COMMUNITY PALLIATIVE CARE

THE ROLE OF THE PALLIATIVE CARE NURSE PRACTITIONER AND THE CHALLENGES OF SUPPORTING FAMILIES TO MAINTAIN CARE FOR END OF LIFE IN THE CLIENTS HOME.

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LIMITATIONS AND IMPACT

- • GP'S ARE LESS WILLING OR ABLE TO PROVIDE IN-HOME VISITS;
- • LIMITED AVAILABILITY OF COMMUNITY-BASED, SPECIALIST PALLIATIVE CARE SERVICES WITHIN THE CLUSTER; AND
- • ISSUES WITH LIMITED FUNDING AND SEAMLESS COORDINATION BETWEEN ACUTE SETTING AND PRIMARY CARERS, INCLUDING GPS AND COMMUNITY HEALTH PROVIDERS.

LIMITATIONS AND IMPACT

- • CRISIS ADMISSIONS AND RE-ADMISSIONS TO HOSPITAL, ESPECIALLY IN LAST DAYS OF LIFE;
- • PEOPLE DYING IN HOSPITAL WHO WOULD HAVE PREFERRED TO RECEIVE END OF LIFE CARE AT HOME IF IT WAS AVAILABLE;
- • REDUCED FAMILY SATISFACTION AND QUALITY OF LIFE OUTCOMES; AND
- • DELAYS IN ASSESSMENT, MEDICATION ORDERS AND DIAGNOSTICS REDUCING EFFECTIVE SYMPTOM MANAGEMENT.

ROLE OF THE NURSE PRACTIONER IN THE COMMUNITY

- NP IS A REGISTERED NURSE (RN) WHO HAS COMPLETED BOTH ADVANCED UNIVERSITY STUDY AT A MASTER'S DEGREE LEVEL AND EXTENSIVE CLINICAL TRAINING TO EXPAND UPON THE TRADITIONAL ROLE OF AN RN. THEY USE EXTENDED SKILLS, KNOWLEDGE AND EXPERIENCE IN THE ASSESSMENT, PLANNING, IMPLEMENTATION, DIAGNOSIS AND EVALUATION OF CARE REQUIRED. IN SHORT, AN NP CAN:
- ☐ PERFORM PATIENT ASSESSMENTS;
- ☐ ORDER DIAGNOSTIC TESTS;
- ☐ PRESCRIBE MEDICATIONS AS PER NP FORMULARY; AND
- ☐ ARRANGE ONGOING CARE PLAN IN CONSULTATION WITH GP/SPECIALIST

LITERATURE REVIEW

- NURSE PRACTITIONERS (NPS) ARE REGISTERED NURSES WHO HAVE ADVANCED EDUCATION AND CLINICAL EXPERIENCE IN A SPECIFIC AREA OF HEALTH CARE (KRALIK, TROWBRIDGE & MADDOCK, 2007).
- NPS FUNCTION AUTONOMOUSLY USING SKILLS AND KNOWLEDGE THAT EXTEND BEYOND THE USUAL SCOPE OF NURSING PRACTICE, INCLUDING ADVANCED CLINICAL ASSESSMENT, ORDERING AND INTERPRETING DIAGNOSTIC TESTS, IMPLEMENTING AND MONITORING THERAPEUTIC REGIMES, PRESCRIBING PHARMACOLOGICAL TREATMENTS, RECEIVING APPROPRIATE REFERRALS AND DIRECTLY REFERRING PATIENTS TO OTHER HEALTH CARE PROFESSIONALS (GARDNER, CARRYER, DUNN & GARDNER, 2004).

NURSE PRACTITIONER IN PRACTICE

- BLUE CARE DID NOT EMPLOY ANY NPS BEFORE THE PALLIATIVE CARE NURSE PRACTITIONER COMMENCED IN SEPTEMBER 2013
- MAY 2017 THERE WERE OVER 400 NP'S LISTED ON OFFICE OF THE CHIEF NURSE WITH 25% INDICATING A METASPECIALITY OF AGED AND PALLIATIVE CARE - WITH A MAJORITY PROVIDING CARE IN RACF
- .COLLABORATIVE PRACTICE
- FLEXIBLE SERVICE
- REDUCTION IN HOSPITAL ADMISSIONS –THEREBY INCREASED SATISFACTION AND QUALITY OF LIFE

OUTCOMES

- CHOICE
- BETTER OUTCOMES
- IMPROVED SATISFACTION WITH SERVICE
- QUALITY OF LIFE
- REDUCED CRISIS ADMISSIONS TO HOSPITAL
- SAVED GP VISITS /REDUCED DELAYS IN CARE DELIVERY

MEASURABLE IMPROVEMENTS/HEALTH CARE OUTCOMES FOR AGED CARE RECIPIENTS

- SUSTAINABLE, SCALABLE INTENSIVE COMMUNITY BASED CARE MODEL FOR PALLIATIVE CARE FOR AGED CARE RECIPIENTS.
- A RESPONSIVE COMMUNITY-BASED MULTIDISCIPLINARY SERVICE ARRANGEMENT.
- INCREASED RATING LEVEL BY CLIENT, FAMILY AND CARERS ON CONTROL AND SATISFACTION CRITERIA DUE TO THE CONSISTENCY OF ENHANCED SERVICES IN THE HOME AND RESIDENTIAL AGED CARE FACILITY.
- REDUCTION IN HOSPITAL RETURNS AND GP LEAD CRISIS INTERVENTIONS.

SERVICE DELIVERY ACROSS MNHHS

- UNTIL EARLY 2017 COMMUNITY PALLIATIVE CARE WAS PROVIDED BY BLUE CARE AND SILVER CHAIN. A REVIEW OF ACTIVITY REPORTED BY THESE AGENCIES INDICATES:
- APPROXIMATELY 840 INDIVIDUAL PATIENTS RECEIVED COMMUNITY BASED PALLIATIVE CARE TOTALLING OVER 24,200 DAYS OF SERVICE IN 2015-16
- THIS EQUATES TO 1100 VISITS PER MONTH FOR DOMICILIARY CARE – NURSING AND PERSONAL CARE FOR HYGIENE ASSISTANCE AND / OR SYMPTOM MANAGEMENT

WHERE TO FROM HERE?

- ENCOURAGEMENT FOR CLIENTS AND FAMILIES TO COMPLETE ADVANCE CARE PLANNING DOCUMENTATION
- CONVERSATIONS WITH PRACTITIONERS TO ENSURE CLIENTS HAVE CHOICE REGARDING ONGOING CARE – SO CARE NEEDS ARE MET
- SUPPORT AND ACCESS FOR ALL ACROSS REGIONS

QUESTIONS?