Role of nurse practitioners in supporting palliative & end of life care for older people ... a residential focus

Peter Jenkin
Palliative Care Nurse Practitioner

Context

Resthaven (circa 1935)
- Not for Profit
- Residential
  - 11 sites
  - 1168 beds
  - 136 independent living units
- Community
  - >8000 Community clients
    - Respite services
    - In home/community Support
    - Therapy services
    - Homelessness support

In 15 minutes...
- Palliative care in aged care
- Palliative approach toolkit
  - Model of care
- Nurse practitioners
- Other initiatives
- Where to find more information

Focus of care is changing
- Increasing acuity
- Shorter length of stays
- Multiple co-morbidities
- Increasing technical clinical care e.g. intrathecal infusions
Residents are getting OLDER

<table>
<thead>
<tr>
<th>Age</th>
<th>2003</th>
<th>2011</th>
<th>2014</th>
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<tbody>
<tr>
<td>under 65</td>
<td>4.3</td>
<td>3.9</td>
<td>3.6</td>
</tr>
<tr>
<td>65-69</td>
<td>3.1</td>
<td>3.3</td>
<td>3.6</td>
</tr>
<tr>
<td>70-74</td>
<td>6.3</td>
<td>5.7</td>
<td>5.9</td>
</tr>
<tr>
<td>75-79</td>
<td>13.2</td>
<td>10.3</td>
<td>10.1</td>
</tr>
<tr>
<td>80-84</td>
<td>22.3</td>
<td>20.1</td>
<td>18.3</td>
</tr>
<tr>
<td>85-89</td>
<td>25.7</td>
<td>28.1</td>
<td>27.2</td>
</tr>
<tr>
<td>90-94</td>
<td>18.3</td>
<td>20.2</td>
<td>22.6</td>
</tr>
<tr>
<td>95+</td>
<td>6.7</td>
<td>8.4</td>
<td>8.8</td>
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<tr>
<td>&gt;84yo</td>
<td>50.7</td>
<td>56.7</td>
<td>58.6</td>
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AIHW Residential Aged Care in Australia 2013-14

Change over time in deaths due to dementia

<table>
<thead>
<tr>
<th>Number of deaths</th>
<th>Deaths per 100,000 population</th>
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<tbody>
<tr>
<td>2001</td>
<td>2002</td>
</tr>
<tr>
<td>2003</td>
<td>2004</td>
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<tr>
<td>2005</td>
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<td>2007</td>
<td>2008</td>
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<td>2009</td>
<td>2010</td>
</tr>
<tr>
<td>2011</td>
<td>2012</td>
</tr>
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</table>

AIHW 2012 Dementia in Australia

Estimated number of people with dementia, by sex, 2005 to 2050

[Graph showing the estimated number of people with dementia by sex from 2005 to 2050]

AIHW 2012 Dementia in Australia
Built environment, meals, lifestyle activities equally important

Competence & confidence to provide increasingly complex clinical care (including palliative & end of life care)

Context...
Palliative care in aged care
Skill Mix

[Diagram showing the balance between RN, EN, and Care Worker]
So... What to Do?

What to do?
- Increase funding
- More training?
- Capacity building
  - Palliative approach toolkit
  - Advance care planning
- $$$ Incentives for GPs haven’t worked
- Specialist support
  - Nurse practitioners?
  - External or internal?
Integrated framework of care that relies upon three key processes, using evidence-based clinical tools, to deliver best practice palliative care in Australian RACFs.

Implementation of the PA Toolkit increases the capacity of RACFs to provide sustainable and comprehensive high quality end-of-life care for residents, both now and into the future.

Model of Care

Prognostication: Indicators for Initiation of a Palliative Approach to Care

Disease progression as well as increasing functional/cognitive decline +/- symptoms can indicate the need for a palliative approach to care.

Disease independent indicators:
- Frailty
- Functional dependence
- Behavioural changes
- Cognitive impairment
- Symptom distress
- Increased family support needs
- Recurrent infections

Disease specific indicators:
- Congestive cardiac failure
- Chronic lung disease
- Neurological disorders
- Dementia
- CVA
- Cancer
- Degenerative joint disease
Components of the PA Toolkit

• Workplace Implementation Guide
• Training Support Guide
• Guide to the Pharmacological Management of EOL (Terminal) Symptoms in RAC Residents
• Therapeutic Guidelines for Palliative Care, Version 3
• Resident and Family Resources
• Bereavement Support Booklet for RACF Staff
• 3 Learning Modules
• 3 Self Directed Learning Packages
• 3 DVDs
  — ‘Suiting the Needs’
  — ‘All on the Same Page’
  — ‘Using the RAC EoLCP’
• 2 Educational Flipcharts
  — Introduction to a Palliative Approach
  — Clinical domains

Context...
Nurse Practitioners

2. Evidence-based clinical tools and guidelines

Guidelines for a Palliative Approach in Residential Aged Care (2006)
Guidelines for Pain in Residential Aged Care Facilities: Management Strategies (2005)
Therapeutic Guidelines: Palliative Care 2010 (Version 3)
Grounded in the nursing profession’s values, knowledge, theory and practice

Not a substitute doctor!
May ‘add value’ to medical care

Scope of practice is determined by the role in which the NP is employed

**Australian endorsed Nurse Practitioners**

<table>
<thead>
<tr>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>TOTAL</th>
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<tr>
<td>38</td>
<td>317</td>
<td>21</td>
<td>367</td>
<td>119</td>
<td>28</td>
<td>274</td>
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<td>1402</td>
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</table>

**NP – Aged Care Models of Practice Program**

- demonstrate effective, economically viable and sustainable models of practice
- Facilitate growth of aged care nurse practitioner workforce
- improve access to primary health care for clients of residential & community aged care services

*Funded by Australian Government Department of Health & Ageing*
### Clinical Scope of Practice

#### Palliative Care for Older Adults
- Advance care planning
- Palliative Care case conferences
- End of Life Care
- Complex symptom management
- Psychosocial distress
- Early intervention/screening clinics?

### Referral criteria
- Progressive life limiting condition.
- Not surprised if dead in 6 months
- Complex physical symptoms/psychosocial issues requiring direct clinical care by NP and/or advice to primary care team
- Goals of care = relief of symptoms & QoL
- Resident/family/ GP aware of referral

### MBS item numbers for NPs

<table>
<thead>
<tr>
<th>Item number</th>
<th>Description</th>
<th>Fee</th>
<th>Benefit (BM)</th>
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<tbody>
<tr>
<td>82200</td>
<td>Professional attendance for an obvious problem, straight forward in nature, with limited examination and management required</td>
<td>9.40</td>
<td>8.00</td>
</tr>
<tr>
<td>82205</td>
<td>Professional attendance for a patient presenting with clinical signs and symptoms with an easily identifiable underlying cause following a short consultation lasting less than 30 minutes duration</td>
<td>17.50</td>
<td>17.50</td>
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<tr>
<td>82210</td>
<td>Professional attendance for a patient presenting with clinical signs and symptoms with no obvious underlying cause requiring a more detailed consultation lasting at least 30 minutes duration</td>
<td>31.15</td>
<td>31.15</td>
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<tr>
<td>82215</td>
<td>Professional attendance for a patient presenting with multiple clinical signs and symptoms with the possibility of multiple causes and outcomes requiring an extensive consultation of at least 40 minutes</td>
<td>57.45</td>
<td>48.85</td>
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</table>

### Palliative Care: NP v GP

<table>
<thead>
<tr>
<th>PCNP Clinical activities</th>
<th>MBS rebate for NP</th>
<th>MBS rebate for GP</th>
<th>MBS item number</th>
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<tbody>
<tr>
<td>General clinical consults (4 levels)</td>
<td>Yes</td>
<td>$9.40 - $17.45</td>
<td>Yes</td>
</tr>
<tr>
<td>Health assessment (OMA)</td>
<td>No</td>
<td>Yes</td>
<td>$55.00 - $389.90</td>
</tr>
<tr>
<td>Organise Case Conference</td>
<td>No</td>
<td>Yes</td>
<td>$65.00 - $186.00</td>
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<tr>
<td>Participate Case Conference</td>
<td>No</td>
<td>Yes</td>
<td>$46.00 - $137.00</td>
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<tr>
<td>Contribution to a multidisciplinary care plan</td>
<td>No</td>
<td>Yes</td>
<td>$96.00</td>
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<tr>
<td>Advance Care Planning</td>
<td>No</td>
<td>Yes</td>
<td>$141.00</td>
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For more information, visit: [Nursing Benefits Schedule](http://www.raphael.org.au/healthnurse/nursing_benefits_schedule.pdf)
Collaborative Arrangements

- Mutual trust and respect
- Communication
- Teamwork

Why is it important?

“...done well, these conversations are the engine that drives the elucidation and treatment of suffering...”

Weiner & Roth 2006

Extended practice

Clinical Outcomes

Baseline retrospective audit

All residents with referral to NP died ‘at home’

High satisfaction from families

Less after hours locum visits at EoL

Clinical Outcomes

GPs more willing to attend case conferences

Increased proactive prescribing (and de-prescribing) of medicines at the end of life

Better identification and Rx of delirium

Professional outcomes

• Modelling best practice
• Opportunities for targeted clinical education
• Championing advance care planning
• Improved understanding & use of pain assessment and delirium screening tools
• Staff support re grief & loss

What’s my point?

A palliative care nurse practitioner who consults at a RACF can improve outcomes of care by providing clinical advice and support.

A palliative care nurse practitioner working within a RACF can improve outcomes of care by also providing direct care and influencing clinical practice improvement and other key processes.
More info?
www.caresearch.com.au

• Phone based advice
  – Clinical palliative care 24/7
  – Advance care planning M-F
• National education based around PA Toolkit
• Smart phone App (PalliAged) for GPs and Nurses

Hospital avoidance programs
SA Ambulance extended care paramedics
Thank You!