

# **Palliative Approach, Specialist Palliative Care and Supportive Care:**

**Do Current Australian Data Collections  
(SNAP & PCOC)**

**Help Us Understand What We Do?**

**Assoc Prof Richard Chye**

Area Director, Palliative Care

South Eastern Sydney & Illawarra Area Health Service

St Vincent's & Prince of Wales Hospital

SOUTH EASTERN SYDNEY  
ILLAWARRA  
NSW HEALTH



# Definitions

## Palliative Care Approach

A Palliative Approach is a term that has been used to describe care that aims to improve the quality of life for individuals with an eventually fatal condition, and their families, by reducing their suffering through early identification, assessment and treatment of pain, physical, psychological, social, cultural and spiritual needs.

# Definitions

## Palliative Care Specialist

A Palliative Care Specialist has the specialist knowledge skills and expertise in care of people living with and eventually fatal condition and their families and carers, including in the management of complex symptoms, loss, grief and bereavement.

Glossary of Terms, Palliative Care Australia 2008

# Definitions

## Specialist Palliative Care (Provider)

The Specialist Palliative Care Provider is a Medical, Nursing or Allied Health professional recognised as a Palliative Care Specialist by an accrediting body or who substantively works in a Specialist Palliative Care service if an accrediting body is not available.

Glossary of Terms, Palliative Care Australia 2008

# Definitions

## Specialist Palliative Care (Service)

Specialist Palliative Care Services are provided by an interdisciplinary team of Specialist Palliative Care professionals whose substantive work is with patients who have and eventually fatal condition.

Glossary of Terms, Palliative Care Australia 2008

# Supportive Care in Cancer

- is the prevention and management of the adverse effects of cancer and its treatment.
- This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis through anticancer treatment to post-treatment care.
- Enhancing rehabilitation, secondary cancer prevention, survivorship and end of life care are integral to Supportive Care.

**Multinational Assoc for Supportive Care in Cancer**

# Supportive Care in Cancer

- alleviates symptoms and complications of cancer
- reduces or prevents toxicities of treatment
- supports communication with patients about their disease and prognosis
- allows patients to tolerate and benefit from active therapy more easily
- eases emotional burden of patients and care givers
- helps cancer survivors with psychological and social problems

# Supportive Care

Palliative Care now supports patients  
undergoing palliative anticancer  
treatments

Palliative Care has developed expertise  
looking after problems associated with  
cancer treatments

# Changing Cancer Care Paradigms

Palliative Care now provides

- Supportive Care
  - Psycho-Oncology
  - Blood Transfusions
  - Intravenous Antibiotics
  - Palliative Chemotherapy
  - Palliative Radiotherapy

# What is a Supportive Care Patient?

A Study at Sacred Heart

- From October 2008 to June 2009
- Staff Specialists were asked which category their patients fulfilled when their patient was admitted to Sacred Heart.
- three categories
  - Palliative Approach
  - Specialist Palliative Care
  - Supportive Care

SVH HREC Approved Study 2009

**“Palliative Approach”** as a patient whose **needs** could be met by a **non specialist** palliative care team “eg. aged care specialist or general practitioner and a generalist community nurse or non palliative care ward nurse”.

**“Specialist Palliative Care”** as patients who are considered to have **complex needs** requiring an interdisciplinary approach from health professionals who have had **specific palliative care training or a specialist** in their field of palliative care. These patients are more likely to have **problems associated with their disease.**

**“Supportive Care”** as patients who require care whilst they **undergo active anti-cancer treatment**, be it of **palliative or curative** intent. These patients are more likely to develop or have **problems associated with their treatment.**

# Sub Acute, Non Acute Program (SNAP)

- Developed in 1980s-90s
- To describe (and fund) subacute services like palliative care where Diagnostic Related Groups (DRGs) are inappropriate

# Sub Acute, Non Acute Program (SNAP)

## Uses

- Age
- Phase      Stable, Unstable, Deteriorating, Terminal
- Symptom Severity Scores  
    Pain, Other Symptom, Psychosocial, Family
- RUG-ADL Scores  
    Bed Mobility, Toileting, Transfer Eating

# Palliative Care Outcomes Collaboration (PCOC)

Headed by the University of Wollongong

Uses SNAP plus

- Karnofsky
- Palliative Care Symptom Assessment Score

Insomnia, Appetite, Nausea, Bowels,  
Breathing, fatigue, Pain

# Experience at Sacred Heart

- 538 admissions involving 456 patients
- 56 patients (accounting for 82 admissions) were admitted more than once and up to 5 instances.
- The large majority of admissions (74%) were documented as 'Specialist Palliative Care'.

# Experience at Sacred Heart

- The large majority of admissions (74%) were documented as ‘Specialist Palliative Care’
- 15% were documented as ‘Palliative Approach’
- 11% were documented as ‘Supportive Care’

# Experience at Sacred Heart

	Male	Female
Palliative Approach	48%	52%
Specialist Palliative Care	52%	48%
Supportive Care	84%	16%

Chi-Square Test: Significant difference between the 3 groups  $P < 0.001$

# Experience at Sacred Heart

	Mean Age	Range
Palliative Approach	77.3	41 to 100
Specialist Palliative Care	69.7	30 to 97
Supportive Care	61.8	30 to 90

One-Way ANOVA: Significant  $P < 0.001$

# Experience at Sacred Heart

	<b>LOS</b>	<b>Range</b>
Palliative Approach	17.8	0 to 205
Specialist Palliative Care	17.0	0 to 196
Supportive Care	17.3	1 to 101

One-Way ANOVA: No Significant Difference ( $p > 0.05$ )

# Experience at Sacred Heart

<b>Diagnosis</b>	<b>Palliative Approach</b>	<b>Specialist Palliative Care</b>	<b>Supportive Care</b>
<b>Cancer</b>	50 (62%)	344 (86%)	39 (67%)
<b>HIV</b>	0 (0%)	6 (2%)	<b>12</b> <b>(21%)</b>
<b>Other Non Cancer</b>	<b>31</b> <b>(38%)</b>	49 (12%)	7 (12%)

Chi Square Test: Significant difference  $P < 0.001$   
between proportions of cancer, AIDS and other diseases

# Experience at Sacred Heart

Phase	Stable	Unstable	Deteriorating	Terminal
Palliative Approach	36 (44%)	6 (7%)	16 (20%)	23 (28%)
Specialist Palliative Care	105 (26%)	74 (19%)	103 (26%)	115 (29%)
Supportive Care	46 (79%)	10 (17%)	2 (3%)	0 (0%)

Chi-Square Test: Significant difference  $P < 0.001$   
between the 3 treatment groups in phase class proportions.

# Experience at Sacred Heart

<b>Discharge Destination</b>	<b>“Home”</b>	<b>Transfer Hospital</b>	<b>Death</b>
Palliative Approach	35 (43%)	0 (0%)	<b>44</b> <b>(54%)</b>
Specialist Palliative Care	107 (27%)	21 (5%)	<b>262</b> <b>(66%)</b>
Supportive Care	<b>42</b> <b>(72%)</b>	9 (16%)	2 (3%)

Chi Square Test: Significant difference  $P < 0.001$ , across the 3 treatment groups

# Experience at Sacred Heart

<b>Dependence RUG-ADL</b>	<b>Median</b>	<b>Inter Quartile Range</b>
<b>Palliative Approach</b>	<b>18</b>	<b>9-18</b>
<b>Specialist Palliative Care</b>	<b>16</b>	<b>10-18</b>
<b>Supportive Care</b>	<b>4</b>	<b>4-11</b>

Kruskal Wallis Test: Significant difference ( $P < 0.001$ ) between the 3 treatment groups

# Experience at Sacred Heart

<b>Karnofsky Scores</b>	<b>Median</b>	<b>Inter Quartile Range</b>
Palliative Approach	20	20-60
Specialist Palliative Care	30	20-50
Supportive Care	<b>60</b>	50-80

Kruskal Wallis Test: Significant difference  $P < 0.001$

# Experience at Sacred Heart

<b>Problem Severity Scores</b>	<b>Median</b>	<b>Inter Quartile Range</b>
<b>Palliative Approach</b>	<b>6</b>	<b>4-9</b>
<b>Specialist Palliative Care</b>	<b>7.5</b>	<b>6-9</b>
<b>Supportive Care</b>	<b>6</b>	<b>5-8</b>

Kruskal Wallis Test: Significant difference ( $P < 0.001$ ) between the 3 treatment groups

# Experience at Sacred Heart

Symptom Assessment Scale	Median	Inter Quartile Range
Palliative Approach	16	10.5-26.5
Specialist Palliative Care	24	16-34
Supportive Care	20	11-25

Kruskal Wallis Test: Significant difference ( $P < 0.001$ ) between the 3 treatment groups

# Conclusions

There was some difference between “a Palliative Approach” & “Specialist Palliative Care” in terms of

Cancer Diagnoses (Specialist)

Younger Age (Specialist)

More Symptoms (Specialist)

More Dependency (Pall Approach)

# Conclusions

There was little difference between “a Palliative Approach” & “Specialist Palliative Care” in terms of

Sex

Length of Stay

Discharge Destination

Phase

# What is a Supportive Care Patient?

- Male
- Younger
- More independent
- Many have cancer
- HIV patients classified more as supportive care now, as it is more of a chronic illness than a terminal illness
- More likely to be discharged home

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