

CALVARY HEALTH CARE KOGARAH COMMUNITY PALLIATIVE CARE TEAM PALLIATIVE CARE NEEDS ROUNDS MODEL

Model

In April 2018, the Calvary Health Care Kogarah (CHCK) Community Palliative Care Team commenced the Palliative Care Needs Round (PCNR) service to improve residential aged care facility (RACF) access to specialist palliative care services across the South Eastern Sydney Local Health District (SESLHD).

Background

The employment of Palliative Care Nurse Practitioners (PCNP) and the subsequent implantation of the PCNR at CHCK was established in response to a scoping study conducted in 2016 (Lobb et.al)⁴, to identify the palliative care needs of all the aged care facilities across the district.

The scoping study highlighted the following palliative care needs of RACFs:

- Increased access to timely and appropriate specialist palliative care services.
- Education of staff, residents and families and carers to recognise, plan and manage end of life care issues ensuring the resident's choices and preferences are at the centre of all decisions.
- Improve capability and confidence of RAC staff to understand and manage a residents care
- Improved support for general practitioners.
- Timely access to symptom management and end of life medications.
- Improve quality of life for those residents nearing the end of their lives.
- Palliative Care Nurse (from the Specialist community outreach service) assessments were often completed in isolation with limited meaningful interaction between the PC nurse and facility staff.

In conjunction with the scoping study in CHCK, in 2015 the Palliative Aged Care Specialist (PEACE) team at Clare Holland House ACT, successfully conducted, participated in and published research showcasing the benefits_of Needs Rounds^{#, 5, 6}.

[#] Needs Rounds is the same as Palliative Care Needs Rounds (PCNR)

Following the Palliative Care Needs Rounds initial pilot research by the Clare Holland House PEACE team in 2015, a stepped wedge randomized control trial called the INSPIRED trial was conducted in 2017 concluding that *“Needs Rounds are easy to implement, and the approach can be used internationally to enable care home residents to live well until they die.”*⁵

This study also resulted in the development of an evidence-based PCNR checklist.¹⁷ The checklist provides a structure to guide specialist palliative care clinicians in supporting residential aged care staff to look after residents in their last months of life. The checklist offers a feasible and sustainable approach to guide monthly PCNR meetings¹⁷.

The checklist and model developed by The PEACE team at Clare Holland House were subsequently utilised by the Calvary Health Care Kogarah, Community Palliative Care Team.

What changed?

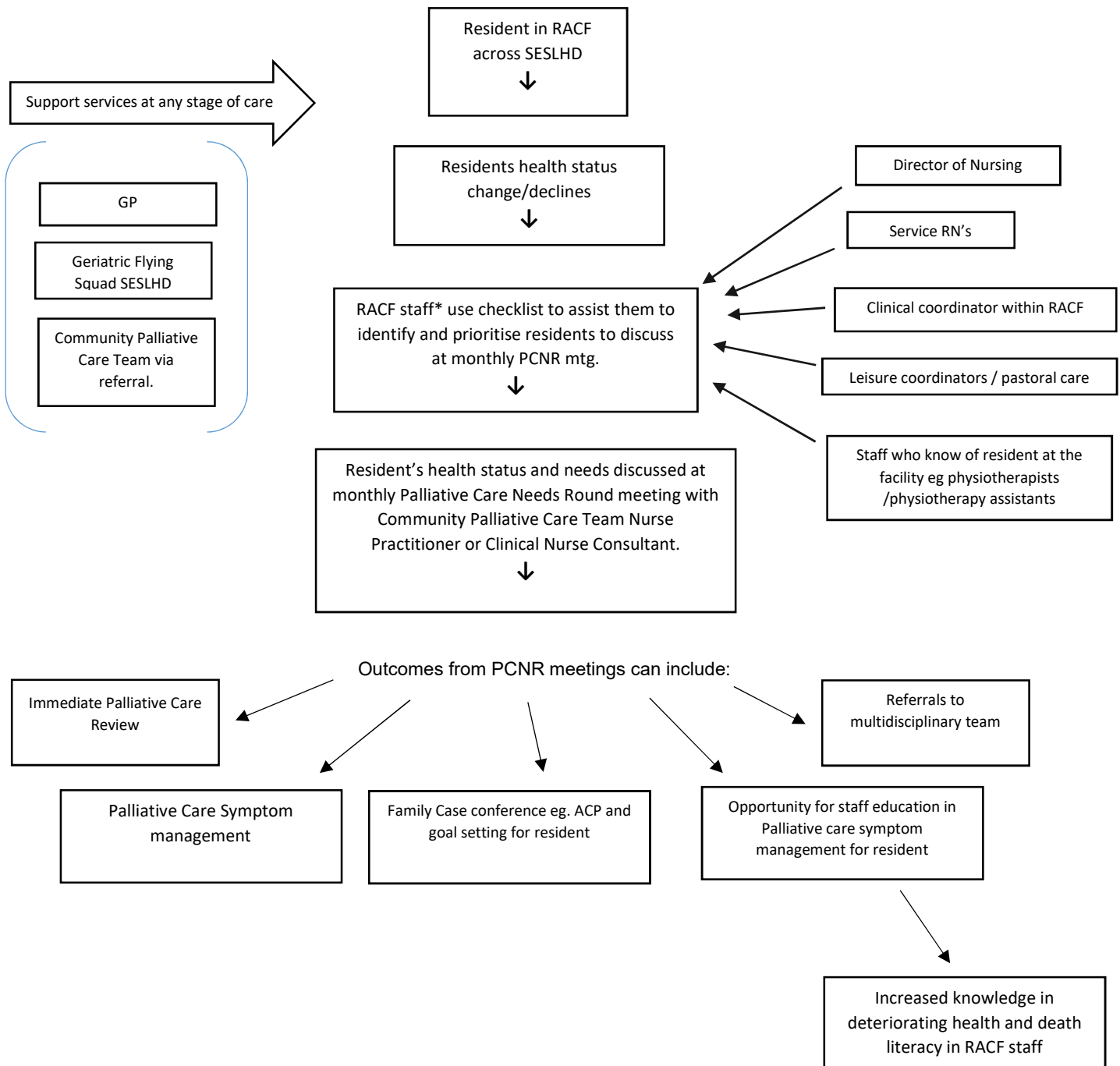
Implementation of a PCNR by the Community Palliative Care Team, run by 3 Palliative Care Nurse Practitioners, within Calvary Health Care, Kogarah.

The meeting purpose is to discuss the palliative care needs of 6-8 prioritised residents who have been identified by staff as at the greatest risk of dying without a plan in place and who have a high symptom burden.

The CHCK Community Palliative Care Team have successfully implemented the PCNR into 18 RACFs across the St George Area and Sutherland Shire.



Workflow diagram



*RAC staff who are trained and competent in use of the Palliative Care Needs Round Checklist¹

RACF Staff Feedback ²

Increased nursing competence

'...before we involved with palliative care I was so afraid to give morphine. Because you know the side effects of morphine, but after working with him (NP), I am more confident to give morphine and other medications yes '

'The needs rounds enables us to identify new resident who is potentially going into the end of stage of their life which needing their intervention from a palliative care perspective. So we will have been able to identify it in the early stage rather than leaving to later the symptom(s) (that) have been going on for a while '

Earlier advanced care planning

'It's more about just clarifying goals of care and doing that in an evidence based way and giving people the information they need so they can make informed decisions. As opposed to just being given a form and say can you fill that in and return it '

'...firstly [NP] support and watching [NP] having those conversations and learning through how he approaches those conversations but also you know the education that he provides us with the palliative care needs rounds meetings as well has given us skills and confidence I suppose to have those conversations...I think probably prior to that quite hesitant to approach it '



Increased confidence in communicating with residents' families-

'The support we get from (NPs) has been really helpful. Yes and it was, yes it was really, you know, I personally think before we actually had this round it was more time-consuming. Also very confusing for the RNs what to do, how to, how actually to have this conversation. But then since have this, the training and more rounds then we, yes it's quite easy for us to actually speak with the family members as well '

Reducing the need for residents' transfer to an emergency department





'Because most of the family, every time we meet they do want the resident to be treated in the facility if possible. Which is most of the resident in their end of life do not want to go to hospital. But then previously because we didn't have the resources, we had to send them to hospital. But now because we have PCNR round then you know, palliative team doing the visit, it has, the number has decreased and the family are quite happy about it'

Outcome and benefits of the model

A qualitative study is currently being completed to identify if the PCNR has had an impact on the RACF workforce skills and capability to manage the palliative care needs of residents and their families.

Community Palliative Care Team Nurse Practitioner Joshua Cohen describes the impact of the PCNR on equitable access to palliative care: "Prior to having a Nurse Practitioner in the RACF space, yearly referral to the team from aged care was 180 residents; by 2019 we had 468 in 12 months; now we have 571 in 12 months with 3 Nurse practitioners".

Table 1 Outcome and benefits

OUTCOMES	BENEFITS
<p>Between 2018-2020 over 576 residents have been discussed at PCNR meetings held by Community Palliative Care Team.</p>	<p> Improved aged care workforce knowledge, skills and confidence to recognise, plan and manage residents nearing the end of their life</p>
<p>The Community Palliative Care Team have had an increase in aged care referrals.</p> <p>In 2017- 17% of total referrals are from aged care. By 2023, this had increased to 57% of overall referrals.</p>	<p> Equitable access to assessment and management of palliative care needs</p>
<p>RACF staff reporting an increase in knowledge and skills to recognise and manage people with palliative care needs confirmed with our research.</p>	<p> Specialist palliative care in the right place at the right time to meet residents palliative care needs (including telehealth and in-person)</p>
<p>Increase in residents dying at home in Residential Aged Care Facilities since inception of PCNR in SESLHD.</p>	<p> Improved quality of life and death for residents and their families and improved Preferred Place of Death</p>

Reference List for CHCK Community Palliative Care Team

1. Forbat L, Chapman M, Lovell C, et al. Improving specialist palliative care in residential care for older people: a checklist to guide practice *BMJ Supportive & Palliative Care* 2018; 8:347-353.
2. Rao, A1, 2., Cohen, J1., Sanchez, C1 Thristiawati. S1., & Lobb, EA 1,2,3 : An Evaluation of Palliative Care Needs Rounds in Residential Aged Care Facilities: Staff perspectives of their impact on the care of residents. (In draft)
3. Royal Commission into Aged Care Quality and Safety, "Statement of Joshua Cohen." 2019
4. Lobb, E.A., Backhouse, C., Oehme, J., Belfanti, C., Dallarmi, L., Graham, J., Davis, J.M., & Comans, T., 2016, Report on Palliative care flexible funding pool Calvary Health Care Kogarah (unpublished).
5. Liu, W.-M., Koerner, J., Lam, L., Johnston, N., Samara, J., Chapman, M. and Forbat, L. (2020), Improved Quality of Death and Dying in Care Homes: A Palliative Care Stepped Wedge Randomized Control Trial in Australia. *J Am Geriatr Soc*, 68: 305-312.
<https://doi.org/10.1111/jgs.16192>
6. Johnston, N, Lovell, C, Liu-, W-M, et al., "Normalising and planning for death in residential care: findings from a qualitative focus group study of a specialist palliative care intervention," *British Medical Journal*. 2016.
7. Calvary and University of Stirling (2020) Palliative Care Needs Rounds: The Implementation Guide.