Excellence in Palliative Care: A new approach to supporting Aged Residential Care Facilities

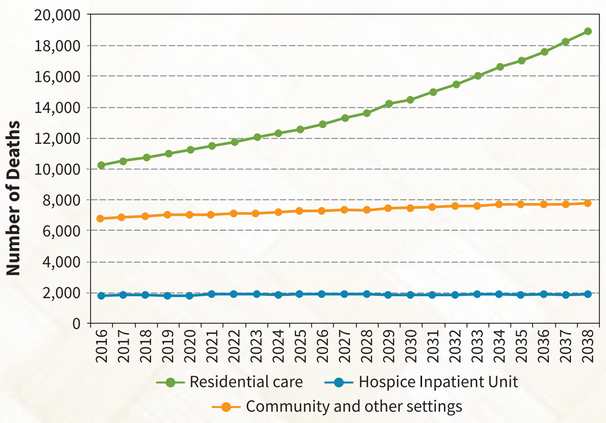
Ann Bradley, Victoria Telford & Glynis Cumming, Hospice Palliative Care Service, Nurse Maude

Nurse Maude
Caring for the community since 1896

Background

- New Zealand has an aging population.
- As New Zealanders die at an older age, complexity of care requirements are escalating; it is projected this will result in an increase in the proportion of older people requiring palliative care input.
- The Review of Adult Palliative Care Services (MOH, 2017) used historic patterns of place of death and projected the need for palliative care;
  - » New Zealand will reach 40,000 deaths per year by 2033, thereafter increasing by 1000 deaths per year
  - » Deaths will increasingly occur at an older age, the largest increase being in the 85+ age groups. By 2033 50% of all deaths will occur at over 85 years of age (55% by 2038)
  - » The number of deaths occurring in Aged Residential Care (ARC) facilities are projected to increase with 35% of all deaths occurring in ARC facilities by 2033 and 42% by 2038
  - » The need for palliative care in ARC facilities is projected to increase 84.2% by 2038.

Predicted need for palliative care



Data sourced from Hospice NZ Analysis of projections produced by Statistics New Zealand according to assumptions specified by the Ministry of Health (2015).

Identified Need

The existing model of palliative care provision is not sustainable in the face of growing need.

The Goal

- Equity of access to Palliative Care for all those with a life limiting illness.
- Build Palliative Care capacity in Aged Residential Care
- Strengthen Palliative Care knowledge and expertise in Aged Residential Care.

What did our stakeholders want?

'High-quality care at the end of life happens when strong networks exist between specialist palliative care providers and primary palliative care teams' (MOH, 2017).

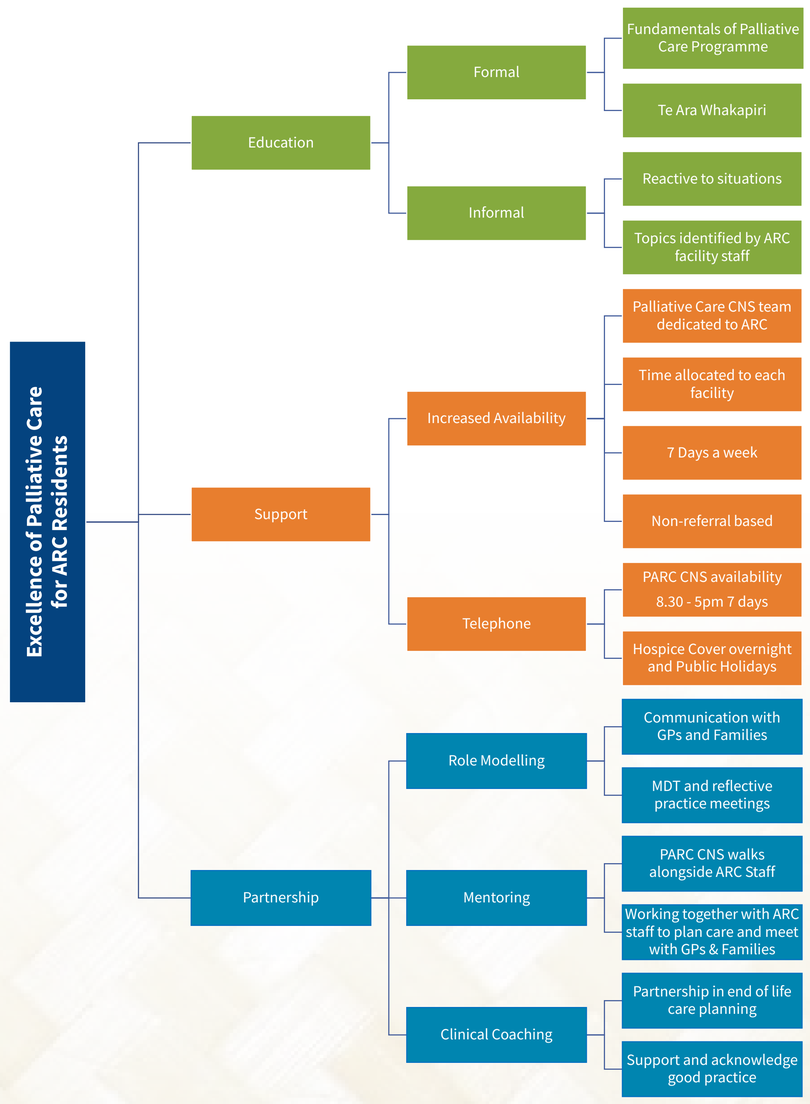
We asked stakeholders across Canterbury what we could do to meet this need. They told us they wanted:

- » More dedicated specialist palliative care input into ARC
- » 7 days a week
- » Equity of access for rural areas
- » After Hours Support
- » Partnership with primary care providers
- » Education
- » A non-referral based service

Together with our stakeholders, we developed a group of options and they decided what would be most helpful to them.

- » We agreed a plan for a three-pronged approach to support palliative care service provision across urban and rural areas; consisting of support, education and increased partnership.
- » We implemented a project plan following the four step PDSA cycle of Plan, Do, Study, Act.

Driver Diagram



Plan

Support

- Roster for a 7 day a week service.
- Telephone support to be available 24/7.
- Equity of access for rural facilities.
- Establish a team of post graduate educated Palliative Care Clinical Nurse Specialists (CNS) dedicated to ARC.
- Allocate time to each facility, planned for a minimum of 4 hours per fortnight.
- Develop a non-referral based service.

Education

- Hospice NZ Fundamentals of Palliative Care programme incorporating Te Whare Tapa Whā.
- Te Ara Whakapiri: Principles and guidance for the last days of life education and implementation.
- Plan to be responsive to the needs of ARC facility staff and provide education as required.

Partnership

- CNS team will work alongside staff as mentors and role models, especially related to:
  - » Communication with General Practitioners and families.
  - » End of Life Care Planning.
- CNS team to facilitate reflective practice meetings at ARC facilities using the Gibbs reflective practice model.
- CNS team will work in collaboration with ARC facility staff to acknowledge good practice.

Do

- Palliative Aged Residential Care (PARC) service formed.
- Appointment of seven Palliative Care CNS with post graduate education and ARC expertise.
- Each facility was allocated their own primary CNS to build relationships.
- The allocated CNS arranged time with each facility, rural and urban, to suit the ARC facility needs.
- Education sessions booked with facilities to meet their needs, CNS team providing education onsite in ARC facilities; Hospice NZ Handbooks used to provide consistency.
- CNS team take advantage of learning opportunities that arise onsite at ARC facilities to provide informal teaching.
- Education on the use of the Te Ara Whakapiri: Principles and guidence for the last days of life provided and support offered.
- A member of the CNS team was rostered to take phone calls 0830-1700hrs; 7 days a week.
- Hospice Nurses available to take phone calls out of hours and Public Holidays.
- Referral to wider Specialist Palliative Care team remained available for complex cases.
- Establishment of a reflective practice model occurring collaboratively between PARC and facility staff.
- Investigation of ways to provide education/presentations in partnership with ARC staff.

Study

Qualitative

April 2017: ARC Focus Group evaluation.

May 2018: Evaluation of the service implementation by the New Zealand Institute for Community Health Care.

Analysis of education feedback to show the relevance of the topics and education delivery style.

Monitoring of feedback comments and clinical practice to show change in practice resulting from education, both formal and informal.

August 2018: Evaluation of service implementation by Auckland University.

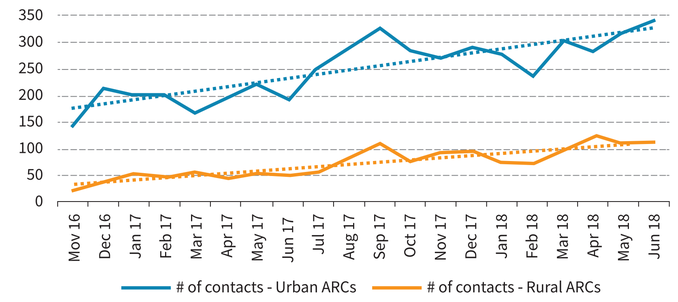
Quantitative

- Analysis of attendance records to monitor the uptake of education, numbers completing course and spread across all facilities.
- Monitoring and analysis of number of visits to facilities and time spent in facilities including percentage of rural and urban facilities engaging with the service.
- Audit of after-hours phone calls.
- Audit of complex case referrals.

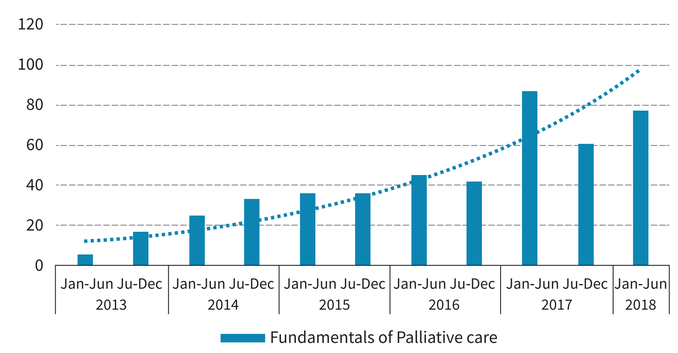
Results

- Over 95% of facilities contacted each month.
- Hours spent onsite in each facility increasing for both rural and urban facilities.
- Audit of specialist palliative care referrals in November 2017 showed appropriate referrals from ARC facilities are being sent for residents with complex needs; this ensures the involvement of the wider multidisciplinary palliative care team when needed.
- After hours calls audited in November 2017 showed a reduction in the number of calls received at the weekend and an overall reduction of 50% from November 2016 audit; audit to be repeated in November 2018.
- All PARC CNS trained by Hospice Clinical Nurse Educator to provide Fundamentals of Palliative Care Education.
- Number of Fundamentals of Palliative Care education sessions held rising steadily. Since start of the service education sessions offered to 100% of facilities, sessions held at 97% percentage of facilities.
- All PARC CNS trained to provide Te Ara Whakapiri Education.
- Te Ara Whakapiri Education held at 76% of facilities.
- ARC staff report positive feedback on how education has improved their confidence and their clinical practice.
- 2017 joint presentation at Palliative Care Nurses NZ conference by ARC facility RN and Palliative Care CNS.
- 2018 presentation at Hospice NZ conference.
- Abstract accepted for presentation at the NZNO Gerontology conference 2018.

Number of contacts with ARC facilities per month



Education sessions: Fundamentals of Palliative Care Education



Act

- Continue as a dynamic and evolving service with monitoring and review in place to ensure the changing needs of ARC are met.
- Continue Fundamentals of Palliative Care education.
- Provide Te Ara Whakapiri education to remainder of facilities by December 2018.
- Increase education in spiritual and cultural aspects of care.

'The ongoing support through formal and informal education provided to the nurses and caregivers have been very beneficial and made a lot of difference in the care of our palliative residents. We have received positive feedback as well from families and GPs' - *ARC Facility Manager*

'I as a clinical service manager would not like to be without this service especially as we are isolated and getting to training is difficult' - *Facility Manager*

'Difficult conversations with families, residents and GPs have been resolved through mediation by the PARC service. The nurses felt supported and had a positive experience in the delivery of care especially with symptom management' - *ARC Manager*

'The PARC service is fantastic. We have nothing but good things to say about the wonderful team who come to us. They are kind, considerate, non-intrusive and willing to give time and educational support to the RN team. We find this service to be second to none and is a greatest back up when we can sometimes struggle with GP input in a timely manner. Nothing is ever a trouble and it gives great support to the team, families and residents.' - *ARCF Nursing Team*

The New Zealand Institute for Community Health Care reviewed the service and found ARCF staff had increased confidence when talking to families in conflict and in the management of physical symptoms at the end of life; especially out of hours (NZICHC, 2018).