‘The Older Person in Palliative Care across the community, acute and residential setting’

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Introduction

- What is a Palliative Approach?
- Residential Aged Care Guidelines
- Aged Care Resource Nurse Concept
- Palliative Care in Acute Care
- Post Graduate Education
- Discussion

Palliative Care

‘Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with a life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual’.


What is a palliative approach?

- Aims to improve the quality of life of individuals with a life-limiting illness and their families
- A palliative approach is not confined to the end stages of an illness

Types of Palliation

- A Palliative Approach
  - condition not amenable to cure
  - primary goal to improve comfort and function

- Specialised Palliative Care
  - focused, specialised input as required

- End-of-life (terminal) Care

Considerations for Palliative Management

- Nature of the illness
- Treatment Options
- Likelihood of response to treatment
- Availability of treatment
- Patients wishes/Advance Directives
- Preceding quality of life

BUT ALSO CONSIDER NEEDS
### Factors to consider

- Timing between changes (daily, weekly, monthly)
- Degree of mobility and how this has changed over time
- Nutrition and hydration (ability to swallow)
- Energy levels

### Factors to consider

- Changes required to medications (ability to take oral meds)
- Frequency of episodes of confusion and level of consciousness
- Degree of general deterioration and if there are treatable or reversible aspects

### When to implement a palliative approach?

- The needs of the patient determine all aspects of care, rather than their diagnosis or clinical stage
- A combination of active treatment to manage difficult symptoms whilst continuing to follow a palliative approach is considered best practice

### Where can a palliative approach be provided?

- A palliative approach can be provided where adequate skilled care is available
- Options include:
  - Acute care setting
  - Home
  - Aged Care Facility
  - Hospice/ Palliative Care Inpatient Unit

### How to implement a palliative approach

- Conduct a comprehensive assessment
- Discuss patient outcomes and agree on goals of treatment as a team
- Seek clarification with the patient and family about what they understand is happening
- Ensure patient and family have an understanding of what to expect in terms of disease progression/symptom management.

### When to refer to Specialised Palliative Care

- When the primary treating team suspect that the palliative care team can add to the care of the patient
- When complex physical, psychological, social, spiritual or ethical issues arise
- When the primary treating team require additional support
### Benefits of Specialised Palliative Care

- Allows palliative care team to influence outcomes
- Facilitates collaboration with Medical Specialties
- Provides information regarding support services and coordination of services
- Provides a support base for the treating health team

### APRAC Project

- Evidence-based guidelines for a palliative approach in residential aged care facilities launched in July 2004
- Development of an education framework for a palliative approach for staff working in residential aged care facilities
- Endorsed by Key Organisations
- Communication strategy (website)
- Delivery of education and implementation of guidelines By Palliative Care Australia

### Palliative care in Aged Care Resource Nurse Concept

- To optimise palliative care in Aged Care Facilities
- To keep up to date with current trends
- To maintain residents at facilities and reduce acute care admissions

### Process

- Steering committee
- 2 workshops per year (physical assessment/communication)
- 2 evening sessions per year (case studies)
- Placements (PEPA)
- Post-Graduate Education
- Newsletter
- Evaluation
- Transferable

- To increase the confidence of aged care staff in dealing with palliative care
- To increase knowledge and skills in the use of medications used in the delivery of palliative care
- To increase confidence in discussing resident needs with General Practitioners
Palliative Care in Acute Care

Karen Parish

Palliative Care in Acute Care

- 41% deaths in SA occur in public hospitals
- research indicates poor symptom control and inadequate nursing care
- poor communication between health profs
- SA research indicates care to be routine and technological
- environment poor

RGH Study

- Care provision for 20 patients reviewed retrospectively
- Case note audit data
- Nurse interviews (40)

Key Results

- Circumstances of death:
  - actual time of death was unexpected for 9/20
  - Only 10/20 had family present at time of death

- Major Symptoms:
  - 40% cases symptoms identified in case notes did not correlate with the interviews
  - case note documentation was rarely adequate or comprehensive enough to influence treatment decisions

- Medications:
  - 15/20 med charts at time of death reflected the needs of the patient at that time
  - 12 patients still prescribed oral meds at the time of death & two were receiving IV antibiotics
• Nursing Care Plans :-
  • only prompts the nurse to plan physical care
  • 13/20 considered appropriate for end of life care
  • 6/20 suggested the pt was independently mobile, able to tolerate full ward diet etc

• Psychosocial / spiritual needs :-
  • 6/20 had documentation re psychosocial
  • 9/20 had documentation re social
  • 1/20 had documentation re spiritual

• Significant family or relationships :-
  • 38/40 nurses able to ID significant others
  • documentation largely restricted to noting visits
  • interactions between pt & family rarely mentioned

• Patients’ ability to discuss dying :-
  • 3/20 patients able to openly discuss dying
  • 8/10 involved in decision making re their care
  • appeared to be no advanced directives

• Nurse / Doctor communications :-
  • Nurses’ perceptions that doctors not listening to them
  • Medical intervention / active treatment occurred in spite of nursing assessment

• Communication with families :-
  • 11/20 families were consulted about end of life care
  • all 11 opted for comfort care over active interventions
Actions

• Acknowledge that nurses have a strong desire to provide good palliative care to patients
• Need to enhance assessment skills and ability to effectively liaise with Mos
• Need to develop skills in relation to psychosocial and spiritual care

• Internal Palliative Care education program for nurses 2005
• Development of Link Nurse positions
• Development of Palliative Care for Advanced Disease Pathway
• Nursing Documentation project
• Research framework

Gerontology, Geriatrics and Palliative Care:

• Collaborative Partnerships in Learning for Clinical Practice

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Little evidence...of collaborative relationships among health care providers, in particular from the fields of palliative care and gerontology / geriatrics.

 «Ross, McLean et al, 2002

Graduate Certificate: Palliative Care in Aged Care
Graduate Diploma: Palliative Care in Aged Care
Coming: Master of Palliative Care in Aged Care

Course Progression

Graduate Certificate: Palliative Care in Aged Care
Graduate Diploma: Palliative Care in Aged Care
Master of Science Palliative Care
Doctor of Philosophy (PhD)
Case studies – variety of settings
Lecturers multidisciplinary
academics & clinicians
Interdisciplinary approach

Dissonance
as an educational tool
• Recognise points of complementarity &
dissonance
• explore ways of critiquing & creatively
integrating different approaches into
practice
• assessment tasks- implications of
different approaches, recognise own
biases, develop own position.

The commitment to change and the focus on
those dying in disadvantaged circumstances
demonstrated so charismatically by the early
founders of palliative and geriatric care must
be rekindled and set alight in new ways.