Project Name: Partnering with Rural Communities to Improve Access and Education in Palliative Care

Reporting Period: December 2004 – May 2005

Funding Period: October 2003 – May 2005

Organisation: University of South Australia – Discipline of Nursing and Rural Health

Executive Summary

1. Background

The two year project aims to increase awareness of the general public on Palliative care services, increase understanding and knowledge of health professionals about Palliative care and improve knowledge and skills of caregivers to better cope with caring for their loved ones with life limiting conditions. The University of South Australia, Discipline of Nursing and Rural Health and the South Australian regional health services are working in partnership to sustain a good Palliative care service beyond the life of the project.

Target Group: General community, clients and caregivers and health professionals.

2. Project Objectives (What we planned to do)

What the project was trying to achieve?
The objectives of the project are:

- To conduct Palliative Care community information sessions with partner organisations;
- To conduct focus groups for volunteers and carers of people with life limiting conditions;
- To conduct health professional information sessions;
- To interview carers/ex-carers/clients and health professionals regarding their experiences on caring for a person with a life limiting condition;
- To conduct data analysis; and
- Develop a Palliative Care Plan modelled from the Medical Director for use in client's home.

3. Methodology/Description (What we did)

Key people from partner organisations in conjunction with the project team conducted community information sessions. The organisations were involved in the planning and implementation stages.

Key contact people to network within own community to determine content for information sessions and engage people to participate in the community information sessions. Each information session was tailored to the community's need and topics covered in the session were: the palliative care approach, role of the team members, referral process, activities of daily living, oxygen and equipment, bereavement support, palliative care in the outreach setting, medical directive, volunteers, emotional and spiritual support, pain and symptom management, complimentary therapies, funeral arrangement, preliminary findings from the project, question time and evaluation.

Palliative information sessions for culturally and linguistically diverse groups to the Indigenous community serviced by Pika Wiya Health Centre and other rural communities.

Volunteers and Carers of people with life limiting conditions were invited to participate in focus groups.

Careworkers and health professionals were invited to attend information sessions.

Clients, caregivers, health professionals, volunteers, pastoral workers involved with people with life limiting conditions were interviewed.

To assist in data analysis, interviews were transcribed to audiotapes, data was coded and analysed using Qualitative Solutions Research 5th revision.

A palliative care plan modelled from the Medical Director template was reviewed by the steering committee members. It was trailed by one palliative care coordinator who stated that Palliative care plans were not being signed by doctors. It was identified that there is a need for a comprehensive Palliative care assessment plan to be used by various rural regions.

4. Results (How it went)

70 evaluation forms were completed after the community information sessions. The majority of respondents were satisfied with the information provided in the sessions and stated a better understanding of palliative care was gained. Many requested more sessions and some asked for scenarios to be included in future information sessions.

75 Interviews were conducted with carers, ex-carers, health professionals, health workers, clients, volunteers and pastoral workers. Gaps in the palliative care service were identified. Clients commended the support and care provided by the palliative care teams.

5. Discussion (What lessons were learnt)

Sharing information with key stakeholders in Palliative Care Projects creates a greater awareness of the project activities.

Providing information and support to the carers in the community has created a greater awareness of palliative care in the communities involved.

The health regions continue to support the project activities by being involved in the community information sessions and the health professional sessions.

Volunteer's involvement in caring for the people in the community was recognised and supported by the project.

Consultation with stakeholders/steering committee members promotes project activities in their own regional communities.

Ownership for community information sessions was taken by Palliative Care teams in their regions.

Community members and health professionals involved in the project continue to advocate for the regional palliative care services.

There is more open communication, improved networking, linking between health services and through participation in the on-line discussion group on palliative care issues by palliative care workers adds to sustainability.

6. Conclusion

Through this research we have come to understand the emotional needs of rural clients and caregivers and what it means to be cared by a love one during a life limiting condition. Through our direct contact with such individuals, we have been able to listen to their concerns and provide support to them. We have shared this knowledge with the palliative care teams, health professionals, volunteers and communities to better inform them of some of the unique needs of rural people.