

SEQUAL Specialist Education & Quality Palliative Care

ROHANUI Specialist Palliative Care

Readiness for a Palliative Partnership: Regional ARC and SEQUAL nurses

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Why the need?

- Ageing population
 - Increasing number of 80+ year olds
 - Increasing chronic co-morbidities
 - Increasing numbers spending LDOL in ARC

Age group of people in residential care for older people
2006 and 2013 Censuses

Age group (years)	2006 (%)	2013 (%)
Under 50	~1	~1
50-54	~1	~1
55-59	~1	~1
60-64	~1	~1
65-69	~2	~2
70-74	~3	~3
75-79	~5	~5
80-84	~10	~10
85-89	~18	~25
90-94	~15	~15
95+	~5	~5

Source: Statistics New Zealand

Why the need?

- Research has shown that in ARC facilities:
 - Inadequate Advanced Care Planning
 - Discussion about life-sustaining treatment is rare
 - Pain management is inadequate
 - Psychosocial support for families is minimal
 - Grief/bereavement services are limited

(Stillman, Strumpf, Capezuti, & Tuch, 2005).

Principles of Palliative Care

Challenges to providing PC in ARC

- Rehabilitative focus of care planning
- Use of mandated interRAI-LTC assessment & planning tool (no PC content)
- Lack of organisational PC protocols and guidelines
- Limited specialist palliative services available
- Limited knowledge and skills of staff
- PC not included in staff education packages/requirements

Research suggests that among HCAs, limited knowledge and skills

- Feel poorly prepared to manage PC needs
- Struggle to identify when palliative approach is appropriate

Currently in ARC . . .

- Make-up of ARC staffing:
 - HCAs bear the major responsibility for provision of practical palliative care
 - High staff: resident ratios
 - Limited education of many HCAs
 - Little support for staff working in ARC
 - High staff turnover (Management and Clinical)
- Satisfaction & wellbeing of HCAs ... has been shown to be related to the quality of care they are able to provide

(van den Pol-Grevelink et al., 2012)

Enhancing Palliative Care in ARC

SEQUAL's purpose: Work in partnership, to empower ARC's staff, to provide excellent palliative care

- Facilitate best-practice education
- Provide targeted mentoring and coaching (management & clinical)
- Facilitate implementation of a quality framework using a systems approach
- Support collaborative change that is sustainable

Underlying principles:

- Co-design (negotiation & flexibility)
- Partnership
- Empowerment
- Promote sustainable change




SEQUAL Supportive Education & Quality Palliative Care

About the SEQUAL project:
Government initiative - Quality palliative care available to all NZers regardless of where they reside (Healthy Ageing Strategy, 2016)

- Project team - with Innovation funding
 - Palliative care and Gerontology experience across the team
 - Includes specialist PC nurses, psychosocial and cultural support

ANNA BLACKWELL Project Manager	BRIDGET MARSHALL CNS (Lead)	FRANCESHEY CNS	VIC O'NEILL RN	DR VIVIAN ROBERTS Researcher
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SEQUAL's Provincial Setting



- Arohanui Hospice, Palmerston North
- Mid-Central District and Rangitikei Region
 - Only two main cities
 - Palmerston North (pop. 80,079)
 - Whanganui (pop. 42,153)
 - Higher proportion than national average
 - Older people
 - Deprivation

Pilot Study


Objectives:

- To determine factors that would empower and enable implementation of a quality PC approach in the facility
- To develop an individualised, facility-specific systems approach with targeted mentoring/coaching and education for management and clinical staff

Pre-implementation

- Conduct desktop review of PCA in documentation
- Ascertain clinical staff perception of current preparedness
 - Experience
 - Confidence
 - Education



to provide palliative care



Inclusion Criteria

- Facility philosophy supports holistic approach to care
- Management team supports SEQUAL involvement
- Facility manager in place for six-months
- DHB funding review cycle of three years or more
- GP or NP supports project

Ethics approval: gained from each facility and from Massey University Human Ethics Committee.

Pre-implementation Study Design

- Five sites invited**, including range of ownership models
 - Large corporate; not-for-profit organisations; community trust; private ownership; single owner.
- Desktop review** of recently deceased resident files
 - e.g. PC approach to care planning, EOL wishes recorded, LDOL care plan in place, prn Meds, PC advice
- Confidential Staff Survey** (Survey Monkey / hard copy, 35 items)
 - Demographic information
 - Experiences with EOL Scale (Billings et al., 2009)
 - Communication & Support Measure (Frey et al., 2016)
 - Staff PC delivery, experience & perceived education needs (Frey et al., 2016)

Data coded and analysed SPSS (IBM Corp, 2013)

Desktop Review

Project Manager reviewed 5 files from each facility.

Documentation	Yes	No
Admission policy	0	5
Philosophy of care	0	5
Facility information	0	5
EOL policy (or similar)	2	3

Review of Residents' Notes

Notes Reviewed for PCA	Site 1	Site 2	Site 3	Site 4	Site 5
Nursing care planning	3	1	1	1	2
EOL wishes recorded	2	1	2	2	1
EOL prn Meds charted proactively	1	1	4	1	1
Family involved in PCA	4	1	4	2	3
LDOL care plan in place	0	1	0	0	2
Specialist PC advice sought	2	0	2	3	5

Staff Demographics: Age & Gender

(n = 84)

Age Range 17-74 yrs

Gender

Staff Demographics: Role & Ethnicity

(n = 84)

Role

Ethnicity

Staff Experience: ARC & EOL care

(n = 81)

Years in ARC

Percentage of time caring for residents in last 12 months of life

Staff Confidence

(n = 84)

Confidence in Care Provision

Confident to provide EOL care	74%
Confident to know when to refer to specialist PC service	55%
Confident to identify need for PC	74%

