End of Life Care Pathway

3 aspects of End of Life Care Pathway evaluated (audit period 7/12)

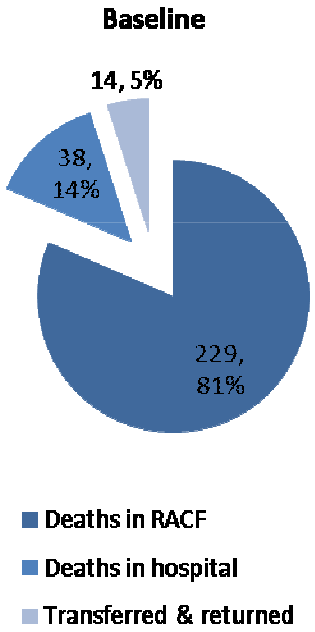
1. Uptake of Pathway
    - 63/147 (43%) potential deaths commenced on Pathway
2. Consistency of care
    - 62/63 (98%) had PRN medicines ordered
    - 48/63 (76%) had non essential medicines discontinued
    - 38/63 (60%) had inappropriate interventions & observations discontinued
    - 65% of staff reported more holistic/improved quality care
3. Impact of Pathway on documentation

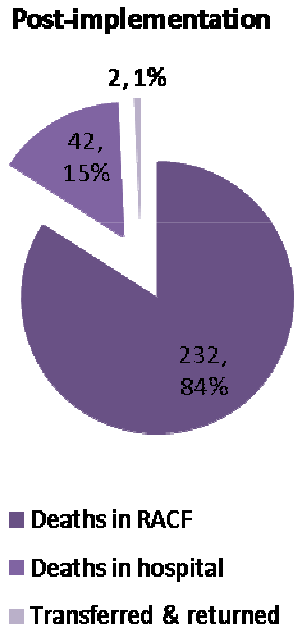
17(50%) staff interviewed associated the Pathway with improved documentation such as

- Ease of use
- Role in setting clearer expectations
- Role in alerting staff when extra care is required

Medicine Management

Transfer to hospital for symptom management





Systems to support practice

Support for staff

13/14 (92.8%) RACFs reported post implementation that changes had occurred as a result of being involved in the project. Of these

9/13 (69%) RACF managers nominated issues directly related to staff.

- 5/9(55%) identified additional training e.g. PEPA
- 4/9 (44%) identified increased staff awareness

9/14 (64%) RACFs established a palliative care committee or equivalent

Systems to support practice

Information for residents & relatives:

	Baseline	Post-education
Family meetings and case conferencing procedures established.	10 RACFs 71%	14 RACFs 100%
Residents and families always provided with written information about end-of-life care when terminal phase identified.	0 RACFs 0%	7 RACFs 50%
Families involved in decisions about residents end-of-life care.	11 RACFs 79%	13 RACFs 93%

Education

- 392/794 (49%) RACF staff participated
- 20/34(58%) cited improvement in staff knowledge skills and medicines knowledge
- 22/34(65%) cited improved confidence in approaching end of life care

"the education helped tremendously, particularly (as) a PCA worker, we're able to monitor…….and know what we are looking for. These are not always things that we get trained in …….so (it's) quite enlightening" (PCA)

"I just used to feel I had to be there to make sure that everything's done. Now…even of I'm not here, someone has the knowledge to actually put something in place, to make sure that the care is attentive" (Manager RACF)

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Education

- 38/176 GPs participated in education (=22% of all GPs care for 47% of the residents in the project)
- 23/23 (100%) GPs post Module 1 and 26/26 (100%) GPs post Module 2 agreed or completely agreed the education had influenced their considerations when prescribing
- 23/23 (100%) GPs post Module 1 agreed or completely agreed that their confidence had increased in prescribing analgesics at end of life
- 26/26 (100%) GPs post Module 2 agreed or completely agreed that their confidence had increased in prescribing medications for managing agitation, dyspnoea, secretions and mouth discomfort at the end of life
- 18/23 (78%) GPs reported intention to change practice (post evaluation module 1)
- 23/26 88% reported intention to change practice (post evaluation module 2)

Clinical Support

Evidence of collaboration

	Baseline	Post-education
Processes to ensure General Practitioners and locums informed about residents' end-of-life goals of care.	8 RACFs (57%)	11 RACFs (79%)
Communication process to contact General Practitioners about end-of-life issues.	9 RACFs (64%)	12 RACFs (86%)
Residents' goals of care accessible to GPs and locum service.	5 RACFs (36%)	13 RACFs (93%)
Staff communicates with residents' General Practitioners about end-of-life care.	9 RACFs (64%)	13 RACFs (93%)
Staff document communication with residents' General Practitioners about end-of-life care.	7 RACFs (50%)	13 RACFs (93%)

Clinical Supports

*"Collaboration has improved with GPs because we actually get them in and we have the family meeting now with the GP… they're happy knowing that the tool's there and look at it as well" (M*anager RACF).

"We're talking about it at all levels, medico to medico, medico to nursing staff, nursing staff amongst themselves and family and relatives… we can allow people to die well". (GP).

Preparation for the end of life

This was evaluated across three areas

- staff awareness
- information given to residents and families
- recording of residents' end of life preferences and the appointment of substitute decision-makers

Preparation for the end of life

Would you be surprised if this resident dies in the next four weeks?	Baseline n (%)	Post-intervention n (%)
Yes	351 (78.3)	301 (72.9)
No	75 (16.7)	99 (24.0)
Unsure	22 (4.9)	13 (3.1)

Preparation for end of life

"Staff are recognising (that a person is dying) earlier …talking to the doctors earlier and then making sensible decisions about putting something else in place a lot sooner"(RN)

Preparation for end of life

Information to residents and families

- 60/63 (95%) residents on a Pathway had documented evidence of discussion with family/resident representative
- 12/63 (19%) families received palliative care literature during the audit period (Nov–July)

However, by October 2010 post implementation:

- 7/14 (50%) RACFs stated that they always provide written information to residents and families when terminal phase is identified, up from 0 (0%) at baseline.

Preparation for end of life

Are preferences for end of life care documented?	Baseline n (%)	Post-intervention n (%)
Yes	286 (64.1)	281 (69.2)
No	157 (35.2)	123 (30.3)
Unsure	3(0.7)	2 (0.5)
Substitute decision-maker appointed?		
Yes	341 (76.8)	370 (90.2)
No	90 (20.3)	26 (6.3)
Unsure	13 (2.9)	14(3.4)

Recommendations

- National program to support the implementation of an End of Life Pathway into all RACF
- National program to support provision of education in end of life care specific to RACF
- Imprest Medications Systems should not be cost prohibitive in Victoria

Resources available:

- Brisbane South Palliative Care Collaborative. Residential Aged Care End-of-Life Care Pathway (RAC EoLCP) 2011. http://www.health.qld.gov.au/cpcre/eol_pthwys.asp
- Palliative Care Victoria www.pallcarevic.asn.au/
- Palliative Care Australia www.palliativecare.org.au/
- CareSearch www.caresearch.com.au/
- WA Cancer & Palliative Care Network. Palliative care resources. http://www.healthnetworks.health.wa.gov.au/cancer/palliative/resources.cfm
- National Palliative Care Program. Program of Experience in Palliative Approach (PEPA) http://www.pepaeducation.com/

Further Information

Diana Cooper 03 9496 4333

diana@nevdgp.org.au

Clare Chiminello 03 9496 4333

clare@nevdgp.org.au