

Looking at a new palliative care service through both sides of the looking glass

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Background

- NM PARC service was implemented November 2016
- Six 0.8 FTE CNS roles
- Support and empower ARC facilities to provide excellent palliative care

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Objective

- To promote palliative expertise and sustainable capability within ARC facilities
- Support over 7 days a week from 8.30am – 5pm. Support of hospice outside hours
- Build strong working relationships and enhanced communication for a collaborative and integrated approach to care
- Increase confidence and decrease hospital admissions

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WHAT DO WE ACTUALLY DO?

- Formal and informal education (Hospice NZ PC fundamentals)
- Crisis planning
- Symptom management and anticipatory prescribing
- Role modelling and difficult conversations
- Advanced Care Planning
- Diagnosing dying
- Coaching and building capacity
- Liaising with other services
- Compassion
- Preventing burnout and compassion fatigue
- Te Ara Whakapiri
- Supporting GP's
- A good death



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ARC Dilemmas

ARC Staff constantly faced with the challenges of meeting the complex care needs of the diverse group of residents:

- Admitted residents are increasingly older and frailer with complex co-morbidities.
- Some admissions are young EOL residents with more complex needs.
- Distressed residents and grieving families demand more support and time from the ARC staff

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Comparison made by ARC Staff of the NM PARC Service

BEFORE

- Less time and visits
- Not readily accessible for support
- Less mentoring and coaching with staff
- Less interaction with grieving or distressed resident and families

NOW

- Frequent visits helps put timely plan into place
- Palliative care team readily accessible anytime of the day for advice/support to staff
- Increased education to boost ARC staff confidence.

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How new NM PARC Service impacts ARC

- Increased staff knowledge and confidence in EOL/palliative care.
- Improved Q of L for residents
- Better and stronger working relationship between palliative team, ARC, GP and other providers

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Complexity in ARC

- Advanced malignant disease
- Chronic conditions eg ESRF, ESHF, COPD
- Neurological conditions eg MND, stroke, PD
- Spiritual and existential distress in residents and whanau
- Sedation at EOL
- Complex medication management
- Diagnosing dying and helping with those conversations

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Initiatives

- Reflective practice sessions
- Palliative care champions in ARC
- Other chronic condition champions in ARC
- Education eg speed dating re symptom management sessions
- Critical incident debriefing
- Case Studies

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Complexity in ARC

- 44yrs old
- 10 year history of treatment for bowel cancer
- Bilateral nephrostomy drains
- SPC
- Ileostomy
- Bowel obstruction on a pump
- SCC obstruction, paraplegic, sacral pressurewound to the bone
- "Should I start panicking yet"

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Total Pain

- 65 year old lady
- End stage neurodegenerative disease
- Family problems, 2nd marriage, loss of mum
- Frailty, poor mobility, speech difficulties, urinary incontinence and bladder spasms
- Physical, emotional and spiritual pain
- Facility frustrations
- The role of the PARC service

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End stage CHF

- Respite resident
- Faxed drug sheet
- B saying he does not need lunch time frusemide, carers following incorrect prescribing and not listening to him
- Dehydrated, hypotensive, bedbound with AKI
- Now dying
- How do we improve critical thinking in this setting?

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Newly diagnosed brain tumour

- 64 year old lady with new diagnosis of a anaplastic ependymoma
- Hx seizures, L side hemiparesis, poor mobility, episodes of agitation and personality change
- Midazolam, levetiracetam, dexamethasone
- Facility struggles
- Where PARC fitted in
- Outcome

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Acute abdominal pain

- 91yrs
- Suspected malignancy, history of diverticulosis
- CRF
- Didn't tolerate norspan patch
- High level of family distress
- Buscopan, fentanyl nasal spray, methadone, antibiotics
- Symptom control management once dying

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Sedation at EOL

- 59 year old with ca oesophagus
- Recent diagnosis
- Gripping retrosternal chest spasms
- Not responding to opioids
- Sedation
- Slow decline
- Family perceptions of suffering
- Facility staff perceptions of EOL care
- Help without taking over

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Nurturing ARC staff



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A reflective practice session for staff to remember those who have died



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EVALUATION TO DATE

- What is going well?
- What is not going well?
- Is the service meeting the needs of the facility?
- What the service can do to meet the needs of the facility more completely?

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Conclusion

Big year filled with lots of
challenges and learning!

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