

CareSearch Project
Research Studies Register: Registration Proforma

0040

Study Title: “What happens after dark?” Improving “after hours” palliative care planning in urban and rural Victoria

Brief description of the study:

Most patients receiving palliative care would prefer to die at home. However literature and anecdotal feedback suggests that the provision of after hours palliative care can be problematic for several reasons and may cause distress to patients and families. Additionally, data collected about usage of the Enhanced Primary Care Medicare Items suggests that the care planning item is under-utilised by general practitioners (GPs). Little work has been undertaken to examine this aspect of the palliative care service delivery and its effectiveness in maintaining support for patients and carers in their home environment.

The needs of patients receiving palliative care at home include telephone advice, and either nursing or medical attendance for specific treatment. Not all patients’ doctors provide after hours care, and locum GPs often do not have the clinical information available, or might not have sufficient training in palliative care. Not all areas have nurses trained in palliative care available after hours. In addition, it is sometimes not clear whom patients and their carers may contact for after hours care.

As various arrangements exist in the current models of care, communication systems for referral and care planning vary in quality. This then impacts on the care received by patients and carers, particularly at night. It is anticipated that this study will uncover deficiencies that might need further attention, such as, for example, the use of a telephone triage service. This project has the potential to improve the quality of after hours care in Victoria but will tailor the strategies to the needs of different regions. The project’s purpose is to increase care planning and integration between services, and to improve communication.

This project aims to:

- 1) Investigate current after hours palliative care in rural and urban Victoria. This will be undertaken via: a literature review; exploratory interviews and surveys of patients, carers and health professionals; and an analysis of existing data on palliative care services;
- 2) Develop strategies to enhance after hours palliative care planning, and (for the GPs) the use of the Enhanced Primary Care Medicare items;
- 3) Test and evaluate these developed strategies; and
- 4) Make recommendations to the Victorian Department of Human Services, to support policy and practice development across the State.

Three geographical areas were chosen as sites for this project – Monash Division, Mornington Peninsula Division and East Gippsland Division. The project will be carried out in 3 phases. Phase 1 of the study is

complete.

Phase 1 involved asking nurses, managers and GPs in urban and rural Victoria about current models used in providing after-hours palliative care, and gaps in services. Consumers were also interviewed to ascertain their opinions about the adequacy of the current service arrangements.

Findings from phase 1:

- There are differences in the provision of after hours services in rural and urban Victoria;
- Access to GPs after hours is a problem in some areas;
- Regular meetings between nurses and GPs improves communication;
- Hospital palliative care coordinators triaging calls may determine whether phone advice or a home visit is needed;
- Patients and carers want access to experienced palliative care nurses after hours;
- Education of families (eg. In good symptom management) is key for patients being cared for at home;
- Clients do not call the locum service because of the long wait for the doctor to come;
- Some GPs will not supply emergency medication in the home; and
- Due to crisis situations, some patients receiving palliative care are still spending several hours in emergency departments.

In Phase 2 questionnaires were designed based on the above results. These explored the challenges of providing after hours care for patients at home, utilising both structured and semi-structured questions. The questionnaires were distributed through the participating Divisions of General Practice (524) and a palliative care nurses special interest group (122). Completed questionnaires were received from 114 GPs (22%) and 52 nurses (43%).

Key findings from phase 2:

- 89% of GPs and 98% of nurses who responded had more than 11 years of experience.
- Only 14% of GPs had palliative care training.
- Both nurses and GPs cited lack of time as their main reason for not having PC training.
- 47% of GPs were unaware that they could utilise EPC Medicare items for care planning and team communication for palliative care patients.
- Most participants worked for a practice or service which provided some after hours care but most GPs used locums to provide this service
- The majority were aware of resources for palliative care to which they had access
- The most important factors considered likely to impact on after hours service provision by both GPs and nurses were;
 - Poor communication between nurses and GPs
 - Patients unwilling to call after hours services
 - Limited access to emergency medication
 - Limited availability of PC trained nurses after hours
- Three factors considered to be important by nurses but less so by GPs were:
 - High cost of locum services

- Limited availability of GPs after hours
- Nurse safety
- Both nurses and GPs consider that the following strategies would be likely to improve after hours care provision:
 - Standardised written patient protocols
 - PC trained nurses on after hours telephone services
 - Trained PC respite carers.
- In addition nurses considered the following very likely to improve care while doctors were less supportive of these ideas:
 - Involving GPs with multidisciplinary team meetings
 - Improved support for carers
 - Legislation to allow nurse evaluation of death

Phase 3

The following key outcomes from phase 1 and 2 were the focus of two educational tools developed in phase 3:

- Patient and carer reluctance to utilize available after hours services
- Poor utilization of EPC Medicare items by GPs for care planning for palliative patients
- Low levels of advance care planning
- Poor communication within multi-disciplinary teams including the GP

Patient and carer reluctance to utilise available after hours services was addressed in a brochure produced with Palliative Care Victoria (PCV) and now available through their office in both hard copy and electronic forms. Sustainability of this tool was ensured by transfer of copyright to PCV.

A DVD was produced which addressed the other three key outcomes listed above. This was designed to be used as a tool in educational programs for health professional in the area of palliative care. It can be used in part or in full and encourages participants to consider what approach to achieving the goals will be most suited to their situation. For sustainability purposes a web version of this DVD was produced and is publicly accessible. Professional organisations such as Divisions of General Practice have been encouraged to create link to it from their websites.

Both the brochure and the DVD were evaluated in small pilot trials. Further long term evaluation would be appropriate.

Study Methodology: (Please mark with an x which type of study methodology)

	Epidemiology
	Health Services / Health Economics / Quality Improvement
X	Qualitative, Observational or Descriptive
X	Mixed Method
X	Systematic Review

	Intervention: RCT					
	Intervention: Comparative or cohort study					
	Intervention: Case series					
Project details:						
Funding source (Optional):						
Has the study received ethics approval?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable
Project starting date: 01/05/06						
Project completion date: 31/03/09						
Multi site:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable
RESEARCHERS						
Principal Investigator (name)	Professor Margaret O'Connor AM					
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Investigator D (Name)	Dr Gail Miles					
Investigator E (Name)	Dr Heather Tan (Research Fellow) Heather.Tan@med.monash.edu.au					
Associated publications / reports:						
1. Poster:						
What happens after dark?" Improving "after hours" palliative care planning in urban and rural Victoria. Presented at the Australian Palliative Care conference, Melbourne, Australia, August 2007.						
2. Peer reviewed journal article (1)						
Ciechomski, L., Tan, H., O'Connor, M., Miles, G., Klein, B., and Schattner, P. (2009) After Hours Palliative Care Provision in Rural and Urban Victoria, Australia. <i>Asia Pacific Journal of Health Management</i> . 4(1). (in press)						
3. Peer reviewed journal article (2)						
Tan HM, O'Connor MM, Miles G, Klein B, Schattner P. GP and nurses' perceptions of how after hours care for people receiving palliative care at home could be improved: a mixed methods study . BMC Palliat Care. 2009 Sep 14;8:13.						
4. Brochure						
About After Hours Care: Information for Clients of Palliative Care Services. Available through Palliative Care Victoria at info@pallcarevic.asn.au or from their website at: www.pallcarevic.asn.au .						
5. Web version of teaching tool						
The Multi-disciplinary Team and After Hours Palliative Care: A resource for enhancing after hours care for						

people in the community receiving palliative care. Accessible at: www.med.monash.edu.au/ahpc

6. Published report

What happens after dark? Improving “after hours” palliative care planning in urban and rural Victoria, for patients, their carers and health professionals. Authors: Prof Margaret O’Connor, Dr Heather Tan. Published by Monash University 2009. ISBN 978-0-7326-4009-5.

Topics (Admin only)

**After hours and on call services,
Information management,
Service processes**