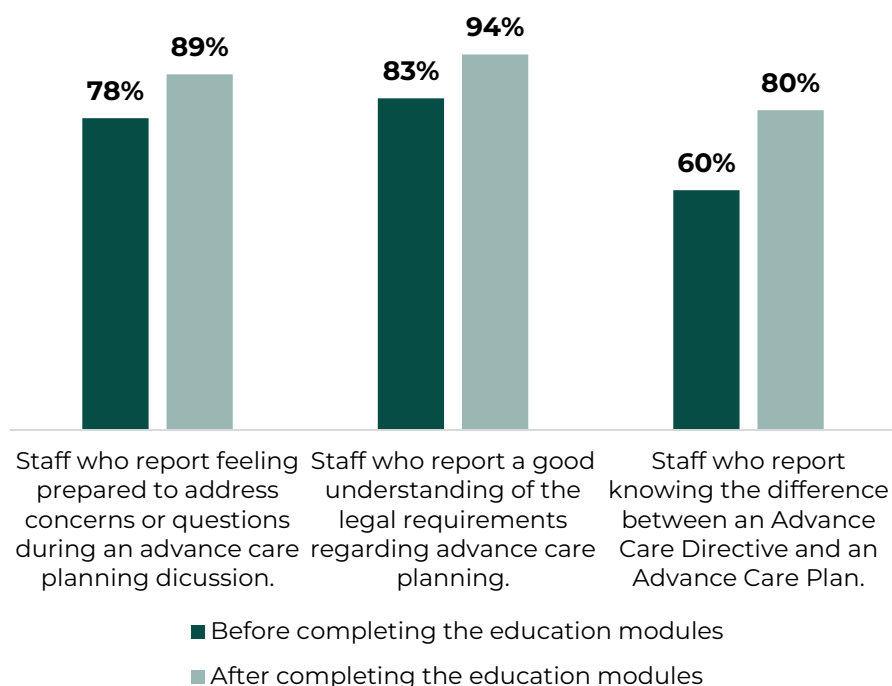**Outcome: Staff have improved knowledge and confidence in completing ACPs with residents**

Achieving

The education modules offered by Touchstone supported improvement in staff knowledge about the role and purpose of ACPs (Chart 1).

95% of survey respondents agreed their **knowledge** about advance care planning improved as a result of the education modules.

94% of survey respondents agreed their **confidence** in using ACPs improved as a result of the education modules.

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Chart 1: Education Module Survey Results

Bar chart showing:
- Staff who report feeling prepared to address concerns or questions during an advance care planning dicussion. — Before: 78%, After: 89%
- Staff who report a good understanding of the legal requirements regarding advance care planning. — Before: 83%, After: 94%
- Staff who report knowing the difference between an Advance Care Directive and an Advance Care Plan. — Before: 60%, After: 80%

■ Before completing the education modules
■ After completing the education modules

Why this matters: Improved knowledge and confidence in completing ACPs with residents increases accuracy of ACP sharing and management. For residents, staff expertise in guiding these conversations can improve their overall experience when creating ACPs.

Quality of care

Outcome: Staff have improved skills and confidence in following and managing ACPs

Working towards

The Touchstone pilot has supported conversations about advance care planning practice across Whiddon sites. The project has uncovered areas where improvements are needed to ensure ACPs are high quality and up to date.

"[In the process of transferring legacy ACPs to Touchstone platform], there has been one so far that I've found, where it has said an ACP has been uploaded but [the PDF] was blank. [In the current CMS] you don't need all info, but it still says 100% completed." – Whiddon staff.

While the existing CMS counts the number of residents with ACPs, paper-based ACPs uploaded as PDFs mean there is limited oversight of their quality, recency and whether they are up to date. The pilot has prompted conversations about how this practice can be improved at Whiddon. For example, by including ACP revisions in resident case conferences.

"[With the existing CMS the] old hand-written PDF would remain. The file name of handwritten PDF should be updated to say it is outdated." – Whiddon staff.

Why this matters: Improved skills and confidence in following and managing ACPs provides clarity to staff about what to do in an emergency. It also increases the likelihood that residents will have their care preferences honoured.
In addition, ACPs stored on the Touchstone platform can be analysed for recency, authorship and completeness, offering the potential for improved clinical safety and compliance monitoring.

Outcome: Staff have more time to provide other care

Not yet achieved

Although no disruption to resident care was reported, onsite staff reported that operating a dual system between their existing CMS and the Touchstone platform embedded in Microsoft Azure added administrative burden for storing and managing ACPs.

"It's another app that we're using outside of our recommended recording system. Another app, another log-in and another platform for people to learn." – Whiddon staff.

"[Touchstone] will be a time saver for people needing to open it, because of the QR code." – Whiddon staff.

These findings demonstrate the need to integrate Touchstone into the CMS used by staff daily to reduce staff administrative time.

Further, onsite staff expressed frustration with security log-in requirements when switching between residents' and administrator profiles when managing ACPs. Reviewing the security requirements based on Whiddon's current use of Touchstone may help resolve this issue.

"Logging in the system between administrator and resident profiles is a huge time factor." – Whiddon staff.

Several onsite staff reported that the more comprehensive set of questions asked in the digital questionnaire available on the Touchstone product are valuable to improve care provision and alignment with the AQCS. Others noted that they had limited time to support residents and their families to complete the questionnaire.

"Touchstone provides an AI chatbot [to support the completion of the questionnaire], but we're dealing with elderly people who don't know what it is or how to use it. We're happy to help them set up accounts and things but we have many residents and all of that takes time." – Whiddon staff.

"The questions are good. They are a nice way to approach someone's end of life directive. It's about choices and what is important to them." – Whiddon staff

Why this matters: Transitioning to a cloud-based system without disrupting care is critical to successful change management in the aged care sector. The Touchstone platform and software has the capability to sync resident profiles with the provider's CMS, which can facilitate automated uploading of their existing or legacy ACPs.

Pilot implementation

The success of the pilot was assessed using the indicators of the Prosci ADKAR Change Management Model[8], which is used across Whiddon for change management projects. These are: ultimate utilisation of the change (how many), proficiency in applying the change (how well) and speed of adoption of the change (how quickly).

Utilisation *(how many)*

Majority (88%) of residents have had a profile created on the Touchstone platform. 90% of their residents have had their legacy ACPs stored (see Table 4).

Table 4: ACP data across pilot sites[9]

	Largs	Maclean	Jessie Hunt	Total
Residents	48	54	35	137
Resident profiles created in Touchstone platform	**65%** (31/48)	**100%** (56/54)	**97%** (34/35)	**88%** (121/137)
Resident profiles with ACPs stored	**90%** (28/31)	**96%** (54/56)	**79%** (27/34)	**90%** (109/121)
Touchstone Common law ACPs created	0	0	1	1

Proficiency *(how well)*

The primary reason for low uptake of the Touchstone Common law ACP was because majority of residents had an existing ACP prior to the rollout (see Table 5). Consequently, very few ACPs were required to be created during the pilot period. Other factors that can influence uptake include time for onsite staff to support residents with a comprehensive questionnaire and residents' capacity to update their existing ACPs. As a result, the primary use of the Touchstone platform during the pilot has been transitioning and storing residents' existing legacy ACPs.

> *"Most of our care plans were already done, so we were just uploading what we had." – Whiddon staff*

Table 5: ACPs prior to Touchstone rollout across pilot sites[10]

	Largs	Maclean	Jessie Hunt
Residents	49	59	35
Residents with ACPs prior to Touchstone rollout	70%	92%	97%

Onsite staff reported a duplication of ACP administration, such as updating ACPs and logging onto a separate platform. Since the existing CMS stores all other resident information, staff favoured this system.

> *"[The existing CMS] is our system for where we have everything else, so people are already signed into it and in it." – Whiddon staff.*

Speed of adoption *(how quickly)*

The online education module uptake was lower than expected. Of the 23 Whiddon staff that commenced the education modules, 12 have completed them. 12 onsite staff participated in at least one live training session with a Touchstone staff member and were able to start the transition process. Onsite staff reported that the Touchstone platform was currently being used by a small proportion of the total staffing group.

> *"I am the only one who has access to Touchstone." – Whiddon staff.*

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[8] Horlick, A. (2024). *Metrics for Measuring Change Management*. Procsi. https://www.prosci.com/blog/metrics-for-measuring-change-management

[9] Based on data provided by Touchstone 25 March 2025.
[10] Based on data provided by Whiddon 12 December 2024.

Reflections on the pilot

The learnings outlined in this section identify how to optimise the benefits of the Touchstone platform and software. These learnings can inform future rollouts of the Touchstone platform and software at Whiddon and other aged care providers in the future.

Additional integration with the existing CMS would support more seamless staff adoption

All staff interviewed expressed a clear appreciation of the potential value of Touchstone but called for additional integration of the platform to reduce administration time. The lack of integration with the existing CMS resulted in duplication of administrative tasks and an inclination towards the familiarity of the existing CMS.

> *"We understood the reasons to use Touchstone to be better communication between us and hospitals and medical teams, better for the families to be able to see and update the live document; and to meet compliance around access and sharing […] The intent and idea is great, it's just the way it is at the moment is clunky and time-consuming." – Whiddon staff.*

This pilot demonstrated that **moving legacy ACPs to a cloud-based system without major disruptions to care is possible** without integration with the existing CMS. Whiddon staff reported finding Touchstone easy to use when transporting residents' existing ACPs to the system and reported no disruptions to care. However, additional integration would help embed its use in business-as-usual practice and increase staff engagement with the Touchstone product.

Ongoing and flexible training opportunities that are tailored to the needs of the aged care site would support increased usage of the platform

Having access to both self-paced education modules and live training was seen as valuable for onboarding staff. However, because the Touchstone platform is not used frequently, interviewees suggested more training and ongoing 'refreshers' would increase confidence in using the platform.

> *"I think both [modes of training] are needed. Modules are good but actually going through live training, I could see practically how people would see the link and what they receive." – Whiddon staff*

> *"At the beginning of the year there was a bunch of new programs happening at one time so a refresher course would be really helpful." – Whiddon staff*

Offering a staged approach to onboarding, opportunities for refreshers and clearer communication about the approach would support ongoing usage and reduce uncertainty in using the platform.

Communication flows can be streamlined to support responsive troubleshooting

The communication model for the pilot was centralised through the Whiddon management team to ensure scalability for expansion to additional sites and to align with Whiddon's change management processes. However, this approach presented barriers for Touchstone to engage directly with onsite staff and be responsive to the evolving needs of the sites.

"It would have been helpful to have more touching base with the management team, we have so much to do. The team didn't know where to share feedback. We explained concerns to the Quality team at Whiddon, but we would have preferred this from who is rolling it out." – Whiddon staff

Information resources and the availability of a direct contact point at Touchstone was appreciated by onsite staff.
Increasing direct communication flows between Touchstone and the sites and would help address specific pain points and enhance the success of future rollouts.

"We had email templates with specific brochures for residents and their families about what the change means...We did the same for the staff. So everyone knew what was happening ahead of time." - Touchstone staff.

"[Touchstone] was really open and accepting of any questions, follow-up and looked into any issues. Having one contact and that personal relationship [was helpful]." – Whiddon staff.

Example of responsive troubleshooting
A family member received an ACP through the Touchstone platform and believed the corresponding link was a scam. They raised this concern with the site who then notified Touchstone. A Touchstone staff member spoke directly with the family to address their concerns and provided clarity about the platform and how it was being used at Whiddon.

Broader communication to the wider healthcare ecosystem would enhance digital transition of ACPs

Onsite staff reported an issue where paramedics were not aware of the QR code process for accessing ACPs and were therefore not comfortable with the system.

"The feedback from the paramedics was 'we don't know anything about this'." – Whiddon staff.

Broader communication would ensure all stakeholders engaged in decision-making at the end of life, including paramedics, GPs and hospital staff, are informed of the process of sharing and accessing ACPs. Existing sector engagement practices can be leveraged to support this communication, such as bimonthly meetings held with hospital and ambulance staff.

A formal communication strategy focusing on sector stakeholders would provide opportunities to address their concerns. With additional resourcing, this strategy would support a more holistic approach to change management across the aged care and health ecosystem.

Next steps

To apply these learnings to future rollouts, Touchstone will work with aged care partners to:

- Prioritise opportunities to integrate with their existing CMS systems
- Offer ongoing, flexible and tailored training opportunities
- Streamline and coordinate communication flows
- Engage the broader healthcare ecosystem in the digital transition of ACPs

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Disclaimer

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Glossary

Advance Care Directive (ACD)	An Advance Care Directive is an instruction that a person makes now in the event that they might lose capacity in the future to make decisions about their medical treatment or health care.[11]
Advance Care Plan (ACP)	Advance Care Planning helps people to share their wishes regarding medical treatment and care, especially when they might not be able to communicate them. Advance care planning conversations can be formalised into a document called an Advance Care Directive. Sometimes an ACP is created which is less binding than an advance care directive.[12]
Clinical Management System (CMS)	Whiddon's existing digital information management system, used to manage, store and update resident information.
Legacy ACPs	ACPs created prior to the Touchstone rollout. Legacy ACPs were created on paper by the resident or their family, and shared with Whiddon by fax, or as PDFs, or they were completed in digital format on the existing CMS.
Onsite staff	Whiddon employees working in residential aged care across the three pilot sites.
Pilot sites	The three Whiddon residential aged care sites that participated in this evaluation: Largs, Narrabri (Jessie Hunt) and Maclean.
Project staff	Staff from both Whiddon and Touchstone Life Care who guided the integration pilot project and this evaluation.
Registered Nurses (RNs)	Skilled professionals who provide care to residents by assessing, planning, providing and evaluating healthcare for individuals with acute, chronic and complex health conditions. RNs are increasingly involved in ensuring ACDs are in place, shared, accessible for decision making in emergencies.
Resident	Individuals who have been admitted to and are receiving care and accommodation at Whiddon across the three pilot sites.
Touchstone ACPs	An advance care directive at common law created digitally by following a guided digital questionnaire on the Touchstone platform. It is not a statutory ACD.