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Improved experiences of care: a pilot of a Nurse Practitioner-led model

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QUT Queensland University of Technology

Flinders University

The University Of Queensland
AUSTRALIA

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Acknowledgement

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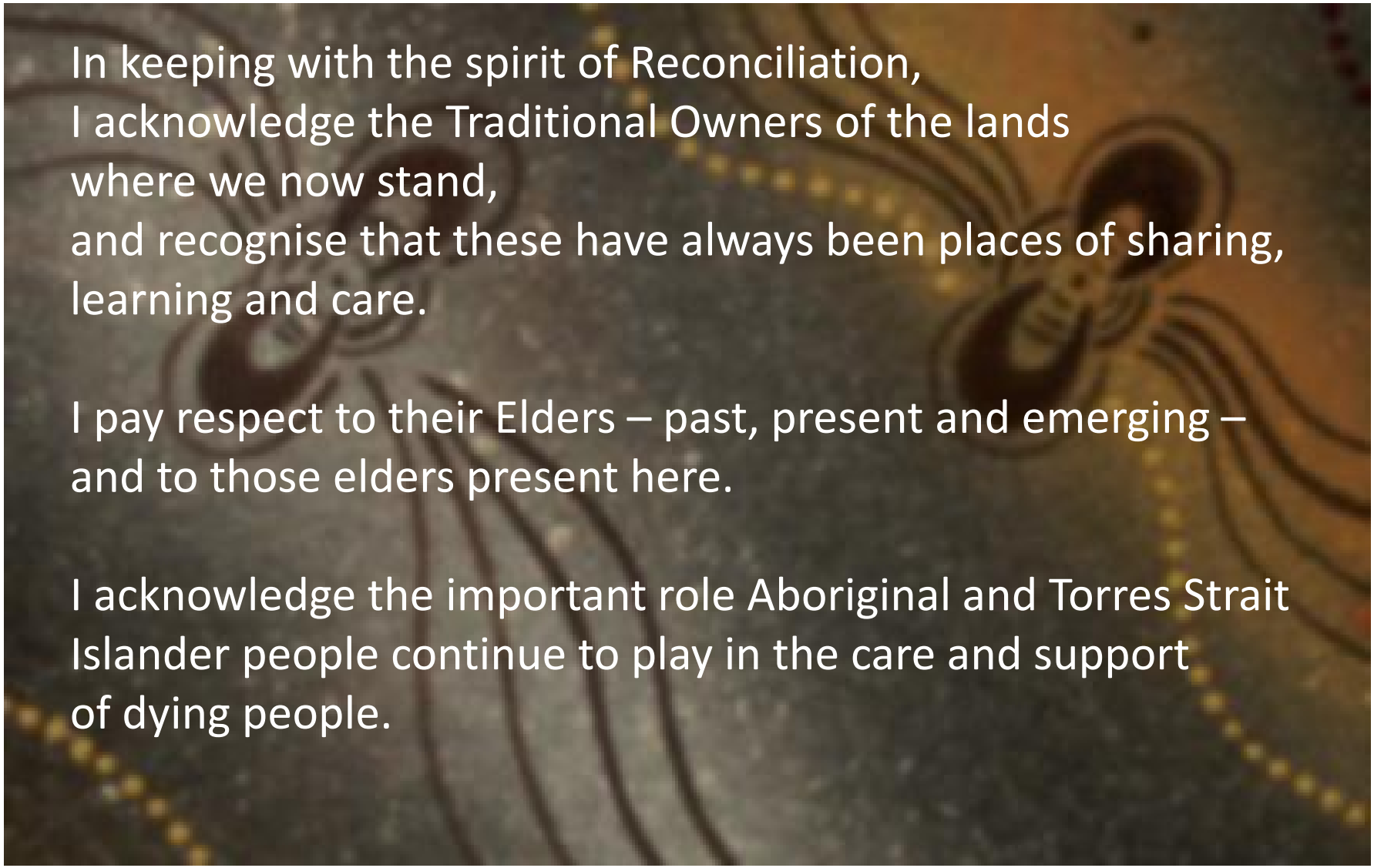

In keeping with the spirit of Reconciliation,
I acknowledge the Traditional Owners of the lands where we now stand,
and recognise that these have always been places of sharing, learning and care.

I pay respect to their Elders – past, present and emerging – and to those elders present here.

I acknowledge the important role Aboriginal and Torres Strait Islander people continue to play in the care and support of dying people.

Vivian Bullwinkel Award for Best Abstract

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"In memory of Australian Service Nurses
whose supreme sacrifice, courage and devotion
were inspiring to those
for whom they so willingly risked their lives.
Their memory will also be our sacred trust."

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The BASIC-NP Project

Better **A**ssessment, **S**upport and **I**nterdisciplinary **C**are – **N**urse **P**ractitioner

Prof. Geoff Mitchell, UQ
Dr Hugh Senior, UQ
Mr Michael Bibo, UQ
Dr Laura Deckx, UQ
Ms Sharleen Young, UQ

Prof. Patsy Yates, QUT
Dr John Rosenberg, QUT

Ms Blessing Makoni NP,
Southern Cross Care

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Background:
Improved experiences of care

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- Ageing population:
  - By 2026, people >65 are projected to increase from 12% to 22%
  - Increase in chronic and life-limiting illnesses
  - Increase in death rates
- Specialist palliative care services do not currently have the capacity to support all deaths
  - Not all deaths require specialist direct service provision
  - The primary care setting is where most EoLC takes place
- Rural areas have particular issues in EoLC
  - Travel, after-hours support, family and social support

The BASIC-NP Project – Aims

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- Increase the frequency of early completion of **Advance Care Plans**
- Improve the delivery of **coordinated services** to palliative patients at home
- Decrease palliative patients' need to use **after hour emergency services**
- Increase **confidence** levels of patients and their carers to remain at home
- Increase **case conferencing** and **multidisciplinary approaches** to address the health care needs of palliative patients requiring or returning from hospital or hospice facilities
- Increase knowledge and confidence levels of clinicians in **primary care settings** to manage palliative care patients

NP-led model of care

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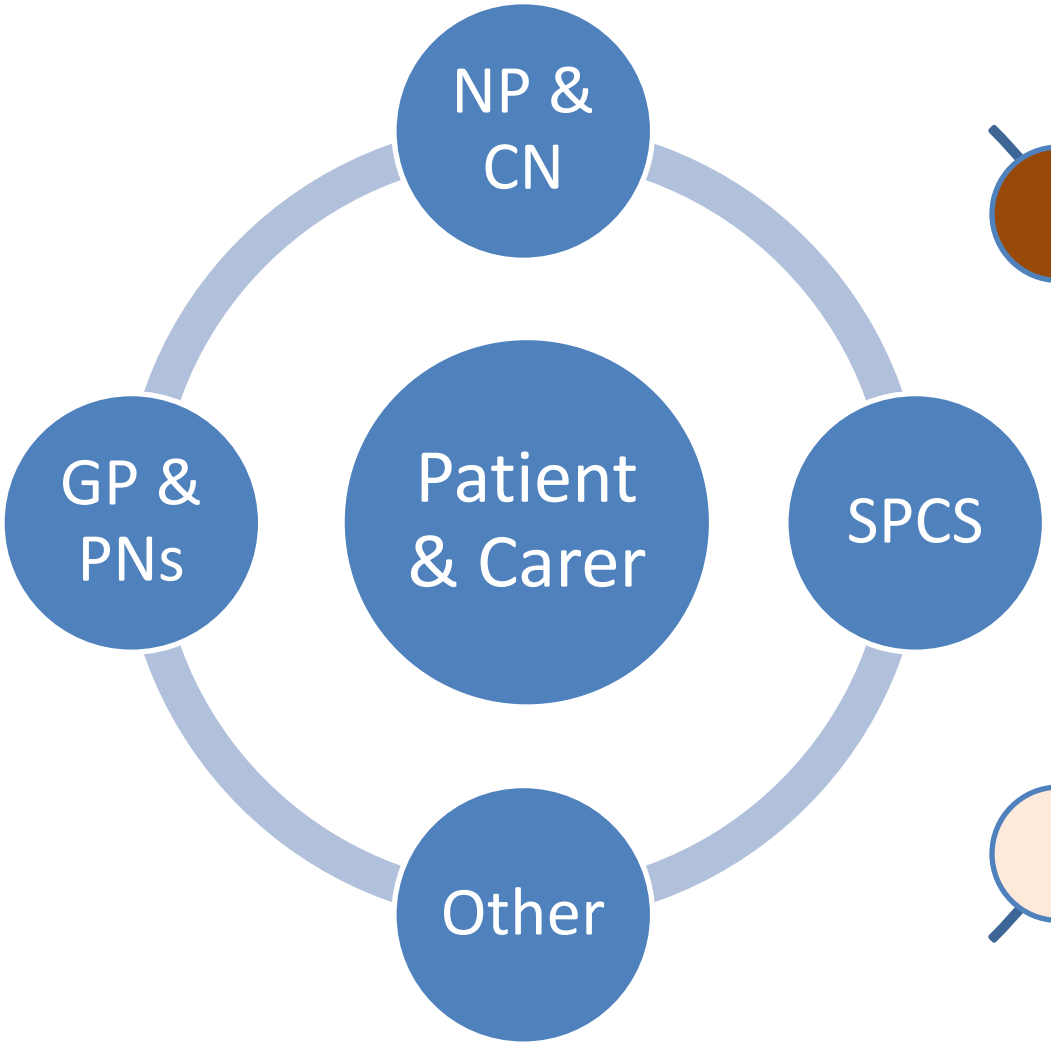

- Clinical assessment
- Care plan started
- Case conference
- Follow up visit
- Coordinated care

PEPSI-COLA

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Domain	Issues to consider	Domain	Issues to consider
Physical	Symptom control Rationalise medicines	(Personal) **C**ontrol	Choice, ACP, treatment options, place of death
Emotional	Assess expectations Mood, adjustment, relationships	**O**ut of hours/ emergency	After hours care, carer support, essential treatments in place
Personal	Spiritual needs, QoL, Personal agendas	**L**ate	Treatments/comfort at EoL Patient and family awareness
Social Support	Benefits/financial, Care for carers, Practical support	**A**fterwards	Bereavement follow-up Assessment Audit of support team
Information sharing	Within care team To/from patient To/from carers	**http://www.caresearch.com.au/**	

Inclusion/exclusion criteria – patient/carer dyads

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Inclusion:

- Home-dwelling patients with advanced disease or frailty, and with an informal carer providing care and support
- Registered with a GP
- Residing within rural catchment of health service
- Agreement of GP to participate in case-conference
- Answer to the 12-month *surprise question* is “No”

Exclusion:

- Death likely within 1 month
- Unable to provide informed consent
- Unable to comprehend spoken English

Procedure

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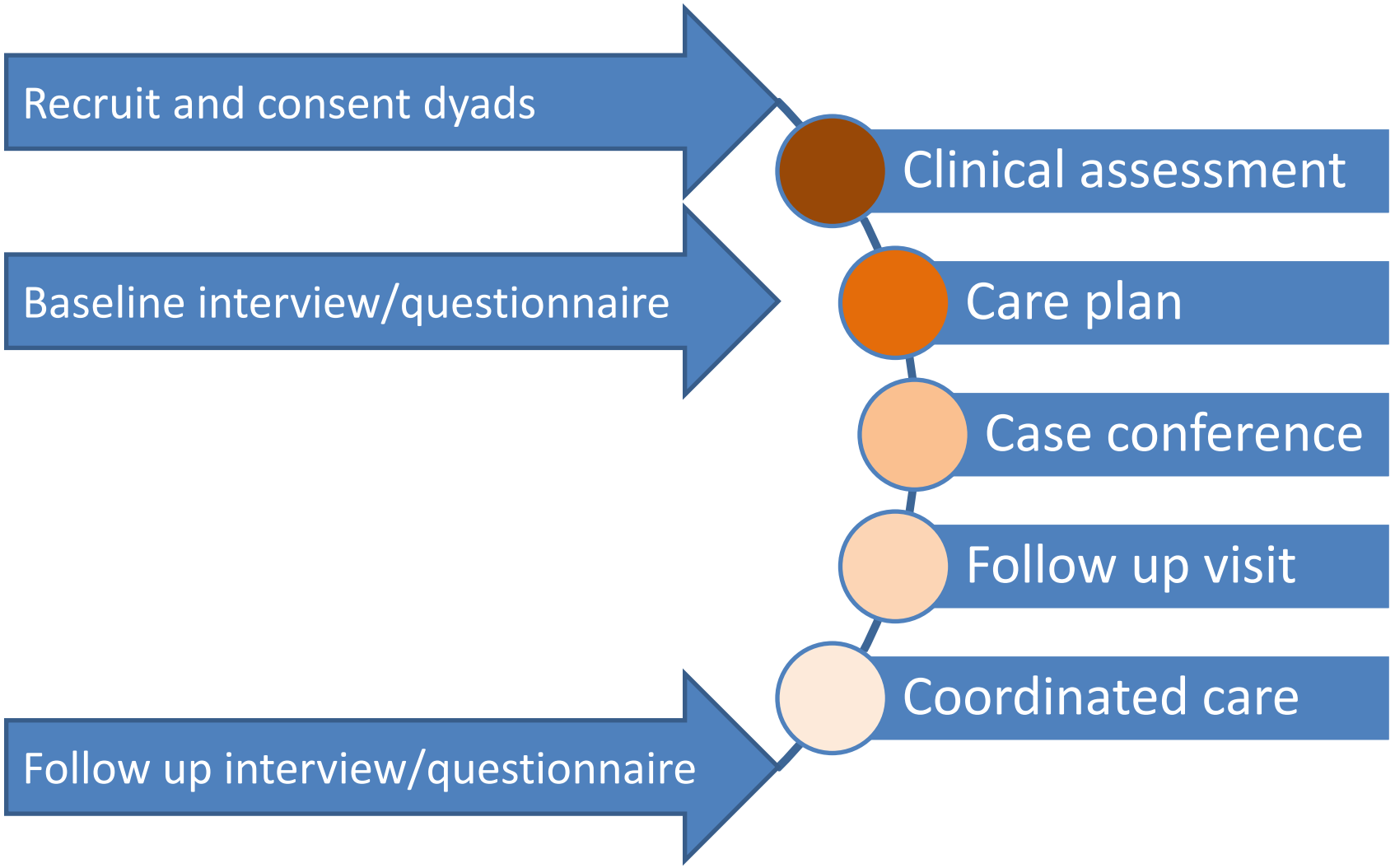

Findings

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- **Data collection:**
  - Interviews in home settings of care
  - 6 patient/carer dyads at baseline
  - 3 patient/carer dyads at one month, following case conferences between GP, NP and others
- **Data management and analysis:**
  - Coded using NVivo™
  - Analysis of recurring themes utilising evaluation objectives as an analytical filter

Theme 1:
Impact of illness

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What's most important to you in managing your health?

I don't want to be such a handful to everybody. I just don't want to be a handful to everyone.

I'm carrying the whole lot like on myself, sort of thing.

Like sometimes I feel like it's up to me to figure out how to fix dad and I don't want to let him down obviously but sometimes I feel like I'm going to.

Theme 2:
Nature of support services

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So [NP]'s a lot easier to access than your GP?
Yeah. Yeah, and she always answers the message – sometimes you put a message to somebody you never hear from them again. But she always replies. Very helpful.

So what do you think is most important, what do you think are the most important things in managing [patient's] health?
To reach professional help quickly when need be, that's my biggest worry, yeah.

Theme 3:
Outcomes of case conferences

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In the last month since [NP] got involved, how have things been with the health care you've received?

Pretty well I think. It's been a lot easier since [NP]'s been on the … there's a lot less stress involved with it.

She's sort of organised the doctors and things like that, and all those.

She's been organised a fair bit … health care directive too, she organised all that for me and all that stuff.

Just the whole process is working a lot better.

Theme 3:
Outcomes of case conferences

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… we'll be able to speak to the one person – like when we go into this GP he's going to know the medications that dad's on and he's going to know who to contact if something doesn't add up.

He's going to have an open line of communication with myself and all the other people that are looking after that to sort of harmonise everything and to make it all work … instead of having all these different teams for all these different things – everybody working together like in this one thing for this one person.

Summary of themes

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- Significant impact of illness and care needs
  - Patients felt like a burden
  - Carers felt stressed and sometimes overwhelmed
- NP role provided responsive, reliable support
- Case conferences and NP's role in them
  - Coordinated care decreased stress
  - Single point of contact, open lines of communication

Patient/carer experiences

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- Carers knew what to do in a crisis as all resources required to manage the crisis were in place
- SCC was preferred after-hours service
  - Most after-hours work managed over the phone
  - Burden on staff was manageable
  - Calls were clinically appropriate
- ↑ confidence levels of palliative patients and their carers to remain at home, particularly through improved symptom management and NP availability

Professionals' feedback

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- Process issues:
  - Well organised, well-received
  - Time consuming – planning, travel
  - Face-to-face vs phone/Skype
- Case conference issues:
  - Comprehensive, user-friendly, informative (PEPSI COLA)
  - Very time-consuming

the gold standards framework®

In a nutshell

Professionals' feedback

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I think patients' **social and community needs are better identified** since home visits done by the palliative care nurse. Palliative care nurse can help patients to **get better or more community help**. Patients and their issues are also **looked at with fresh eyes** and **some suggestions are quite useful**. (GP)

Better patient outcomes, increased **training opportunity** for staff, better **multi-disciplinary communication**, **better communication and understanding for the family**. (RN PN)

NP-led, coordinated model of care

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- Provided comprehensive clinical assessment
- Enabled coordinated, interdisciplinary care through case-conferencing and improved communication between primary care providers and specialist services
- Identified need for Advance Care Planning
- Decreased use of after-hours emergency services and carer stress regarding it
- Improved patient and carer experience including knowledge and confidence

NP-led, coordinated model of care

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- Resource issues:
  - Follow up consultations by NP optimal but not always possible
  - After-hours support reassuring, not needed often, averted hospitalisation when used
  - No weekend cover for home care – RACF covered phone back up, anticipatory planning effective
  - NP payments could not cover actual costs inc. travel, phone consultations, case conferencing
  - Challenges of systems-level savings rather than organisational savings
  - Questions about sustainability arose

Where to from here?

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- Demonstrated clinical effectiveness in improving experiences of end-of-life care
- Opportunities for innovation: “If there’s no more money, are we doing the right thing?”
- Growing body of knowledge in the published literature regarding primary care settings
- Further studies into models of care in these settings being planned by the CRE-ELC and others
- Models of care require robust evaluation and will inform strategies to improve sustainability

Acknowledgements

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www.creendoflife.edu.au

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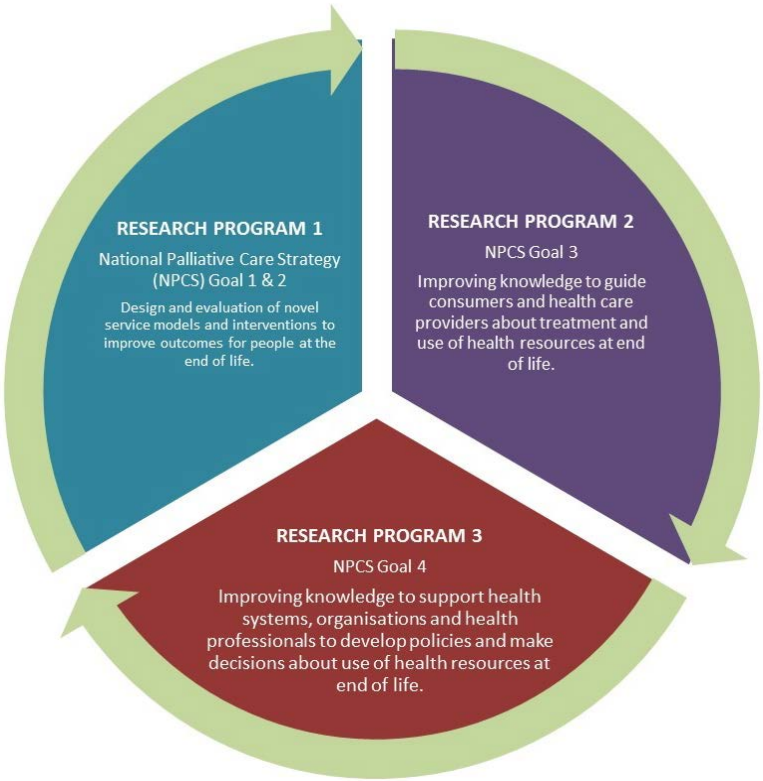

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