BETHLEHEM COMMUNITY PALLIATIVE CARE SERVICE PALLIATIVE CARE NEEDS ROUNDS MODEL

Model

Bethlehem Community Palliative Care Service established Palliative Care Needs Rounds (PCNR) in 20 Residential Aged Care Facilities (RACF) over a twelve month period.

Background

This PCNR service was established in response to a review of current outreach services and the Royal Commission into Aged Care Quality and Safety, with the aim to improve the service delivery, outcomes and experiences of residents and their families with palliative care needs in aged care facilities within the Community Palliative Care Service area catchment. The review highlighted the following challenges with the current community outreach services:

- Late referrals when residents were actively dying;
- Community Palliative Care Service team were often reacting to unmet needs and crisis situations;
- Residents were transferred to hospital avoidably, as dying was not recognized and not planned;
- Advance Care Planning not commonly completed due to a lack of awareness and understanding about what is and how to complete;
- Lack of awareness and general reluctance by primary and aged care staff to talk about death and dying.

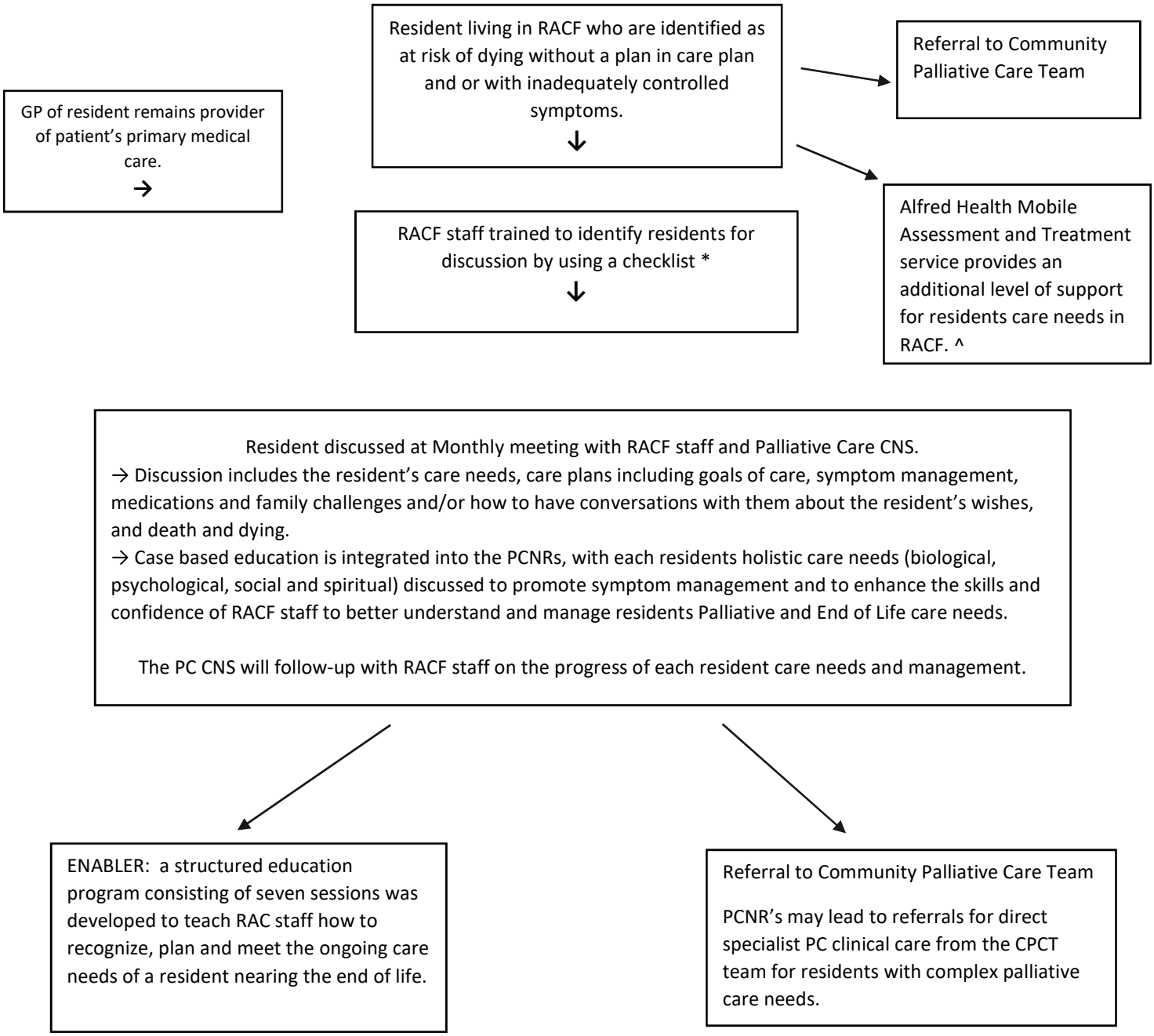
Prior to the PCNR model, RACF's referred residents to the Community Palliative Care Service as required, who were seen by a Specialist Palliative Care (PC) nurse. The PC nurse would attend the RACF to complete assessments with RACF staff. Assessments were often completed in isolation with limited meaningful interaction between the specialist team and facility staff. Ongoing care was provided but tended to be more task oriented focus of care.

What changed?

In 2019, Bethlehem - Community Palliative Care Service piloted a PCNR in 20 RACFs over a twelve month period.
The model consists of monthly onsite triage meetings with RACF staff facilitated by a Palliative Care Clinical Nurse Specialist (CNS) to support clinical decision making and increase the capability of staff to recognize and care for residents at end of life. The PCNR offered more interaction with families and staff including an opportunity for education.

Palliative Care Nurses during a Needs Rounds meeting at Emmy Monash Residential Aged Care Facility.

Workflow diagram



*Forbat, L, et al (2018) "Improving specialist palliative care in residential care for older people: a checklist to guide practice". BMJ Supporting and Palliative Care. 8(3): 347-353.

^These services manage resident complexity by supporting their acute care needs and work closely with the RACF and increasingly more with the PCNR and more broadly the Bethlehem CPCS Team to ensure residents receive an integrated and coordinated service to best manage their care needs over time.

Table 1 Benefits of the PCNR Implementation

BENEFITS	
Resident	Improves equity of access to appropriate and timely palliative and end of life care for residents who may otherwise not received this care.
	Experience more integrated and coordinated service delivery between RACF, Bethlehem Community Palliative Care Team, and the Mobile Assessment and Treatment Service delivered from Alfred Health.
	Increase in management of palliative and end of life care needs in a residents home, avoiding the needs for transfer to hospitals in appropriate situations
	Increase in residents dying at home in the RACF as their preferred place of death.
Staff	Staff from participating RACFs have increased their contact with palliative care staff to seek advice and ongoing support of residents care needs, due to improved confidence and good collaborative relationships between the services.
	PCNR provides a safe clinical space in which care staff can discuss resident need and receive specific education regarding both palliative care symptom management and skills required for communication with resident and their families of advance care planning.
Service	Increase in referrals to Community Palliative Care Service team for direct specialist clinical care when residents have complex care needs. This demonstrates RACF staff have an increased awareness of palliative needs and are responding to provide appropriate services for RACF residents.

Calvary Healthcare Bethlehem educators with Emmy Monash staff and Emmy Monash resident Lesley.

Resources to assist Implementation in other sites

A comprehensive resource Palliative Care Needs Rounds: The Implementation Guide[2] as well as a suite of free resources have been developed by the Clare Holland House PEACE team to assist facilities to implement Needs Rounds.

Reference list Bethlehem Community Palliative Care Service

1. Forbat, L, et al (2018) Improving specialist palliative care in residential care for older people: a checklist to guide practice. BMJ Supporting and Palliative Care. 8(3): 347-353.
2. Calvary and University of Stirling (2020) Palliative Care Needs Rounds: The Implementation Guide