



Supporting best practice palliative care

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CARESEARCH®
palliative care knowledge network

CareSearch is funded by the Australian Government Department of Health

[caresearch.com.au](https://www.caresearch.com.au)



Today's aim:

Introduce CareSearch and palliAGED including what this means for your access to evidence and information in palliative care.

What is CareSearch / palliAGED?

CareSearch and palliAGED provide access to evidence and information you can trust about care at the end of life and palliative care.

Palliative care is person and family centred care that supports the physical, emotional, social, and spiritual needs of a person with a life-limiting illness.

CareSearch &
palliAGED –

from evidence
to informed
decision-
making



CareSearch



palliAGED



Why access to and synthesis of evidence is important in palliative care

- Increasing demand
- Increasing patient diversity ± complexity
- Slow growth of specialist services
- Errors in care
- Growing wave of research evidence



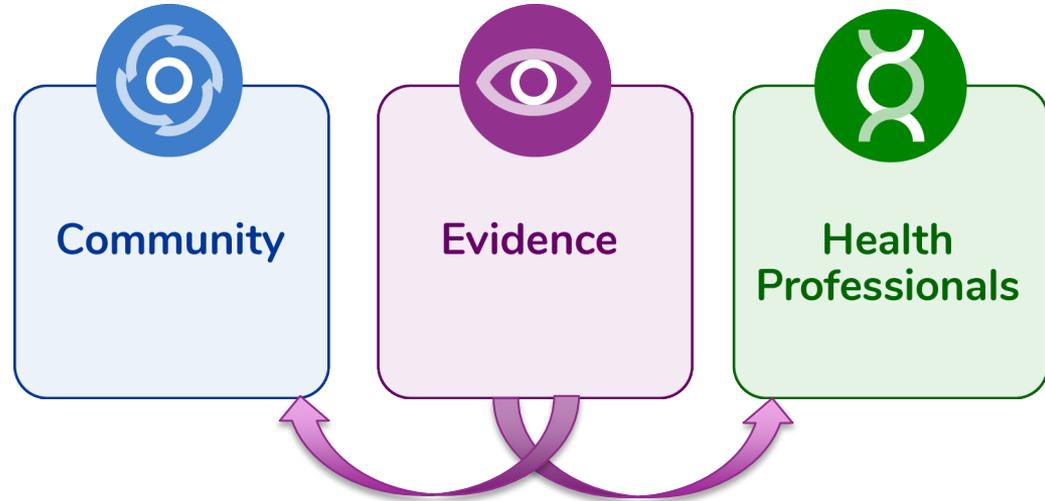
- Synthesis of research helps to translate care options and information into useful and relevant resources for practice
- Support for generalists to engage
- Support and empowerment for patients, carers, and families

Evidence-based information and resources help to inform decision-making and empower individuals

The evidence-based model

CareSearch since 2008

palliAGED since 2017



Transparent & rigorous quality processes

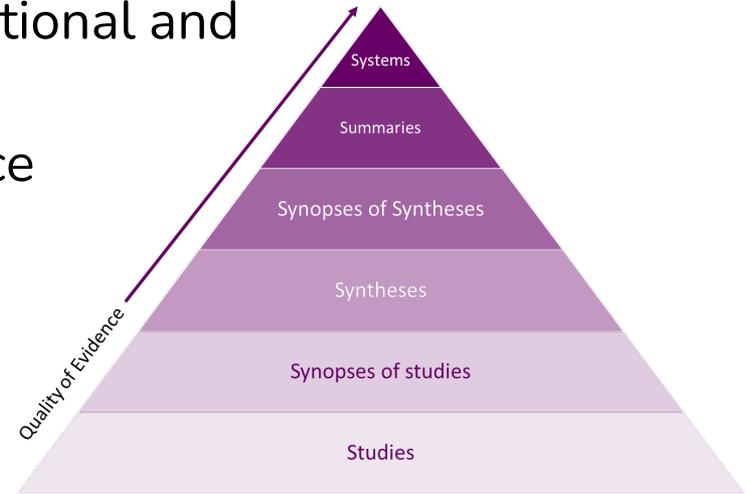
Ensure access to evidence and trustworthy information for everyone

Access to evidence for health professionals



Practice ready
evidence –
pre-appraised
and current

- Guidelines – national and international
- Clinical evidence synopses



Ref: Dicenso A, et al Accessing pre-appraised evidence: fine-tuning the 5S model into a 6S model. Evid Based Nurs. 2009 Oct;12(4):99-101

Practice ready

Palliative care guidelines

Victoria

- Syringe driver compatibility Guidance
- Anticipatory medicines, Safer Care Vi
- Care plan for the dying person, Safer
- Opioid conversion ratios, Safer Care V
- Palliative sedation therapy, Safer Car

Western Australia

Resources for guidelines



Western Australia

Northern Ireland

- Anticipatory medicines
- Care plan for the dying person
- Opioid conversion ratios
- Palliative sedation therapy
- Syringe driver compatibility

Clinical evidence summaries

Choice of opioid

Several opioids are available in Australia, including morphine, codeine, oxycodone, sufentanil, methadone, and buprenorphine. Atypical centrally acting analgesics, t

There are no important differences between oral morphine, oral oxycodone, and efficiency and according to EAPC guidelines any of these can be used as the first different side effects and some may be useful in certain conditions or with certain properties. [9,10] The choice of opioid will depend on the available preparation, transdermal, sublingual and buccal forms and should also be dependent on the and risks of each option. [11]

Few trials have been designed to allow direct comparison between different opioids, care is often based on research carried out in different cohorts and different clinical opioid used in cancer pain, [12] and remains a commonly prescribed opioid in adult a

Health Professionals

Helping Patients and Families Plan for an Expected Home Death: The GP's Checklist

The GP has a critical role in end of life care for patients who wish to die at home. This checklist is designed to guide the GP through decision-making about care, to help them support the patient and family, and to identify the need for appropriate supports early. It flags issues which may need to be addressed ahead of time.

GPs managing patients dying at home usually share care with other services, including palliative care and home nursing. This checklist can act as a planning tool for shared care, and a trigger to help clarify how care will be organised between those involved.

Patient name/ID: _____ Date: _____

1 Clarify expectations and support

Has the patient indicated they want to die at home?

Actions needed: _____

Do those who live with the patient know about and what they wish?

- Has the plan been discussed within the family?
- Consider – young children, others with care needs in the household

Actions needed: _____

Are there enough people to share the care?

- Consider practical, hands-on availability for round the clock care. Suggest a roster to support carer and provide time out
- Consider specific services that can support families caring for someone who is dying at home, e.g. night nursing services or volunteers – the local palliative care service can advise.

Actions needed: _____

Medicines from the PBS Prescriber's bag fo

PBS Item Code	Pharmaceutical benefit and form	Stre
3451P	Adrenaline (Epinephrine) injection	1 in
3455W	Clonazepam oral liquid	2.5
3466K	Furosemide (Frusemide) ampoule	20 n
3456X	Haloperidol ampoule	5 m
3470P	Hydrocortisone Sodium Succinate injection*	100
	OR	OR
3471Q	Hydrocortisone Sodium Succinate injection*	250
3473T	Hyoscine Butylbromide ampoule	20 n
3476Y	Metoclopramide ampoule	10 n
10178Q	Midazolam ampoule	5 m
10862Q	Morphine ampoule	10 n
	OR	OR
3479D	Morphine ampoule	15 n
	OR	OR
10868B	Morphine ampoule	20 n
	OR	OR
3480E	Morphine ampoule	30 mg/mL 5 x 1 mL
10786Q	Naloxone injection	400 microgram/mL 5 x 1 mL
	OR	OR
11233F	Naloxone injection	400 microgram/mL 10 x 1 mL

Based on the emergency practice concept proposed by Seidel et al 2006 Aust Fam Physician. 2006 Apr;35(4):225-31. Information from PBS listings current as of March 2021. See www.pbs.gov.au for more.

palliAGED Evidence and Practice

palliAGED
PALLIATIVE CARE AGED CARE EVIDENCE

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Home Australian Context Evidence Centre Practice Centre For the Community About

Home Australian Context Evidence Centre Practice Centre For the Community About palliAGED

Home Australian Context Evidence Centre Practice Centre For the Community About palliAGED

Evidence Centre > Evidence Summaries > Comorbidity and Multimorbidity > Synthesis

Evidence Centre > Evidence Summaries > Comorbidity and Multimorbidity

Evidence Summaries

- Advance Care Planning (ACP)
- Advocacy
- Bereavement
- Care Coordination
- Care Continuity
- Cognitive Issues
- Communication Skills
- Communication at End of Life
- Comorbidity and Multimorbidity - Synthesis
- Complementary Medicine
- Costs and Economics
- Dignity and Quality of Life
- Education - Community, Family, Carers
- Elder Abuse
- Emergency Planning and Management
- Environmental Modification
- Family Carers
- Family Conflict
- Goals of Care
- History and Health
- Interventions
- Medication
- Mental Health
- Multimorbidity
- Needs Assessment
- Respite
- Respite Care
- Self-Care and Staff Support

Comorbidity and Multimorbidity - Synthesis

Introduction

Although the prevalence of older adults over 80 years of age has risen over the last decade, comorbidity and multimorbidity (CM) definitions of multimorbidity vary but a pragmatic approach to Australian RACGP aged care clinical guidelines is based on 'people with multiple conditions whose significant problems to manage, functioning or the management of their care have become patient and/or involve a number of services working in an uncoordinated way'. (2) People have a greater risk of premature death than people without multimorbidity. (3-7)

Although there is no interagency action undertaken to describe a state of health conditions, the terms multimorbidity and comorbidity often, in comorbidity, are more closely related, and cancer are more conditions that are often comorbid treatment and the (8) comorbidity, multimorbidity is not defined by an issue condition or that an existing registered equally with none taking priority. (2) This distinction is not registered in the issue defined but it is often not made in the literature. Given the difficulty of identifying which term would have been appropriate, in the following text any distinction between the two is registered with caution.

It is also worth noting that some but not all chronic conditions are life limiting. The Australian and the National Strategic Framework for Chronic Conditions (2) including conditions and are not life limiting, and the National Strategic Framework for Chronic Conditions (2) List the following chronic conditions:

- Heart, stroke and multiple sclerosis
- They often individually either occur or comorbidity
- usually have a gradual onset, although they can have sudden onset and acute stages
- often persist for the life, although they become more prevalent with older age
- are long-term and persistent, and often lead to a gradual deterioration of health and to disability
- often occur together, and often lead to a gradual deterioration of health and to disability
- often occur together, and often lead to a gradual deterioration of health and to disability

Quality Statement
A total of 26 systematic reviews (1, 3, 7, 11-32), a meta-analysis (33) and 10 integrative reviews (27) were included in this synthesis of evidence for multimorbidity and comorbidity. All adults and palliative care in an aged care context (1, 2, 3, 21, 24-25, 32) reviewed 22 were on older adults of whom included in an aged care setting but not necessarily with a palliative focus.

Evidence Summaries

- Advance Care Planning (ACP)
- Advocacy
- Bereavement
- Care Coordination
- Case Conferences
- Cognitive Issues
- Communication Skills
- Communication at End of Life
- Comorbidity and Multimorbidity
- Comorbidity and Multimorbidity - Synthesis
- Complementary Medicine
- Costs and Economics
- Dignity and Quality of Life
- Education - Community, Family, Carers
- Education - Workforce
- Elder Abuse
- Emergency Planning and Management
- Environmental Modification

Comorbidity and Multimorbidity

Key Messages

- 1 The terms comorbidity and multimorbidity both describe a state of multiple chronic conditions with the terms used interchangeably, however, the distinction between the two is starting to be recognised. (1)
- 2 Comorbidity and particularly multimorbidity are associated with poorer quality of life, increased use of health services and hospitalisation, and polypharmacy. (1-3)
- 3 Prioritising treatments requires an assessment across all health issues. (4) This means considering the person's co-existing illnesses and the ways in which they and their respective treatments interact, the person's clinical and functional status, treatment burden for the person, and the person's preferences for care. (5,6)
- 4 While evidence-based guidelines exist for the management of a single disease, few address comorbidity or multimorbidity particularly in a palliative care context. (2,4)

Background

The prevalence of many ill people have more than one illness

Search PubMed

Comorbidity: Palliative
Comorbidity: Palliative
Comorbidity: Aged
About these search

Practice Point

Read Synthesis

Comorbidity and Multimorbidity

What we know

Prevalence of many diseases increases with age so many older people have more than one illness. The terms comorbidity and multimorbidity both describe a state of multiple chronic conditions. In comorbidity, an index condition (e.g. diabetes, stroke, cancer) takes priority. In contrast, multimorbidity is not dominated by an index condition so that all co-existing conditions are regarded equally with none taking priority. Comorbidity and particularly multimorbidity are associated with poorer quality of life, increased use of health services and hospitalisation, and polypharmacy (9-15 medications). Frailty with ageing and multimorbidity can make prognosis difficult. Care planning discussions may be beneficial in recognizing the need for palliative care and reducing burdensome medication and treatments. Prioritising treatments requires an assessment across all health issues with respect for a person's wishes.

Go to Evidence Summary

What can I do?

- Use the Supportive and Palliative Care Indicators Tool (SUPPORT-CALL) (33kb pdf) to identify people with deteriorating health due to one or more advanced conditions or a new serious illness so they benefit from holistic assessment and future care planning.
- Use the Instrument for Patient Capacity Assessment (ICAP) (344kb pdf) to better understand a person's interests, goals, and their sense of satisfaction and burden.
- Use with the family and the person to find out their priorities for health care and suggest a family meeting to formalise these preferences.
- Flag older adults with multimorbidity and multiple medications for a government-funded Residential Medication Management Review and Quality Use of Medicines or Home Medicines Review.
- Direct families to palliAGED website - For the Community for further information on care planning.
- Check the RACGP Silver Book section on Multimorbidity for practical guidance on care issues.

What can I learn?

Read this evidence summary for the synthesis

Synthesis

Summary

Practice



Searching for
specific evidence

- Systematic review collection
- PubMed searches (including filters)
- Grey literature
- Latest Australian research

Searching for specific evidence in palliative care

Pain

Home / Evidence / Searching for Evidence / Systematic Review Collection / Pain

Review collection - Pain

328 reviews

General 158 reviews

PubMed.gov

Advanced

PubMed searches

National Library of Medicine
National Center for Biotechnology Information

Log in

Advanced care planning(mh) OR attitude to death(mh) OR bereavement(mh)

Save Email Send to

Sorted by Best match

Display options

41,307 results

1 The effects of **advance care planning** on end-of-life care: a systematic review.
Brienen-Stappenburg A, Reijnen JA, van der Meer A.
Palliat Med. 2014 Sep;28(8):1000-25. doi: 10.1177/0269118114262672. Epub 2014 Mar 20.
PMID: 24811780 - Review.

2 Advance care planning (ACP) potentially improve end-of-life care, but the methods/tools used are varied and of uncertain benefit...there is evidence that **advance care planning** positively impacts the quality of end-of-l...

3 Public Perceptions of **Advance Care Planning, Palliative Care** and **Hospice A...**
Scoping Review.
Gard ML, Beck AL, Dettmer NS.
J Palliat Med. 2021 Apr;25(4):491-52. doi: 10.1089/jpm.2020.0111. Epub 2020 Jul 2.
PMID: 32816684 - Review.

4 Background Although access to **advance care planning (ACP), palliative care, and hospice** has increased, public attitudes may still be barriers to their optimal use. Purpose To synthesize empirical research from disparate sources that con...

5 Multicomponent **Palliative Care Interventions in Advanced Chronic Diseases: A Systematic Review**.
Phongtarkul V, Meador L, Ashman KD, Roberts J, Henderson CR Jr, Mehta SS, Del Carmen T, Reid MC, **Jee J. Hosp Palliat Care**. 2018 Jun;15(1):177-183. doi: 10.1177/1049909118816699. Epub 2018 Nov 10.
PMID: 30277250 - Free PMC article. - Review.

Quick search

PubMed search for studies in p

provides an easy and reliable way for you to find the m...
the **Palliative Care Search Filter** as their base. Each m...
searches are automatically updated as new articles are ad...

Specific needs Issues relating to care &...
 End-of-life Health professionals Carers

All citations

Grey Literature searches

Search Results

864 Record(s) Found Show Records Per Page

1. Other Grey
Palliative Care Australia, (PCA)
Palliative Care is Core Business for Aged Care
Palliative Care Australia (PCA), 2021
View Full Abstract

2. Conference Abstract
Phillips, Jane L; Luckett, Tim; Lovell, Melanie; Xu, Xiangfeng
Promoting cultural congruent care for Chinese migrants living with cancer pa...
mixed-method research project
PCNA 2020, Palliative Care Nurses Australia, 2020
View Full Abstract

3. Conference Abstract
Heneke, Nicole; Shaw, Tim; Rowett, Debra; Lapkin, Sam; Phillips, Jane L
Opioid error contributory and mitigating factors in specialist palliative care...
inpatient services: Findings from the PERISCOPE Project
PCNA 2020, Palliative Care Nurses Australia, 2020
View Full Abstract

4. Conference Abstract
Cooper, Joanne

Latest Australian research

Home / Evidence / Searching for Evidence / Latest Australian Research

What Australian researchers are publishing in palliative

lists palliative care research primarily conducted by Australian research groups. The list is based on the **CareSearch search filter for palliative care** to identify articles held within the PubMed database and the strongest evidence. Articles have been selected based on relevance and new articles are added on an exhaustive list, the aim is to keep the community informed by providing a snapshot of recent research planned studies in the Australian setting.

Genetic polymorphisms in ARRB2 and clinical response to methadone for pain in

Woodward A, Sutherland NG, Yu C, Albany CL, Zunk M, George R, Good P, Griffiths LR, Hardy J, Haupt LM. The prescription of methadone in advanced cancer poses multiple challenges due to the considerab...

Access to evidence for community



Supporting
Community -

Sharing
information from
the same
credible source

The screenshot shows the 'Community' page of the palliAGED website. The navigation bar includes 'Home', 'Community', 'Health Professionals', 'Evidence', 'About Us', and 'News'. The main header features the 'Community' logo and a photograph of an elderly woman looking at a baby. Below the header, there is a 'Focus on our community' section with a description: 'The community centre is for everyone, particularly those directly affected by the need for a place to learn about end of life and what you can do for yourself or the person you care for.' This section includes three icons: 'Patients and carers' (hand holding a heart), 'Older Australia' (two elderly people), and 'Diversity' (group of people). To the right, the 'For the Community' section is highlighted, with a sub-section 'Dying and Death' featuring a circular photo of an elderly couple. The text in this section discusses the needs of older Australians and the importance of palliative care. At the bottom, there are three small images: a woman sitting in a wheelchair, a man and woman embracing, and a group of elderly people.

Trustworthy
information at
every stage
and age



Information needs will change over time

Continuing to work

Home / Community / Patients and Carers / Living with Illness / Continuing to Work

Work can help you to keep your sense of identity and limiting illness

Being seriously ill can mean you lose control, independence and the sense of feeling your Carer. You or your carer may want to try to continue to work. There are things you can do to help. If you keep working, your personal and business relationships can be affected. Palliative care can help. You may have information for your workplace.

The personal experience of life-limiting illness becomes a public one when work colleagues are unsure of how to respond. This can lead to communication problems. Ignorance may cause people to be scared and distance themselves. It needs to be acknowledged. It needs to be talked about. This may avoid emotional stress.

Your palliative care team supporting you to keep working

The role of allied health

Dr Deldre Morgan
Occupational Therapist

What could help someone continue to work?

Ask your manager or the human resources department about looking at some options.

Managing medicines

Home / Community / Patients and Carers / Symptoms and Medicines / Managing Medicines

Special considerations for medicines in palliative care

The more health issues you or the person you care for have, the more medicines you are prescribed in palliative care is important. It is important to have information to help you manage your medications.

I need help now

If someone has had an overdose or suspected poisoning, call the Poisons Information Centre (phone 13 11 26).

For general emergencies call 000, 24 hours a day, and ask for an ambulance.

Access to medicines

There are three ways that medicines might be obtained:

- with a prescription from a health professional
- over the counter from chemists, health shops and supermarkets
- from homeopaths, naturopaths and herbalists.

Taking your medicines

Medicines may come in many shapes or forms. You could take tablets, liquids, capsules, inhalers or patches. You may also use suppositories or have injections. Medicines might be taken in different ways or at different times of day.

Practical caring

Home / Community / Patients and Carers / How to provide care

How to provide care for someone at home

Many people including your health professional will be able to help you at home. Knowing what you can do and how to do it can help.

When caring for someone at home you will need to know what to do. As the illness progresses you will need to know what to do. If you are unable to get out of bed, it can be helpful to have reliable advice and guidance to help you.

Physical needs

People with a life-limiting illness will have physical needs. They will have days where they need more help. They will have challenges you face may include:

- how to help them into and out of a car
- how to use a commode
- how to use a shower stool
- mouth care

At the end

Home / Community / Patients and Carers / At the End

Knowing what to expect when someone dies can help

There are things that can help you to prepare as someone approaches the last few weeks and days of life.

People vary in what they know, understand and believe about death and dying. They also differ in what they want to know. Each individual should be as informed, or not, as they want to be. For many, knowing what to expect can help take some of the fear, distress and anxiety away. For others, having too much information gives them more things to worry about. Here we provide information about changes at the end of life for those who want to know.

At the End

There are things that can help you to prepare as someone approaches the last few weeks and days of life.

Patients and Carers

- What is Palliative Care
- Living with Illness
- Symptoms and Signs
- How To Care for someone with Illness
- At the End of Life
- Changes at the End of Life
- Managing Medicines
- Practical Caring
- What to expect when someone dies can help

Information needs will depend on the context

The image displays a collage of four screenshots from the palliAGED website, illustrating different types of information available. The top-left screenshot shows the website's navigation menu and a sidebar with categories like 'What is Palliative Care' and 'Older Australia'. The top-right screenshot shows the 'Entering Residential Aged Care' page, which includes an introduction, a list of services provided, and a download button for 'Steps to enter an aged care home'. The bottom-left screenshot shows the 'Illness and Family Caring' page, featuring a circular image of a woman holding a child and a download button for '10 questions to ask about residential aged care'. The bottom-right screenshot shows the 'Managing Funerals and Notifications' page, which includes sections on 'Your legacy', 'Digital legacy', and 'Arranging and paying for funerals', along with a download button for 'A time to say goodbye'.

palliAGED
PALLIATIVE CARE AGED CARE EVIDENCE

Home Australian Context Evidence Centre Practice Centre For the Community About palliAGED

For the Community > Older Australia > Residential Aged Care > Entering Residential Aged Care

Entering Residential Aged Care

You, or someone you care about, may be considering moving into an aged care home. If so, you may have questions about the process. It is important to understand that residential aged care is both a place to live and a place to die. The average age of residents is 85 years and length of stay two and a half years. [1] Many residents have high care needs and death is the most common reason for leaving. You and your family need to prepare for the likelihood of death.

MyAgedCare has information about entering residential aged care including costs and what you can expect help with:

- day-to-day tasks like cleaning, cooking, and your laundry
- personal care including bathing, dressing, eating, and taking your medications
- clinical care under the supervision of a registered nurse.

Finding the right place

My Aged Care has detailed information about finding a home that can meet your care needs, now and into the future. This includes information on how to find the right place, applying for entry and the financial processes. If you are entering an aged care home from a hospital admission, the hospital team will support you in finding a place. When thinking about the right place for you, the list of 10 key questions to ask about staffing from the Australian Aged Care quality and Safety Commission is useful.

If you have a life-limiting illness and/or palliative care needs it is

Download Steps to enter an aged care home (978kb pdf)

Illness and Family Caring

When you or someone you care for has palliative care needs it can be an uncertain and stressful time. Knowing what to expect and what you can do helps. This can also be true at the end of life without a life-limiting illness.

What you need, and what you want to know and do will depend on you and your care situation. Older people might receive care at home, in residential aged care, or in a hospital. Often it will be a mix of these and include support from aged care services. The amount of help you get will vary. Not everyone will need or receive the same. If there are others helping with care such as staff in residential aged care or a palliative care team then this will change what you need to do. Here you can find out about Living with Illness and How to Care, as well as Managing Symptoms and Medications.

Download 10 questions to ask about residential aged care (730kb pdf)

Download 10 questions to ask about palliative care in residential aged care (1.71MB)

Managing Funerals and Notifications

Preparation before death has occurred can make it easier when this time comes

If you or the person you care for want to prepare some things in advance of your death, there are things you can do. This can make the time after death easier for your family and friends. It can also be a way for you to share time together.

Your legacy

You or the person you care for might want to share with loved ones the story of your life and what matters most to you. Your legacy. This might also be useful for your funeral preparations such as eulogy or a slide show to remember your life. There are online templates such as this one from Australian Funeral Directors Association to help you create a legacy booklet. A way for family to remember you and your life.

Download A time to say goodbye: a template to write down your story for others

Digital legacy

After your death your online accounts will remain open unless you or someone else takes care of them. To find out more about this and what to do visit the CareSearch Dying2Learn page on digital legacy.

Visit Dying2Learn: What about our digital world

Arranging and paying for funerals

If your illness is considered terminal, you may want to arrange some or all of your own funeral.

In this way others will know what you would have wanted and won't have to guess. For example, do you:

- want to be buried or cremated.
- want certain flowers or no flowers

Preparing your funeral plan is your choice



Tailored
information-

How much and
when will vary

CARESEARCH
palliative care knowledge network
www.caresearch.com.au

Living with Life-limiting Illness

When you have a life-limiting illness there are things to think about that affect your quality of life, what you continue to work, and how you prepare for the future. How you prepare for the future can receive support.

For example, whether it is to slow progress your disease, to treat a symptom or to improve your ability to do the things you enjoy or need to do.

Emotional challenges: It is normal to have changing feelings and emotions. This is especially true if you or someone close are seriously ill or facing the end of life.

Sometimes the worry is so great that you may develop symptoms of anxiety. This can look like feeling edgy or restless. You may have difficulty concentrating, feel tired or have trouble sleeping.

Dependence can be a challenge. It is especially true if you or someone close are seriously ill or facing the end of life.

Information about palliative care is available in different languages. Links to trustworthy sources of information are listed under each resource. If you know of any other resources, please let us know.

Resources in your language

Home / Community / Diversity / For Individuals / Resources in your Language

End of life care information in different community languages

Bereavement, grief and loss video

- Afrikaans
- Amharic - አማርኛ
- Arabic - عربي
- Armenian - Հայերեն
- Assyrian - ܐܘܪܝܝܢܐ
- Auslan
- Cantonese - 廣東話

CARESEARCH
palliative care knowledge network

Palliative Care Support for Patients, Carers, and Families

CareSearch provides trustworthy information about palliative care for patients, carers, and families as well as for health professionals

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Training

Helps with effective identification and application of appropriate evidence to bring about desired change.





4. Evidence Practice Training

Common forms of clinical investigations drawing on evidence.

Evidence based practice



Quality improvement



Research training



EBP training in a palliative care context



Evidence training

Understanding evidence based practice

Home / Evidence / Evidence Training / Evidence Based Practice / Understanding Evidence Based Practice

Evidence contributing to decision-making in palliative care

Evidence-based practice (EBP) has been defined as 'integrating the best available research evidence with clinical expertise and the patient's unique values and circumstances'. [1] More recent definitions are very similar to this one from Sackett but also emphasise the importance of the clinical situation and patient role. [2] The term 'evidence-based' is also often replaced by or used interchangeably with 'evidence-informed' to reflect that it is not the sole-determinant of decision-making. [3,4] Whichever term is used the value of considering evidence in care decision-making remains. [1]

In practice, EBP begins with identification of a clinical problem or issue of a patient and integrates these distinct elements as part of the decision-making process.

Starting point	Goal	Role of evidence
A clinical problem or issue of a patient.	Evidence-based health care combines the best available evidence, clinical situation of the patient, patient preferences and actions, all bound together by clinical experience. [2]	Where available, relevant evidence informs clinical decisions when dealing with patient problems and issues.

Sackett, Rosenberg, et al highlighted the essential aspects of evidence based medicine in their 1996 overview [Evidence based medicine: what it is and what it isn't](#) [4440.pdf]. EBP can be undertaken by an individual clinician to improve care outcomes. Providing an evidence-based approach to clinical care requires the health professional to be able to:

Ask

Acquire

Appraise

Apply

Assess

How well have you performed

How well have you performed

The last step of EBP is to evaluate your own performance and where you might improve. Diagrams which changes and made you are also likely to be identified whether the changes implemented?

Here you will learn:

- Self-reflection
- About evaluation

Getting started

Self-reflection

In EBP self-reflection is part of evaluation. [2] This was asked to reflect on how well you perform steps 1-4 (Ask, Acquire, Appraise, Apply).

In relation to a specific patient and change you might ask a general 'Would it have made a difference if my question were more specific or if I had changed my approach to searching for evidence?'

More generally, informers supported by Strain [2] provide a detailed self-evaluation framework to assess how well you are doing across the five EBP steps. You could also use the CareSearch self-evaluation form to check your progress with EBP.

Practice

Home / Evidence / Evidence Training / Evidence Based Practice / Practice

Getting started with EBP

EBP is defined as 'integrating the best available research evidence with clinical expertise and the patient's unique values and circumstances'. [1] In practice this means that evidence needs to be considered in the context of the person or patient's values and preferences, and the insights gained from clinical experience. The circumstances of care will also influence any decision as this may increase or decrease care options.

When engaging with EBP it is useful to remember:

- Evidence needs to be tailored to the individual and it does not alone determine what action will be taken. In the absence of evidence care decisions will be based on patient values and clinical experience. A lack of evidence does not mean that no decision can be taken or change to care made.
- From the patient's perspective it is important that they understand the potential benefits and risks of any care decision. This helps them to evaluate risks and benefits against what is important to them and so make an informed decision about their own care.
- Developing a question, searching for and appraising the evidence, and facilitating change based on the evidence takes time. Using guidelines and pre-appraised evidence as shown in the 6s pyramid can help to reduce the time required.
- Sharing your findings with other health professionals for example at staff meetings or journal clubs can be a useful way to get feedback on what you have found and how it might be implemented.

Your organisation can also take steps to support EBP by implementing a framework to assist staff apply a consistent approach to implementing change. In the following section we highlight some models that are freely available for your organisation to use.

EBP models

Models have been developed to assist implementation of EBP in the clinical setting at the practitioner and

palliAGED supporting palliative care training



42 topics aligned with scope of practice

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> palliAGED Introduction Modules

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
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PALLIATIVE LIFE AGING EXPERIENCE



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.

Why it matters: Quality care is more than good symptom control and emotional support. It is about helping the older person to live well and maintain control over their life, relationships, and social connections.

What I need to know: Palliative care is focused on quality of life. Being treated with dignity and respect is essential to quality of life. Being compassionate and valuing people as the person they are, rather than just the illness they have, promotes a sense of dignity. Helping people retain dignity as they die includes:

- symptom control
- psychological and spiritual support
- attending to privacy, respect and choice
- care of the family.

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?"

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: _____

See related palliAGED Practice Tip Sheets:
 Advance Care Planning
 Case Conferences
 People with Specific Needs

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

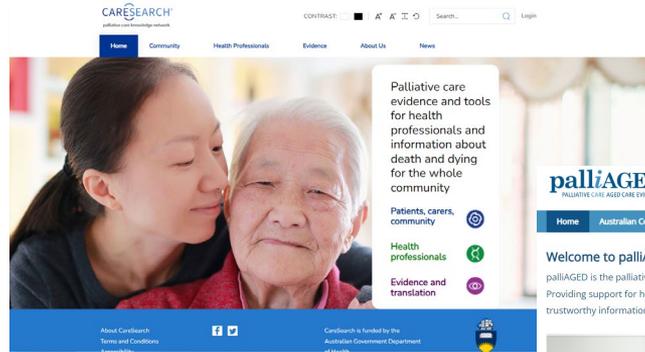
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PALLIATIVE CARE

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What I can do

Find out more

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