Comprehensive Evidence-Based Palliative Approach in Residential Aged Care

Executive summary

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Encouraging Best Practice in Residential Aged Care Program

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Project Overview - CEBPARAC

The aim of this project was to implement and evaluate a comprehensive evidence based palliative approach in residential aged care.

The objectives of the project were to:

1. Translate existing evidence based guidelines (palliative care and pain management) into policy and practice (including documentation).
2. Provide education to all nursing and care staff at all levels working in the RACFs using existing training materials.
3. Establish, train and support link nurses in each RACF.
4. Promote the use of existing GP on-line training modules to support GPs in providing a palliative approach to residents in their care.
5. Implement the BSPCC Residential Aged Care End-of-life Care Pathway (RAC EoLCP) for residents requiring terminal care.
6. Develop a palliative care case conferencing learning resource (DVD and hard copy) for residents and family members, nursing staff and GPs.
7. Develop from existing training modules a self-directed learning module for Link nurses.

The project was conducted in nine RACFs, across four states (New South Wales, Queensland, South Australia and Western Australia). These facilities represented not-for-profit, private and government-operated organisations. Facilities were based in metropolitan (n=5), outer metropolitan (n=2), and regional areas (n=2). Number of beds per facility ranged from 48 to 130 beds. All facilities catered for high care residents with two facilities also caring for low care residents. No facilities reported a significant level of cultural diversity in their residents

What was done

The evidence utilised in this study included:

- Guidelines for a Palliative Approach in Residential Aged Care – Enhanced Version – May 2006
- Pain in Residential Aged Care Facilities: Management Strategies – August 2005

The evidence implementation model was based on National Institute for Clinical Studies (NICS) recommendations of implementing evidence into clinical practice. In short this included understanding the local context, translation of guidelines into a model of care based on six key domains of clinical practice and identification of resources required for implementation. Where, in this instance not all resources were available these were developed. A Toolkit of resources was designed to implement the comprehensive palliative approach.

Pre-Implementation

The project was a pre/post design. Pre- implementation evidence concerning the current provision of a palliative approach in the nine facilities was collected. This included an environmental readiness audit, survey of staff knowledge and confidence, chart reviews of recently deceased residents and interviews with next of kin/legal guardian of deceased residents.

Implementation

Implementation included extensive education for all levels of staff as well as engagement with key stakeholders such as General Practitioners and specialist palliative care services. Link

nurses from each facility were identified and provided with 4 training days on the new model of care.

Residents who required a palliative approach were identified by clinical staff and this was confirmed by the resident's General Practitioner. Residents and/or their next of kin were consented to the project. Once consented, a palliative care case conference was convened and at this conference a comprehensive palliative care plan was devised using the new model of care. At monthly intervals a specialist palliative care nurse reviewed each resident and staff care plans were reviewed and adjusted as necessary. For those residents who became terminally ill they were commenced on the Residential Aged Care End of Life Care Pathway.

Post Implementation

At the completion of a six month implementation period data that allowed comparison with pre-intervention data was collected. This included a repeat of the survey of staff knowledge and confidence, chart reviews of residents who had participated in the implementation and interviews with next of kin/legal guardian of these residents.

What was achieved?

This project has been successful in implementing a comprehensive evidence based palliative approach in residential aged care. Achievements are numerous and outlined in detail in the the main report.

Impact for residents and families

- Demonstrated improvements in the clinical care of residents such as symptom management, communication with families, advance care planning, bereavement care, referrals to specialist services (palliative care, pain management) and care in the final days of life.
- Demonstrated improvement in satisfaction from carers in regard to communication particularly with the General Practitioner via attendance at a palliative care case conference. Promotion of the project via resident committees, brochures and newsletters has also provided opportunity to build consumer confidence in how aged care facilities support dying residents and their families.

Impact for staff

- Demonstrated improvement in knowledge and skills of staff in providing a palliative approach. This has been achieved using the educational resources developed for the project as well as existing resources. In addition role modelling of clinical care from specialist palliative care nurses has significantly enhanced skills in how to organise and facilitate a palliative care case conference and implement an end of life care pathway.

Resources Available

Following implementation and extensive feedback from all key stakeholders the final Toolkit has been revised. The box below details the contents of the PA Toolkit.

Three modules:
(1) Integrating a palliative approach for managers (guidelines, standards, ACFI, quality control, staff education, role of link nurse);
(2) Key processes in a palliative approach (advance care planning, palliative care case conferences, end of life care pathways); and
(3) Clinical care (pain, dyspnoea, nutrition and hydration, mouth care, and delirium. The clinical care modules will break down sections into a "see, say, do, write and review format".

See: Recognition and assessment
Say: Report assessment
Do: Manage symptoms
Write: Document your actions
Review: Evaluate and re-assess as necessary

Education products:
(1) 2 DVDs:
"All on the same page" (Developed by the project)
"Suiting the needs"(Existing Palliative Care Australia resource)
(2) Three self-directed learning packages (these packages will utilise case studies from the two DVDs):
(a) Nurse (RN/EN introduction);
(b) Nurse (RN/EN advanced); and
(c) Care staff (Introduction)
(3) A Calendar of Posters that can be rotated to cue key messages of a palliative approach.
(4) Five educational flip charts: The presentations are mapped to the clinical care topics and target care staff.
Also included in the PA Toolkit is a copy of:
(1) Therapeutic Guidelines: Palliative Care version 3 (Existing resource)
(2) Palliative Care Australia Standards (Existing resource)
(3) Brochure – Now What? Understand Grief (Existing resource)
(4) Brochure – Understanding the Dying Process (Existing resource)
(5) Guidelines for a Palliative Approach in Residential Aged Care – Enhanced Version (Existing resource)

What Can Be Adopted in Other Services?

The time and labour intensive aspects of developing an evidence based palliative approach have been completed as part of this project. The final product the Palliative Approach Toolkit provides the templates and resources required to implement a palliative approach and staff have been upskilled in the use of the model of care. This model was designed to build capacity within the RACF using the existing funding available to RACFs. The model developed was integrated into existing service delivery within the RACF, no new staff members were required for this model to be used. The involvement of the staff within each RACF in the implementation provided the transition required to embed the model within usual practice.

A range of strategies for sustainability are embedded in the final product. These include:

- The model can be integrated into existing service delivery within the RACF, no new staff members are required for this model.
- Educational resources such as self directed learning packages linked to high quality DVDs for all staff levels. These learning packages can be completed by new staff but also used by existing staff. The introduction and advanced package for registered and enrolled nurses attracts continuing professional development points.
- The key processes that are the feature of the model of care are linked to existing funding mechanisms such as ACFI and Medicare Items for General Practitioners.
- Where possible the caresearch website is referred to for information that is likely to change within the space of the next 5 years. This is specifically regarding advance care planning legislation.

In conclusion the implementation across all RACFs in Australia of this model of care is possible with the production of the Palliative Approach (PA) Toolkit which outlines a step by step approach for each RACF to implement the model with the resources provided.