



Enhancing palliative care in Residential Aged Care Facilities

Building capacity to provide quality end-of-life care

What?

Lack of consistent quality palliative care in Residential Aged Care Facilities (RACFs) in Australia has been recognised as an issue of concern, most recently noted during the Royal Commission in Aged Care Quality and Safety. By providing focused clinical and educational support to RACF staff, COORDINARE has improved palliative care for the residents of a selection of RACFs within South Eastern NSW, through the Enhancing Palliative Care in Residential Aged Care Facilities in SENSW project. Building the capacity of RACF staff to provide appropriate palliative and end-of-life care for their residents has been shown to result in significant benefits, not only for the residents and their families, but also for aged care providers and the health system more broadly.

Why?

As the South Eastern NSW Primary Health Network, COORDINARE supports primary care in our region to be consumer-centred, accessible, safe and of high quality. While Local Health Districts are able to offer some palliative care support to RACFs in their regions, high demand and limited resourcing levels mean the focus tends to be on people living in the community.

Good palliative care can be achieved through identifying residents approaching end-of-life, appropriate planning and symptom management. Unfortunately, RACF staff may not always have the necessary skills and confidence to manage palliative care on-site. As a result, RACFs often choose to transfer deteriorating residents to hospital where they believe the resident's needs can be better managed.

Providing consistent palliative care support for RACFs increases the capacity of residential care staff to provide appropriate and timely end-of-life care, reducing the symptom burden in residents and improving the death and dying experience. As RACF palliative care capabilities improve, the need to transfer residents to hospital for end-of-life care diminishes, leading to a reduction in both the rate of hospitalisation and the length of hospital stays.

How?

With funding support from COORDINARE, Palliative Aged Care Consultancy Services (PACCS) offered targeted palliative care education and support to 17 RACFs throughout the South Eastern NSW region. The principal component of the project was regular on-site Clinical Needs Rounds – a recognised intervention by specialised palliative care clinicians to identify residents who are deteriorating and ensure that their physical and emotional care needs are being met.

The Needs Rounds (held for one hour either fortnightly or monthly) were facilitated by the PACCS Clinical Nurse Consultant (CNC) and attended by key RACF staff. The Rounds focused on identifying residents at risk of dying who may not have an adequate palliative care plan in place, and the CNC and RACF staff would discuss together with the resident their palliative care needs. The CNC then supported the RACF staff to liaise with the GP, allied health professionals, and other primary care providers as required. A report outlining the need for the assessment and management of pain and other symptoms was also generated for each resident's GP.

To complement the Needs Rounds, Master Classes were offered to teach palliative care theory, which RACF staff were encouraged to put into practice in their own facilities. Topics included identifying the deteriorating resident, communication (including family conferencing and having difficult conversations), and pain assessment and management. Two full-day workshops on palliative care for aged care workers were offered for those RACFs not receiving the Needs Rounds.

Outcomes

RACFs:

Enhanced
care culture



Improved
level of service for
residents



Greater awareness
of palliative care as
core business for aged
care



Staff:

Improved
palliative care
knowledge and skills



Increased confidence
to identify residents
in need, and to
provide palliative care
intervention for those
residents



Increased ability and confidence
in having sensitive
conversations and
liaising with GPs



Residents and families:

Better quality
of death and dying,
with greater symptom
control and an
increased level of
comfort



Fewer
hospital admissions
and presentations
to the Emergency
Department



Increased
number of residents
who are able to die in
their place of choice



Case study: 'Inasmuch' RACF, Shoalhaven region, NSW

Inasmuch Community Ltd, a small not-for-profit RACF in Sussex Inlet, was a keen participant in the project, taking up the offer of both Clinical Needs Rounds and Master Classes.

"Getting involved in the project meant we gained access to all these services we've never had before – it was great," says Kate Hurley, Quality Care Manager at the RACF. "All our staff benefited a lot from the support we were given. We had a knowledge gap, and having Antonella [the Palliative Care CNC] once a fortnight really boosted the confidence of our staff to proactively monitor residents' needs and improve the quality and comfort of their care. It effectively added an extra level of service for our quality standards."

"For any other RACFs thinking about getting involved in this kind of project, I'd say 'don't hesitate'. It's been awesome."

Dr Sam Suri, GP at Sussex Inlet Medical Practice, sees many patients at Inasmuch and says he found the project very worthwhile. "Palliative care training is a great help in a RACF. Previously, there wasn't a lot of recognition of residents reaching the point where they needed end-of-life care. Now, as a result of the training, staff are better equipped to improve the end-of-life experience for residents. Being able to provide that care brings great satisfaction to staff, and great comfort to the patients and their families."

Antonella Vergis, the Palliative Care CNC who delivered the Master Classes and Clinical Needs Rounds at Inasmuch, believes it is vital for all RACFs to be able to provide quality end-of-life care for their residents, and that training and

guidance are needed to help them do this. "RACFs are very busy and task-orientated, and lack of communication can be an issue," she explains. "Staff often lack the understanding and confidence needed to identify those residents in need of palliative care and start planning for their end-of-life. As a result, deteriorating residents who don't have advance care planning in place are often sent to hospital."

"Needs Rounds are essential to providing quality end-of-life care, because they bring all the staff together on the same page. Where there is no program to follow and no plan in place, that's when someone doesn't die well. But when everyone knows what they're doing and understands the goals of care, the resident gets the best outcome."

"I'd love to see this kind of project in all RACFs, because then we could achieve the palliative care intervention that is so needed in these facilities."



Kate Hurley
Quality Care
Manager
Inasmuch RACF



Dr Sam Suri
Sussex Inlet
Medical
Practice



Antonella Vergis
Palliative Care
Clinical Nurse
Consultant