The Palliative Care Quality Improvement Project in regional WA

Claire Johnson¹, Tanya Pigeon¹, Valerie Colgan²
¹Cancer and Palliative Care Research and Evaluation Unit, ²WA Cancer and Palliative Care Network

Background: Palliative care across regional, rural and remote (RRR) Western Australia (WA) is varied and faces many challenges such as a declining and often transitory health workforce, a developing trend towards service centralisation, and the state’s unique geography.

To help address these concerns, the Palliative Care Outcomes Collaboration (PCOC) partnered with the WA Cancer and Palliative Care Network (WACPCN) to develop a quality improvement project that aims to assist health care services develop, improve and sustain quality palliative care delivery and patient outcomes throughout RRR WA, at minimal cost to the services.

The project involves improving the clinical skills of RRR health professionals who provide care for patients in the final phase of their lives and the development of a collaborative network of health professionals to ensure skill sharing and a coordinated approach to care.

Aim: We will provide an overview and evaluation of this regional palliative care quality improvement project.

Method: Regional palliative care managers (RPCMs) will facilitate the embedding of PCOC’s clinical assessment tools and the WACPCN’s WA lcP (Liverpool Care Pathway) into practice. RRR non-specialist palliative care providers will be trained in the use of the tools and pathway, and be supported to use them routinely when caring for people at the end of life.

The program is being rolled out throughout regional WA over an 18-month period in three phases: Phase One—Clinical tool education and integration; Phase Two—Data collection and extraction; and Phase Three—Data reporting and review.

Integral to the success of each phase is the ongoing review and evaluation of the project; active involvement of the RPCM; and continual support to the RPCMs by the project team.

Results: We will report on the progress of the rollout and the benefits and problems encountered in the implementation. We will report on the findings of case analyses used in the audit process and changes in practice reported by local health professionals.

Conclusion: This quality improvement project supports RRR health care providers to identify and assess their palliative patients’ needs and plan care in a more confident, timely and appropriate manner. Since rollout, the project has also engendered greater partnerships and capacity building of all health care professionals and services involved, which we envision, on a state level, will further support quality care provision and the seamless transition of patients between services.