Transforming the Palliative Approach in Rural Residential Aged Care Facilities

Dr Sarah Wenham, Specialist Palliative Care Physician
Rebecca Dalwood, Specialist Palliative Care Clinical Nurse Specialist
Melissa Cumming, Director - Cancer Services, Innovation and Palliative Care
Broken Hill Specialist Palliative Care Team, Far West Local Health District

Elizabeth Perrie, Quality and Education Manager
Southern Cross Care, Broken Hill

Rural Innovations Changing Healthcare (RICH) Forum, Agency of Clinical Innovation, NSW Health
Presented from Broken Hill - 31 March 2017
Background

• Need identified from increasing referrals for Residential Aged Care Facility (RACF) residents to the Broken Hill Specialist Palliative Care (SPC) Service
  - Increasing non-complex end of life (EOL) needs, often not requiring SPC
  - Increasing late referrals, often in terminal palliative care phase
  - Increasing referrals from hospital in-patient services

• Systematically creating good linkages between SPC and RACF is known to improve quality of palliative care and outcomes for individuals and families
  (National Aged Care Alliance 2012)

• Decision Assist grant used to enhance linkages between the three Broken Hill RACFs and the local SPC Service, leveraging off pre-existing relationships
A systematic design and implementation included:

- Stakeholder engagement, planning meetings and mapping workshop with RACF, Primary Care, Hospital clinicians and SPC Service to identify gaps and develop integrated sustainable solutions

- SPC Link-Nurse secondment to provide education, mentorship and ‘modelling’ of the palliative approach in RACFs

- Appointment of Palliative Approach Coordinators (PAC) within each RACF

- Development of a suite of palliative approach clinical documentation adapted from Decision Assist resources to fit local model of care

- Pre & post data collection to measure clinical and educational outcomes
Education

• Mentoring preceptorship
• Decision Assist RACF workshops attended by RACF staff
• Advance Care Planning education completed by RACF staff
• NIKI T34 education and competencies completed by RACF staff
• Decision Assist Train the Trainer workshop attended by SPC Physician
• Ongoing and future education:
  - PAC PEPA placements with local SPC Service
  - Led in-house by RACF Education Officer with support from SPC as needed
  - Clinical Supervision for PAC from SPC CNC
  - Decision Assist GP Workshops facilitated by local SPC Physician
Far West RACF Palliative Approach Toolkit

- Palliative Approach Coordinator Position Description
- Framework for a Palliative Approach in RACFs
- Palliative Approach Roles and Responsibilities
- Palliative Approach Case Conference Summary
- Palliative Approach Resident Checklist
- Palliative Approach Resident Register
- RACF Advance Care Plan
- ‘Before you Call 000’ Poster
- RACF EoLC Pathway Flowchart
- RACF EoLC Pathway Tool
- GP FAX Coversheet EOLC Pathway
- Intention to Issue Medical Certificate of Cause of Death
- Verification of Death Documentation
Key Outcomes

• Improved palliative and end-of-life care for RACF residents:
  - Greater knowledge, skills and confidence of RACF nursing staff and GPs providing a palliative approach for their residents
  - Earlier identification and more timely referral to SPC for residents with complex needs
  - Reduction in unnecessary hospital admissions for residents
  - Reduction in residents dying in hospital
  - Increase in residents dying at ‘home’
BH SPC Service Data: Pre and Post Project

- RACF Residents referred to SPCS: Pre 24%, Post 24%
- Referred in hospital: Pre 74%, Post 55%
- Referred from RACF: Pre 26%, Post 45%
- Referrals in terminal phase: Pre 50%, Post 43%
- Resident deaths in hospital: Pre 40%, Post 22%
- Resident deaths in RACF: Pre 78%, Post 60%

Legend:
- Pre linkages project
- Post linkages project
Sustainability

• Ownership by RACF Management and Executive
• Embedding of PAC role as lead for palliative approach within each RACF facility
• RACF development of palliative care policies, procedures and education
• Ongoing use and revision of RACF Palliative Approach Toolkit documentation
• Ongoing partnership working between SPC and RACF
  - Clinical consults
  - Education
  - Clinical supervision
  - Research projects
• Ongoing post-project follow-up meetings
Key Learnings

- Importance of pre-existing relationships
- Shared language and common goals
- Staged implementation
- Gently gently approach
What Next?

- Partnership research projects with BH University Department of Rural Health
  - Analysis of clinical outcomes for all residents pre and post implementation of RACF Palliative Approach Toolkit

- FWLHD Translational Research Grant Scheme (TRGS) Project 2016-2018
  - Qualitative analysis of implementation success factors at SCC
  - Adaptation of Palliative Approach Framework and Toolkit to all generalist care settings across FWLHD
  - Evaluation of implementation and translation to other remote RACF and Multi-Purpose Service (MPS) facilities within LHD
Conclusion

• Sustainable improvements to palliative and end-of-life care in RACFs can be achieved by:
  - Enhancing linkages with SPC Services
  - Upskilling through education and mentoring
  - Embedding a systematic clinical approach and documentation
  - Developing a Palliative Approach Coordinator role within each RACF
RACF Palliative Care Linkages Project Team

Dr Sarah Wenham (SPC Physician), Amanda Raddatz (PAC), Rebecca Dalwood (SPC Link Nurse), Melissa Cumming (Director SPC), Shyni Shibu (PAC), Maria Sweet (PAC)
Absent: Sharon Williams (SCC DON), Elizabeth Perrie (SCC Education and Quality Manager)
Acknowledgements