Yarra Ranges Health Palliative Care

Fiona McLeod
Clinical Nurse Consultant/Manager
YRAPC
25 Market St Lilydale 3140
8706 9655
fiona.mcleod@easternhealth.org.au

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Introduction

Session objectives:

- Illustrate the clinical benefit of ambulatory palliative care service delivery by reflecting on current literature
- Demonstrate the client journey through a short case study
- Look at some of the challenges and achievements of the YRHPCC

Palliative Care at Eastern Health

- Hospital consult service at BHH, MH and AH:

  4 Clinical Nurse Consultants

  Palliative Care Physicians

- Wantirna Health palliative care unit – 30 beds

  2008 (Medical, Nursing and Allied Health)

- Yarra Ranges Health Palliative care - multidisciplinary outpatients service 2008

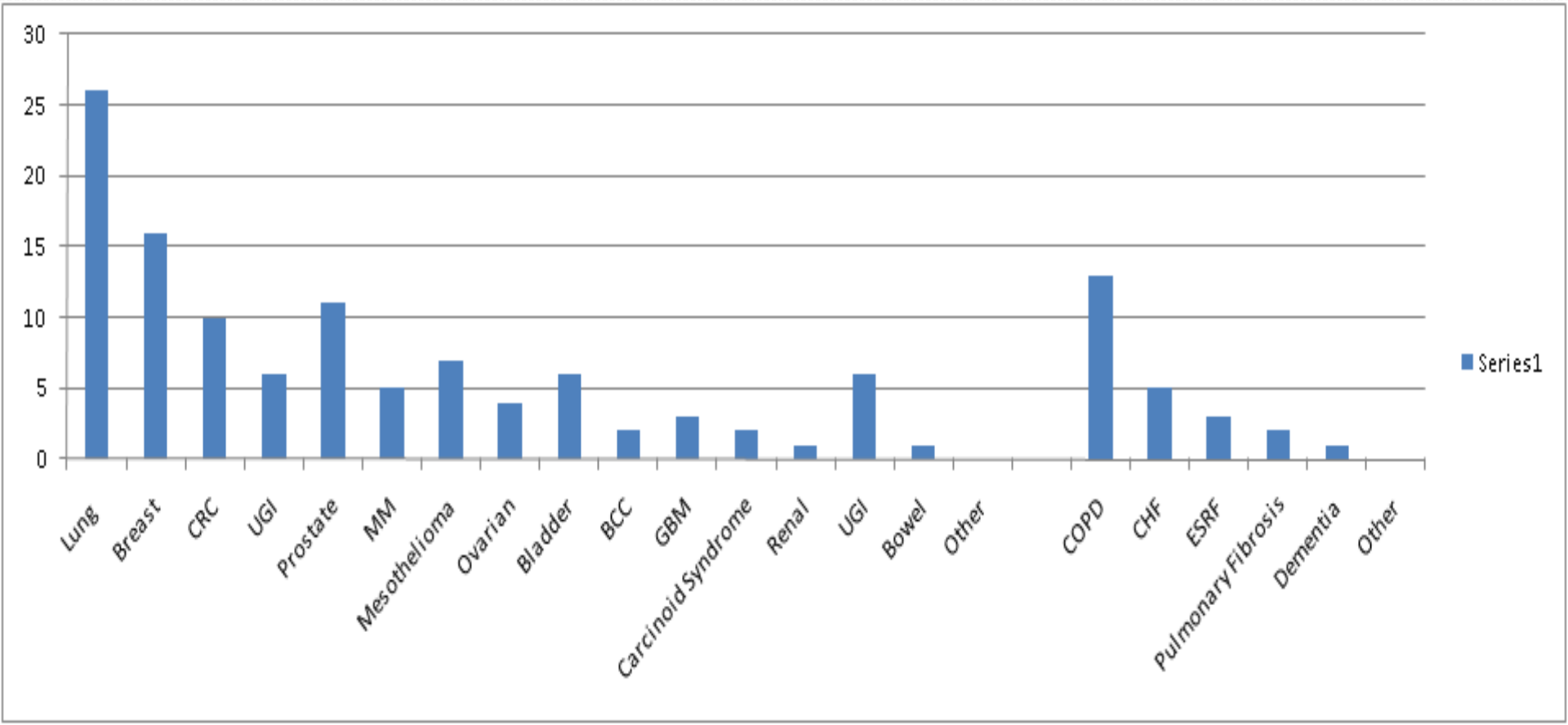
YRH Palliative Care

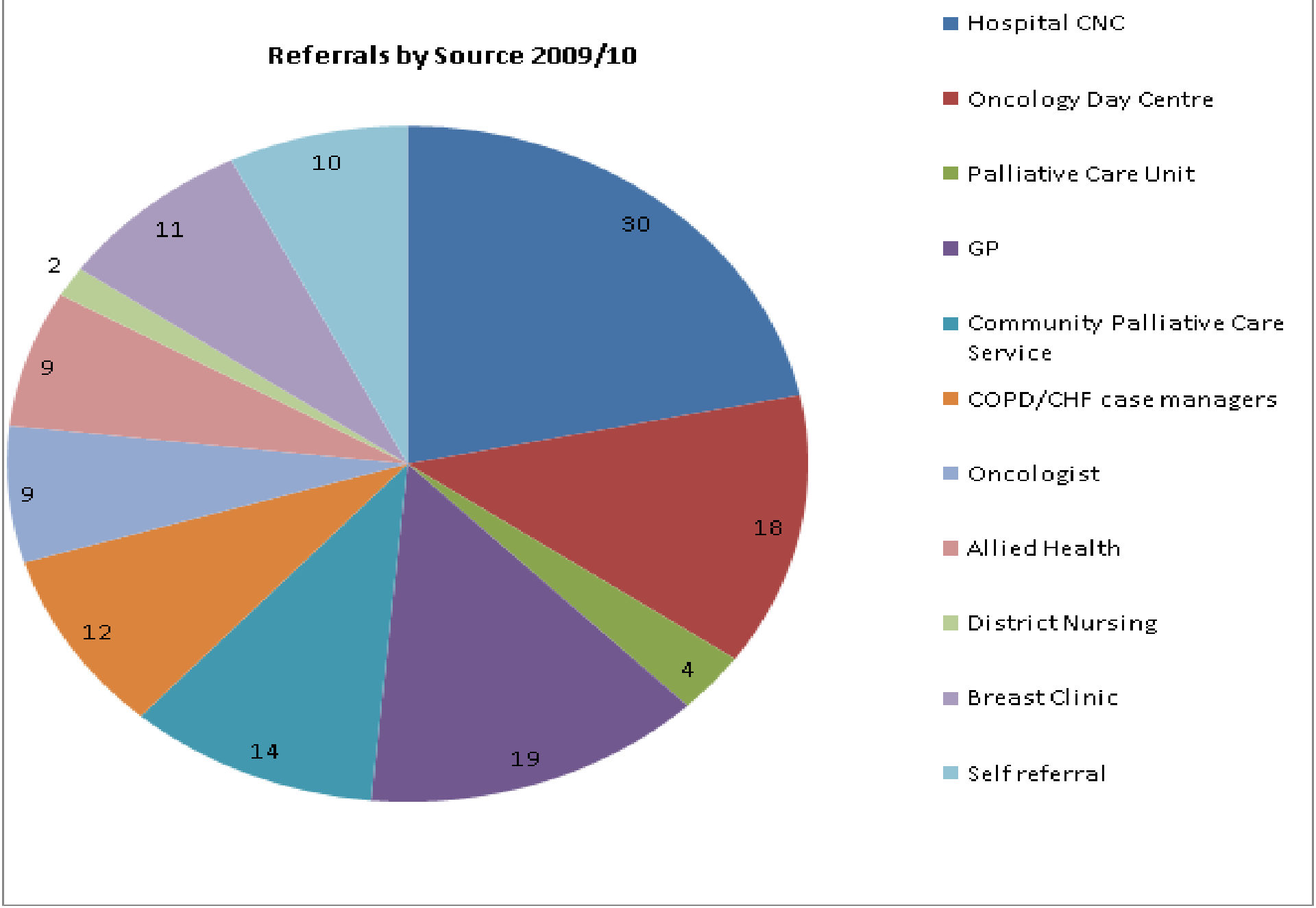
- What does the literature say:
- Oliver 2004 – allows for wider perspective on clients problems and concerns, and demonstrates practically and in a concrete way the team working together to meet client care goals. He further identifies that “interestingly this approach may allow introduction of a discipline in a non threatening manner”.
- WHO – stresses the value of early palliative care intervention.

What the literature says:

- Outpatient clinics new frontier for palliative care (Meler and Beresford 2008)
- Outpatient clinics promoted for early palliative care (Porta Sales et al 2005)
- Initial reports indicate benefits in clinical parameters, QOL scales (Porta Sales et al 2005, Folwell et al 2005, Meler D and Beresford 2008)and efficacy of resources (Porta Sales et al 2005)
- Need for more published information on outpatient clinics (Porta Sales et al 2005, Folwell et al 2005 , Meler D and Beresford 2008)

So who do we see?




Referrals by Source 2009/10
30
18
4
19
14
12
9
2
11
10
Hospital CNC
Oncology Day Centre
Palliative Care Unit
GP
Community Palliative Care Service
COPD/CHF case managers
Oncologist
Allied Health
District Nursing
Breast Clinic
Self referral

Client journey at the clinic

- Greg – Referred to the clinic in December 2008 using SCTT
- He lives with his wife who cares for him and her elderly mother . Greg is aged 55 and was self employed. 3 adult children (20 , 23 and 27) Two still at home.
- Diagnosed with SCC has metastatic spread.
- Referred from inner city hospital based consultancy service (not EH)
- **On receipt of referral:**
- First contact with the clinic is through the CNC who triages the referral with the client and referral source.
- First visit to the clinic – Multidisciplinary assessment time allocated 90 mins .
- Needs assessment conducted, care plan agreed with input and consultation with Greg and his wife

Client journey at the clinic

YRHPC clinic team members involved in Jacks care:

- Occupational therapy
- Social Work
- Medical – regular reviews
- Nursing
- Music Therapy
- Support group involvement

Community Referrals:

- EPC – community based palliative care
- GP
- RDNS – wound care
- Communication with specialists – Inpatient Acute/Oncologist

YRHPC Clinic Achievements

- Involved in Supportive Care Project - EH/NEMICS
- **Established a palliative care support group for clients and carers**.
- Identifying gaps in the model and addressing these: Bereavement, ACP, client care team review and documentation
- Poster Presentation at PCA conference in 2009 – S O'Neill
- Involved in ongoing education and promotion of palliative care within EH and externally
- Involved in DHS data collection around activity provided at the clinic to establish a model of care to attract appropriate funding.
- Presentation at the Victorian Integrated cancer Services Supportive Care Conference – K Brookshaw

YRHPC - Challenges and the future

- New service
- Referrals
- Research opportunities
- Nurse Practitioner Palliative Care.
- Maintaining funding
- Client advocacy
- Communication amongst the wider palliative care service sector
- Ongoing community education in palliative care
- Ongoing education of health professionals
- Improving access
- Expansion of the clinic to other sites

YRHPC – multidisciplinary team

- Scott King – PCP (0.1 EFT)
- Kim Brookshaw – OT (0.7 EFT)
- Anneliis Way – MT (0.4 EFT)
- David Rogers – PCP (0.1 EFT)
- Fiona McLeod – CNC/ Manager (0.8 EFT)
- Michael Chapman – CNC – consultancy service AH/HH/PJC/WH (0.8 EFT)
- Fiona Wiseman – SW (0.5 EFT)
- Emma Upton (VAA – Valuable Admin Assist 0.2 EFT)

Conclusion

- Collaboration
- Choice
- Improving access
- Early palliative care intervention


Thank you
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References

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