Overview of the PA Toolkit Model of Care

Hi, my name’s Deb Parker. I’m an Associate Professor in the School of Nursing, Midwifery and Social Work at The University of Queensland and Director of The University of Queensland / Blue Care Research and Practice Development Centre. I specialise in palliative and aged care research, nursing practice and workforce development.

Since 2009, I’ve been involved in leading and consulting on projects to develop, pilot test and roll out across Australia the Residential Aged Care Palliative Approach Toolkit, which I’ll refer to as the PA Toolkit in this video.

Let me give you a brief overview of the model of care underpinning the PA Toolkit.

Known as the Palliative Approach Trajectories Framework, I began developing this model of care in 2009 to help residential aged care staff better incorporate into day-to-day practice the key recommendations as set out in three Australian evidence-based best practice guidelines:

- The Guidelines for a Palliative Approach in Residential Aged Care,
- Pain in Residential Aged Care Facilities: Management Strategies, and
- Therapeutic Guidelines: Palliative Care.

Let’s look at the framework diagram so that I can highlight some key features in this Australian-based model of care.

The framework uses estimated prognosis to assign all new and existing residents to one of three trajectories. You’ll see here that each trajectory is represented by a column in the framework diagram.

Each prognostic trajectory is associated with a key clinical process.

If a resident has an estimated prognosis of more than 6 months, then they would be assigned to the first trajectory – Trajectory A. Here, the key clinical process is advance care planning. It’s important that all new and existing residents be able to discuss and document their preferences for future care as part of an ongoing advance care planning process. For new residents, this could be commenced as part of your admission process or at least within one month of the resident moving into your facility. For existing residents, advance care planning can be included as part of your regular care planning and review practices.

If a resident has an estimated prognosis of less than 6 months, Trajectory B – the second column in the framework diagram – is appropriate. Conducting a palliative care case conference is the key clinical process for Trajectory B.

Residents assigned to Trajectory C – the third trajectory – have an estimated prognosis of less than one week. Here we recommend using an evidence-based end of life care pathway to guide care delivery. Remember, in the terminal phase of a resident’s life, your focus should be on ensuring the resident’s comfort and supporting their family.

The arrows between the columns in the framework diagram indicate that a resident can ‘move’ between the prognostic trajectories if their condition changes.

You’ll find detailed information about each trajectory and its associated key clinical process in the PA Toolkit Learning Modules.

All of the clinical, educational and management resources in the PA Toolkit are designed to help you integrate the PA Toolkit model of care within your facility. I encourage you to take some time to explore the PA Toolkit website to become familiar with these resources and how to use them to promote optimal care for your residents and their families.

It’s important to remember that the trajectories framework is not about getting a resident’s prognosis absolutely correct. Instead, it’s about using estimated prognosis to guide your clinical processes and subsequent day-to-day care practices within a framework that supports a proactive, systematic, resident-focused and multidisciplinary care team approach.