



Engaging with Aged Care

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palliAGED
PALLIATIVE CARE AGED CARE EVIDENCE



Today's aim

Demonstrate the value of active listening and collaboration to develop resources for the aged care sector in support of best practice palliative care and care at the end of life.

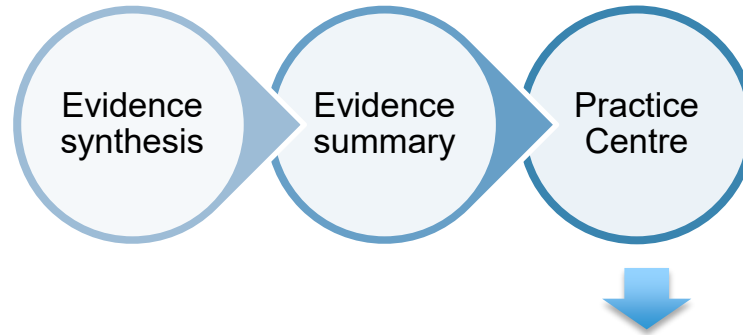
palliAGED

palliAGED was commissioned in 2016 to update and replace information previously contained in the:

- Guidelines for a Palliative Approach in Residential Aged Care (APRAC) and
- Guidelines for a Palliative Approach for Aged Care in the Community Setting (COMPAC).

palliAGED
structure –

online
evidence
informing
practice across
38 topics



What can I do?
What can I learn?
What can my organisation do?

palliAGED listening

Having aged care in both websites was confusing - consolidating our resources for the aged care sector was a priority.

In 2017-2020 the CareSearch Engagement Project developed and tested a new framework aimed at identifying information channels and exploring needs across diverse sectors.

Aged care told us:

Resident acuity has increased and many have a diagnosis of dementia

Care workers make up more than 70% of the workforce but receive the least training and support

The Royal Commission into Aged Care Quality and Safety announced in 2018 reflects the need for support with increasing complexity

Prevalence of chronic life-limiting illness is increasing among older community members

Concern about the pA Toolkit closure

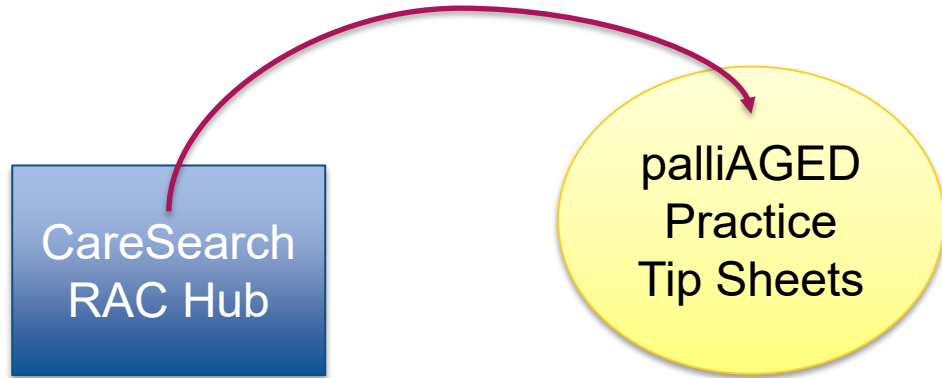
Evidence-based practice is new but welcomed

New graduates lack training & experience in palliative care and aged care

palliAGED Responding

Resources for care workers and nurses new to the sector.

Developed with 10 experts from or working with the sector.



The palliAGED Tip Sheets – March 2019



37 topics aligned with scope of practice

Inside the palliAGED Practice Tip Sheets



What it is



Why it matters



What I need to know



Tools I can use

Tips for Nurses: Pain Management



What it is: Pain is an unpleasant sensory and emotional experience. This includes physical and spiritual pain.

Why it matters: People with advanced disease often experience many types of pain requiring multiple treatment approaches. Registered nurses are responsible for pain assessment.

What I need to know: Pain is whatever a person says it is. The feeling and expression of pain will be affected by the person's experience, attitudes, and beliefs. Pain is common in chronic progressive illness, but needs may change as the illness progresses.

Palliative care helps to manage pain and improve quality of life. The principles of pain management remain the same, but palliative care decisions and pain management may be influenced by the person's preferences and values. Refer to their Advance Care Directive (ACD). Alterations to liver and kidney function in older people may affect clearance of medication. Choice of medication may be influenced by a person's preference and capacity e.g., swallowing of oral medications.

Causes of pain include:

- neurological illnesses
- musculoskeletal pain, contractures
- neuroci
- vascular disease.

Poorly-managed pain can cause:

- a decrease in physical function and appetite
- social isolation
- sleep and rest disturbance
- depression
- family distress
- poor cognitive function
- challenging behaviours and delirium
- increased vocalisation and/or resistance.

Pain identification and assessment in older people:

- requires observation and communication skills
- use of appropriate validated assessment tools
- includes reports from the person, their family and carers to assess pain and response to treatment
- recognises cultural and personal beliefs about pain and includes them in the care plan
- may require consultation with specialists.

Action

Assessments are repeated regularly to evaluate effectiveness and safety of any treatment. Assessment:

- identifies illnesses and conditions that contribute to pain
- identifies activities that exacerbate pain, or activities that are avoided because they cause pain.

Assessment should be undertaken while the older person is moving or being assisted to move. The right assessment tool should be used to monitor the person for any change.

Careful positioning of immobile clients or residents can minimise muscle pain and cramps.

A combination of pharmacological and non-pharmacological measures, emotional support and psychological interventions may be utilised.

Clinical assessment using a multidisciplinary approach can assist with care planning to manage pain.

Tools

Tools that may be useful.

Choice of assessment tool depends on the person's capacity to respond but includes:

- Asking if a person has pain is considered the most reliable indicator of pain
- Modified Resident's Verbal Brief Pain Inventory (RVBPI) - for people able to communicate
- Abbey Pain Scale - useful if a client is unable to communicate their pain
- Pain Assessment in Advanced Dementia Scale (PAINAD).

Name: _____

My reflections: _____

How many of the people I care for are regularly assessed for pain using an appropriate scale?

Are they re-assessed, and is their care evaluated following changes in their condition?

How many of the people I care for would benefit from use of the Abbey Pain Scale to assess pain?

My notes: _____

See related palliAGED Practice Tip Sheets:
Opioid Analgesics
Palliative Care
Myths about Morphine



What it means about the care I provide



What I can do

Find out more

For references and the latest version of all the tip sheets visit www.palliated.com.au





Inside the palliAGED Practice Tip Sheets

i What it is

? Why it matters

⚙️ What I need to know

Tips for Careworkers: Person-Centred Care

What it is: Person-centred care is about dignity, worth and human rights. Sometimes called 'patient-centred care', it involves treating people the way they want to be treated and listening to their needs and preferences. This supports quality of life. It helps people to live a meaningful life based on what they value.

- Do** Always introduce yourself and give the person your full and complete attention.
- Do** Respect a person's need for privacy.
- Do** When speaking with the person try to be seated at the person's eye level when possible.
- Do** Address people by their preferred name and avoid pet names or generic terms like 'love' or 'dear'.
- Do** Ask questions such as:
 - "What should I know about you as a person to help me take the best care of you that I can?"
 - "What are the things at this time in your life that are most important to you or that concern you most?"
 - "Who else should we get involved at this point, to help support you through this difficult time?"

35


Name: _____


My reflections: _____

What could I do when speaking with an older person that would make them feel valued and listened to?

What situations have I observed that have not been person-centred? What could I do to improve things, so this doesn't occur again?

My notes: _____


 What I can do


 Find out more

What it means about the care I provide

What I can do

Find out more

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Uptake of palliAGED Tip Sheets

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- Tip Sheets
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March 2019

• Modules
7,992 visits
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Downloads of Tip Sheets

- 5,000
careworker
- 4,000 nurses
- 89,000 single
topic sheets

Orders for Tip Sheets

- 15,000
careworkers
booklet
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Data as of March 2022

Uptake of palliAGED Tip Sheets

“As we have just been through a reaccreditation audit, I was able to see first hand staff using knowledge gained through these resources to answer questions from the auditors!

Auditors did ask about challenges with accessing education in our location and I used these resources as a perfect example of how effective easy to understand resources work”

Data as of March 2022

palliAGED listening

- Pop-up invitations for comments within palliAGED webpages.
- Discussions with 8 provider organisations using the Tip Sheets in aged care facilities.
- Conference attendance to provide resources and hear what people had to say.
- Unsolicited feedback and discussion with Opal Healthcare.

Brilliant resources that could be extended through:

Development of induction programs providing a quick start orientation package

More information on the care phases from diagnosis to death

More information around case conferences and pain control would be helpful

Greater emphasis on communication which remains a challenge

More on using SPiCT

palliAGED
responding –

Development
of Introduction
modules

- Ten modules taking 10-15 minutes or less to complete
- A manual containing more detailed information with an emphasis on what to say
- Available online or for local LMS hosting

palliAGED Introduction modules for nurses

- > Improving Practice
- > Symptoms and Medicines
- > Practice Resources
 - > Practice Tip Sheets for Careworkers
 - > Practice Tip Sheets for Nurses
 - > Forms
 - > palliAGED Introduction Modules
 - > Introduction Modules Manual
- > For GPs
- > For Nurses
- > For Pharmacists
- > palliAGED Apps
- > Information and Resources

palliAGED Introduction Modules for Aged Care

The palliAGED Introduction modules for aged care nurses provide a gateway to training and understanding in palliative care including symptoms and care issues. A companion manual for the Introduction Modules is also available. This provides communication tips and more detailed information about selected tools and processes referred to in the modules.

To get started simply select the topic of interest to go to the module and begin.



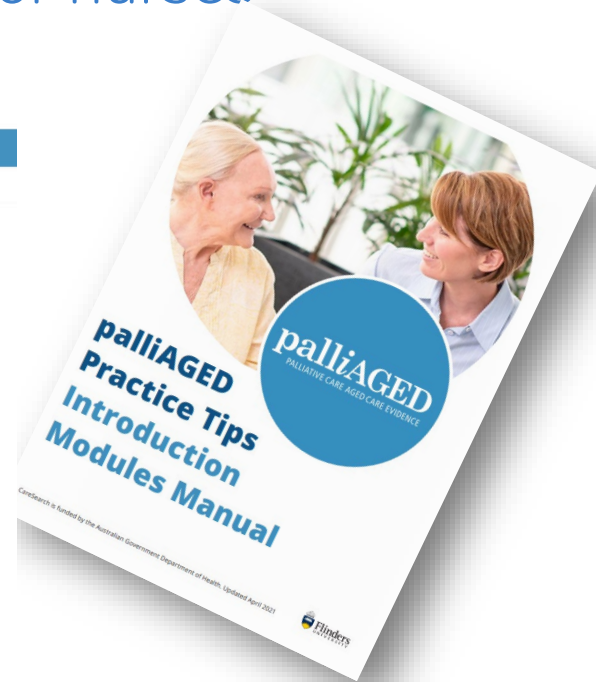
Introduction to palliative care and palliAGED 1



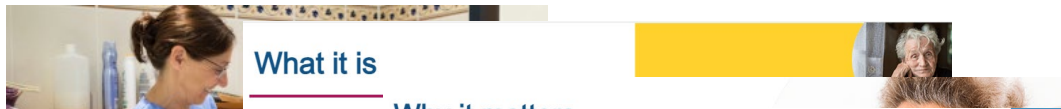
Self-care 2



Person-centred care 3



palliAGED Introduction modules



What it is

Important care is

Why it matters

Quality of life at the end of life includes their level of comfort which includes their ability to communicate. This is what they want.

Attention to the care of eyes and the mouth is fundamental along with nutrition and hydration for the person to live comfortably.

What you can do

Nurses have a central role in planning care and assessing care needs. There are many things that can be done towards the end of life to make a person more comfortable.

Look for signs of frailty including:

- Extreme fatigue, unexplained weight loss, frequent infections
- Falls, frequent falls, fear of falling, restricted activity
- Delirium, acute changes to their cognition
- 'Experiencing good and bad days' with, for example, less interest in food, or difficulty dressing.

Use assessment tools including SPICt, SPICt4ALL and KPS.

Plan care with the person and their family.

Care

Frailty

Oral care

Skin and wound care

Frailty

Nutrition and hydration

Eye care

Oral care

Skin and wound care

7/12

palliAGED Introduction module manual

For Nurses: Using the SPICIT Tool

What it is

The Supportive and Palliative Care Indicators Tool (SPICIT) is a tool that can assist doctors, nurses and allied health professionals to identify those people with deteriorating health and their carers who might benefit from better supportive and palliative care whether they are at home, living in a care home or in hospital. SPICIT-4ALL is a plain language version of SPICIT using simple language with less medical terms. SPICIT-4ALL is suitable for use by care assistants, patients, carers, and families to identify who are changing.

Implementation

The need for palliative care depends on the stage of illness and any co-existing conditions. The tool can help identify decline or deterioration in a person's condition. This in turn can trigger discussions including planning for future care.

When to use SPICIT or SPICIT-4ALL

- After an unplanned hospital admission or a decline in health status
- For people with poorly controlled symptoms
- To identify people who are increasingly dependent on others due to deteriorating function, general frailty and/or mental health problems for additional care and support
- To identify people (and carers) with complex symptoms or other needs
- To assess decision-making capacity
- To identify people who need proactive, coordinated care in the community from the primary care team and/or other community staff and services
- To agree, record and share an Advance/Anticipatory Care Plan.

Using SPICIT or SPICIT-4ALL

SPICIT asks if there are clinical signs that the health of this person with one or more progress conditions is deteriorating.

On the form you will find:

- Seven observations relating to general indicators of poor or deteriorating health.
- Clinical indicators of deterioration across seven specific life-limiting conditions.
- Five prompts for reviewing current care and care planning.

If the answer is YES to any of these questions, then this indicates that it is time to assess their holistic needs and start planning future care with them.

Getting started with SPICIT or SPICIT-4ALL

You can download the latest interactive SPICIT form in a number of different languages from www.spicet.org.uk/. You can also arrange to add your organisation's logo to the page or download the SPICIT App for your mobile device.



Using the SPICIT Tool

SPICIT is not a structured needs assessment tool. Before calling a palliative care case conference you can combine it with a tool such as:

1. The **Palliative care Outcome Scale (POS)** - a collection of measures specifically developed for use among people with advanced diseases such as cancer; respiratory, heart, and renal diseases; liver failure; and neurological diseases.
2. **Australia modified Karnofsky Performance Scale** - a tool for monitoring functional decline in Activities of Daily Living.
3. **Palliative Care Phase Tool** - developed to identify clinically meaningful phases in a person's condition.

Communication tips for discussing deteriorating health - what to say³

- What do you know about your health problems and what do you think might happen in future?
- If you did get more unwell, what would be the most important things for you and your family?
- Is there anything that is particularly important for you or your family that we should know about?
- Sometimes people choose a family member or a close friend to make decisions for them if they get less well...Is that something you've thought about? Have you talked to your family about it?
- I am glad you feel better and I hope you will stay well, but I am worried about what might happen if...
- Can we talk about how we might cope with not knowing exactly what will happen and when? What would be the best way for us to talk about that?
- I wish we had more treatment for (insert name of condition here), could we talk about what we can do if that is not possible/ is not going to help you?



³From: SPICIT Using SPICITTM <http://www.spicet.org.uk/using-spicit/>

Pain Management

Assessment, re-assessment, monitoring for side-effects and understanding how medications work are all essential to good pain management.

Assessment

Self-reported pain assessment is the usual method for assessing pain but this is not always possible. Pain assessment tools can help. Many tools are available and no tool is considered superior.

Look for facial expressions or 'groans', and look for signs of limping, holding, rubbing, avoiding touch, or avoiding activity.

If the person is verbal you can use the Modified Bedside Verbal Brief Pain Inventory (MVBVBI)

If the person is unable to communicate you can use the RAINAD or Abbey Pain Scale

Treatment

In palliative care common analgesics include paracetamol, non steroidal anti-inflammatory drugs (NSAIDs) and opioids. Morphine is the preferred pain medication at the end of life. Non-pharmacological approaches such as positioning to make a person comfortable can also help conversions.

Monitoring

Ongoing monitoring of the person for side-effects and new or unresponsive pain is essential. Talk with your supervisor/GP/pharmacist if you have any questions or notice any changes.

Communication tips

- Explain to family and carers what is happening and any changes in care
- Discuss the many myths about morphine and provide clear responses to reassure family and carers
- Always explain to family and carers before responding with a breakthrough dose of analgesia.



Uptake of palliAGED Tip Sheets & modules

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- 4,000 nurses
- 89,000 single
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Orders for Tip Sheets

- 15,000
careworkers
booklet
- 7,000 nurses
booklet

Module completions

- >35,000
modules
completed

More than 1,000 comments on each module

Data as of March 2022

In-built QI questions and discussions with sector told us:

Great refresher for experienced nurses entering aged care

Selected modules useful for all staff including support staff e.g. kitchen, cleaning, admin

Very useful for quickly introducing new graduates to care considerations in aged care

In-built QI questions and discussions with sector told us:

I need help to better support families

4 in 10 felt confident in all areas of palliative care

I need support to help clients with their bereavement

1 in 10 lacked confidence in all areas of palliative care

Communication remains a challenge

Support needed to improve Psychosocial care and assessment

palliAGED
responding –

2022 update of
Tip Sheets

Updated against the evidence and 5 new topics added:

- Advanced Dementia Behavioural changes
- Complementary therapies
- Quality of life with deterioration and change
- Psychosocial care and assessment
- Supporting families

palliAGED
responding –

2022 update of
Tip Sheets

Also New:

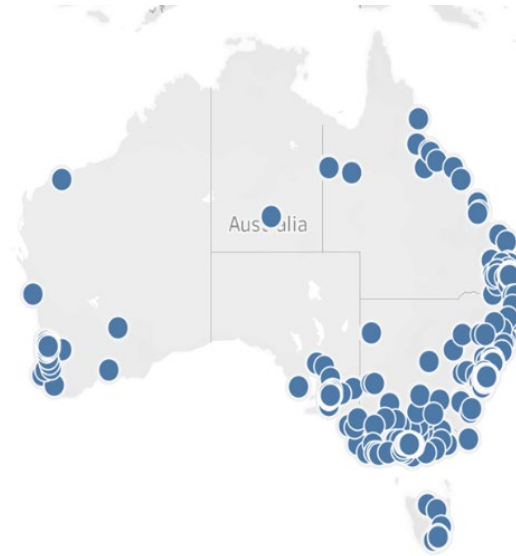
- Webpage version of all sheets for viewing on mobile devices and with active links to tools and resources
- Next steps - recommendations for further training and action including education through the National Program

Conclusion

Active listening has helped us to work with the aged care sector to develop the resources they need and to introduce evidence-based practice.

These resources are an introduction to learning and doing more.

Conclusion



Ownership has helped with uptake. The challenge is to raise awareness of what is available so that everyone can benefit.

Thank You for listening

www.palliaged.com.au

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