PROJECT OVERVIEW

THE PROJECT AIMED TO IMPLEMENT AND EVALUATE A COMPREHENSIVE EVIDENCE-BASED PALLIATIVE APPROACH IN RESIDENTIAL AGED CARE. THE PROJECT WAS LED BY THE UNIVERSITY OF QUEENSLAND AND CONDUCTED IN NINE RESIDENTIAL AGED CARE FACILITIES (RACFs) ACROSS NEW SOUTH WALES, QUEENSLAND, SOUTH AUSTRALIA AND WESTERN AUSTRALIA.

WHAT WAS DONE?
The project team worked with the aged care facilities to translate existing evidence based guidelines (palliative care and pain management) into policy and practice, including documentation.

The Guidelines used as an evidence base for the project were the:
- The project included the following key activities:
  - Developing the Palliative Approach Toolkit which translated evidence into an easier format to put into practice.
  - Producing a DVD, All on the same page, which provides information for residents, family members, nursing staff and GPs on advance care planning and palliative care case conferences in residential aged care.
  - Providing education to all nursing and care staff working in the RACFs using newly developed and existing training materials.
  - Training staff to convene palliative care case conferences and use end of life care pathways.
  - Establishing, training and supporting link nurses in each RACF and developing a self-directed learning module from existing training modules to support the nurses.
  - Providing information to the community about how aged care facilities support dying residents and their families. This was done through via resident committees, brochures and newsletters.
  - Promoting the use of existing GP on-line training modules on a palliative approach by local GPs.
  - Implementing the Brisbane South Palliative Care Collaborative Residential Aged Care End-of-Life Care Pathway (RAC EoLCP) for residents requiring terminal care.

WHAT WAS ACHIEVED?
- Improved resident care and family satisfaction to a palliative approach to resident care.
- Improved staff confidence, knowledge and skills to provide a palliative approach for residents and families through the project’s education program.
- Increased opportunities for residents’ wishes regarding care decisions, including place of care, to be respected, through a systematic approach to advance care planning.
- Increased capacity of organisations to deliver palliative care.
- Links were made between key processes that are the feature of the model of care and existing funding mechanisms such as ACFI and Medicare Items for General Practitioners.

**WHAT WAS THE IMPACT FOR RESIDENTS AND FAMILY?**
- Improvements in the clinical care of residents in the areas of symptom management, advance care planning, bereavement care and care in the final days of life.
- Enhanced communication among staff, residents and families.
- Improved management of residents’ end-of-life symptoms.
- More referrals to specialist services (palliative care, pain management) and care in the final days of life.
- More opportunities to participate in palliative care case conferences and to engage with General Practitioners.
- More opportunities to learn how aged care facilities support dying residents and their families.
- More opportunities for grieving families to receive bereavement care.

**WHAT WAS THE IMPACT FOR STAFF?**
Significantly enhanced skills in how to use an end of life care pathway and how to organise and facilitate a palliative care case conference for residents with a prognosis of less than six months.
- Around 70% of nurses were more confident to independently react to and cope with residents’ nausea, vomiting, constipation or pain. They are felt more confident in supporting upset residents or family members.
- Around 65% of nurses strongly disagreed that:
  - aged care facilities are not good places to die;
  - when a resident dies they feel something went wrong; and
  - feeding tubes should be used to prevent starvation at the end of life.

**WHAT RESOURCES ARE AVAILABLE?**
The project developed the ‘Palliative Approach Toolkit’, featuring six key domains of care and accompanying education resources. It outlines a step by step approach for each RACF to implement the model with the resources provided.

The toolkit is comprised of:
Three modules:
- Integrating a palliative approach for managers.
- Key processes in a palliative approach.
- Clinical care.
- Education products including:
  - 2 DVDs – ‘Suiting the needs’ and ‘All on the same page’.
  - Three self-directed learning packages.
  - A calendar of posters that can be rotated to cue key messages of a palliative approach.
- Five educational flip charts: The presentations are mapped to the clinical care topics and target care staff.
- The toolkit also includes copies of the following resource materials:
  - Therapeutic Guidelines: Palliative Care version 3 (Existing resource).
  - Palliative Care Australia Standards (Existing resource).
  - Brochure – Understanding the Dying Process (Existing resource).
  - Guidelines for a Palliative Approach in Residential Aged Care – Enhanced Version (Existing resource).

**WHAT COULD BE ADOPTED IN MY SERVICE?**
Examples of small changes that facilities could make to have a positive impact on
residents’ palliative care include:
- Conduct palliative care case conferences for residents with a prognosis of less than six months.
- Arrange monthly reviews of palliative residents by specialist palliative care nurses.
- Use end of life care pathways for residents who are terminally ill.
- Promote advance care planning.
- Leave exhaust fans on in bathrooms to prevent feelings of claustrophobia.
- Combine appropriate drug and non-drug treatment strategies for pain or dyspnoea.

WHERE CAN I GET MORE INFORMATION?
For further information regarding this and other Round 1 and 2 EBPAC projects see the Department of Health and Ageing website at http://www.health.gov.au/ebpac