

Calvary Centre for Palliative Care Research

Supporting specialist palliative care clinicians **integrate palliative care into residential care** for older people: A checklist to guide practice

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- Problem
- Evidence
- Solution

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- 2014- 15 231,465 living in permanent RAC
- Complex care needs/ comorbidities/high acuity
- 52% dying in acute hospitals, 35% RACF
- Capacity of primary care providers (GP's and staff in RACF) to care for those with palliative care needs requires improvement
- Low rates of advance care planning

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Key barriers to “good enough” dying in RACF’s

- Population size and acuity
- Recognising deterioration/dying
- Primary or specialist care
- Workforce
- Safety
- Lack of planning
- End of life medicines
- Community expectations
- Medicalisation of dying
- Funding



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A new proactive model

- Palliative Care Needs Rounds (PCNR)
- Multidisciplinary Case conferences at
- RACF increased capacity = palliative approach
- Specialist palliative care constancy

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ACU Palliative Care Needs Round Checklist

Suggests to discuss residents at needs rounds

Check to ensure all:

1. Have been fully supported if they wish that as the care or needs
2. Receive support (physical or mental) as they wish
3. Are being cared for in a way that is safe and secure
4. Are being cared for in a way that is safe and secure
5. Are being cared for in a way that is safe and secure

1. Review

- Have all needs been reviewed?
- Have all needs been reviewed in a timely way?
- Have all needs been reviewed in a timely way?
- Have all needs been reviewed in a timely way?
- Have all needs been reviewed in a timely way?

2. Non-Review

- Why not? (e.g. patient's wishes, safety, etc.)
- What are the patient's wishes?

Review

- Change professional
- Support needs in writing and verbally

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Methods

- Ethnography
- n=15 observations, n=13 interviews
- Integrated analysis

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Case based education

Topic	Example of content
Bowel management	Causes, overflow
Pain	Assessment tools, medications
Delirium	Causes, treatments
Running a case conference	Who it invite, key outcomes
Talking with GPs	Clinical language
Talking about death/end of life	How to address conflict in goals of care
Identifying dying	Symptoms and decline
Skin management	Assessment, referrals

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"I don't think we've had a bad death since we started the needs rounds."

Interview, manager, site 1

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"Good on you for picking that up [that the resident was actively dying]. And what is really helpful if you are able to do that, if you have that knowledge, that means you don't need me to do that, which is fantastic because you're doing that yourself."

(Recorded needs round, site 2, observation 5, specialist palliative care nurse practitioner)



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Case Conferencing



"The case conferencing was a lot easier that I thought."

Recorded needs round, site 2, observation 5

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Anticipatory medications

"We are going to need some planning for when he can't take his medicine. Wait until I come and see him, but he'll need some midazolam and clonazepam drops for end of life, for when he's not able to swallow."

(Ethnographic field notes, site 4, observation 15, specialist palliative care nurse practitioner)





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Advance Care Planning

"We can meet with the families and we can get that plan in place and I think it's really, really important, really decreases the amount of time people spend in hospital. For the elderly, it's very traumatic to be taken to hospital when you're unwell [...] and we can manage it here, manage their pain, do the symptom management."

(Interview, manager, site 1)



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Conclusions

- Dying was recognised and planned for
- Residents died comfortably with less pain and suffering and more dignity
- Staff felt like they had greater capacity to care for resident's at end of life
- Families felt confident that the care for their loved ones was safe and effective
- Saved the government money
- Supporting dying became a priority

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Checklist is free and available to use

Email me for a copy:
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Downloaded from <http://pallcare.bmj.com/> on August 2, 2017 - Published by group.bmj.com

Research

Improving specialist palliative care in residential care for older people: a checklist to guide practice

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