After-hours palliative care project in the Loddon Mallee region

Carol Parker¹, Angela Crombie¹, Evan Stanyer¹, Susan Morgan²
¹Research and Development, Bendigo Health, Vic, ²Loddon Mallee Regional Palliative Care Consortium, Bendigo Health, Vic

Background

The Loddon Mallee Region (LMR) is one of eight Department of Health regions in Victoria and encompasses 26% of Victoria’s land mass. The population of the region was 318,00 people in 2015 (1) with more than 37,000 people (approximately 12%) over the age of 70 years which higher than the state average of 10%. In 2011, 2012 and 2013 the average annual number of people dying who would have been appropriate for palliative care in the LMR was 904 people (2).

This project concentrated on a large and medium regional centre and a small rural centre. Living in remote and regional Australia invariably means a choice of fewer services, longer waiting lists and travel to metropolitan centres for medical treatment (3).

All specialist community palliative care services within the LMR currently support clients and their carers during business hours by providing support and symptom management plans to help pre-empt issues that might occur after-hours. However, if and when an after-hours palliative care emergency occurs patients and carers may have little option but to present at emergency departments (4), incurring distress for all involved. Surveys show that approximately 70% of Australians would prefer to die at home. Hospitals or nursing homes are their least preferred places to die. However, in 2015 it was found that the majority of people die in hospitals (54%) or in residential care (32%) with very few dying at home (14%)(5).

Aim

This project aimed to identify, pilot and evaluate preferred models for after-hours support to palliative patients at home with acute and/or complex overnight needs in a small, medium and large regional and rural catchment area.

Method

A desktop analysis of palliative care models in primary and community sectors including a review of geographical, workforce and funding barriers and enablers was completed. Stakeholders, including carers and consumers were engaged in focus groups or 1:1 interviews in a small, medium and large regional and rural area of Central Victoria. These discussions collected information about the current model of after-hours palliative care service provision as well as possible optimisation in each area. Ambulance protocols, home support packages and other appropriate usable tools were reviewed. Data regarding presentations by palliative care patients to the emergency departments and after-hours calls to relevant services were collected and, where possible, compared for 2016 and 2017. Ethics approval was provided by Bendigo Health Human Research Ethics Committee.

Preferred after-hours palliative care models appropriate for small, medium and large health services have been identified and will be piloted.
Outcomes

Baseline situational analysis showed that there were several recurring themes found in the literature regarding after-hours palliative care models. These included:

- **Person centred care**—patient and carer participation is important for all discussions regarding care
- **Strong nurse-patient relationships** are fundamental for effective ongoing communication concerning expectations and service delivery
- **Overall co-ordination** of after-hours palliative care service—where there is fragmented service co-ordination this can lead to feelings of ‘abandonment’ for the patient and carer
- **The hope of technology**—the future always looks brighter with the promise of seamless 24/7 communication between involved parties
- **Rural health workforce issues**—the workforce needs to be well structured and organised to meet the actual and perceived needs of the clients in their geographical areas

Thirty-three people were involved in focus groups or 1:1 interviews. These included staff from emergency departments, Ambulance Victoria, community palliative care, residential in-reach, residential aged care facilities, health service representatives, district nursing, after-hours managers at the health services, advanced care planning and GPs. Seven consumers were consulted across the three different sized catchment areas.

Pilot programs have been developed based on the thematic analysis from the focus groups and interviews as well as findings from the desktop analysis. In the large regional centre, three models of after-hours call taking are being compared. In addition, it has been identified that there are several databases which store relevant patient information for staff taking after-hours palliative care patient calls. Work is ongoing to connect these databases so as to better inform the staff thus potentially enabling more relevant and useful advice to be given. Discussions are ongoing regarding optimisation of advanced care planning implementation and alerts so that all involved are aware of the patient’s desires for their care.

In the medium regional centre, it was identified that additional information about the ‘Decision Assist’ program and Advance Care Planning may be an enabler to a better informed service. Workshops on these topics will thus be provided to GPs, Practice Nurses, and staff from the medium sized regional health service as well as staff from all of the other smaller rural health and aged care services within the catchment area.

Improved communication pathways are the focus for the small rural catchment area. It was identified that there is good communication already in place between some services however with better communication involving all services, the model could be further enhanced. A flowchart of how the after-hours service works with input from relevant stakeholders will be shared with all. An Advance Care Planning implementation workshop is being facilitated. It is envisaged that, if the GP clinics implement Advance Care Plans and these are uploaded into a shared data repository, they can then be viewed by community palliative care staff, after-hours managers taking calls as well as the emergency department staff at the hospital. The community palliative care staff already alert the local ambulance station that there is an Advance Care Plan in place.
Data collection is underway for analysis and reporting. Due to the extensive consultation process there has been increased contact by services involved in the three catchment areas which has the follow-on effect of strengthening these local networks.

**Summary**

As a result of these interventions, it is envisaged that after-hours response to palliative care patients with acute or complex needs will be optimised.

**References**

5. Scott K. Dying at home more peaceful than in hospital and better for loved ones, research finds. ABC news. 2015.

**Presenter**

Carol Parker is a physiotherapist by training and currently works part-time at the Collaborative Health and Research Centre (CHERC) at Bendigo Health in Victoria whilst studying for her PhD. During her time at CHERC she has participated in many health projects but has been involved in the cancer and/or palliative care area for the past two years. Last year she experienced personally some issues with after-hours palliative care and is keen to help with improving the current system where possible.