



MELBOURNE HEALTH

Together 2009, Perth

Who's missing out on specialist palliative care at Australia's busiest hospital and why?

James Watt
Brian Le
Marian Allison




Primary Aim

To improve access to specialist palliative care for patients at Melbourne Health



Presentation Outline

- Background
- Methods
- Key findings
- Conclusion



Project Background

- RMH Palliative Care Service
 - 1091 new referrals in 2007
 - ~ 800 deaths per year at RMH
- Audit in 2005
 - 66 deaths (hospital deaths in 1 month)
 - 75% death was anticipated
 - 38% of these were referred to Palliative Care Service

(Le and Ashby, Journal of Palliative Medicine 2007; 10: 835-6)



Project Background

- Emerging Research Questions
 - what end of life care do patients receive both with and without specialist palliative care input
 - how do clinicians in the hospital perceive the role of palliative care and
 - how do referral decisions get made?



Getting Started

- Department of Health
 - Turning Policy into Practice Grants Scheme
- Classified as 'QA' by hospital ethics committee
- Project commenced in Oct 2007 and completed in Dec 2008



Methodology

- Literature Review
- Audit
 - Retrospective, sequential audit of deaths occurring over 3 month period in 2007 ($n = 190$)
 - 171 histories
 - Liverpool Care Pathway *base-line audit tool* (Ellershaw & Wilkinson, 2003)



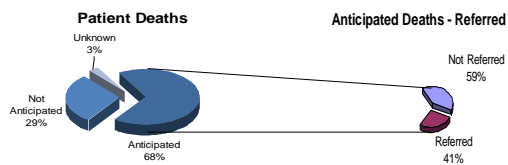
Methodology

- Interviews
 - Clinicians' understanding about palliative care and how referral decisions get made
 - 27 senior medical, nursing and allied health clinicians representing 15 specialties
 - Thematic analysis

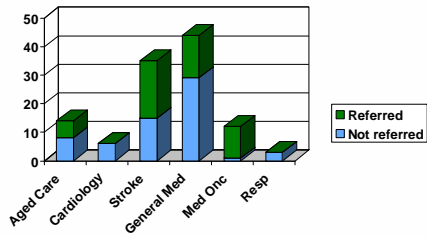


2007 Audit Results

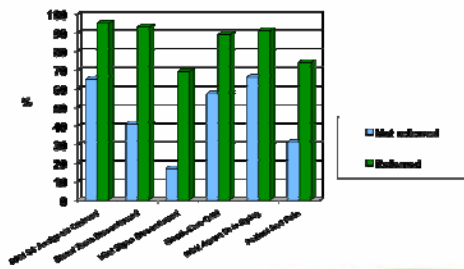
All deaths ($n = 171$)



Referral to palliative care by treating unit



Examples of LCP audit results



Audit Findings

- The majority of dying patients in the hospital were not referred to palliative care
- There was poor documentation of what information has been communicated to families, patients and GPs.
- Involvement of the palliative care service was associated with
 - implementation of appropriate end of life medication orders
 - cessation of futile treatment and interventions
 - improved communication with families
 - either a higher likelihood of symptoms and/or more impeccable symptom assessment

Summary of Interview Findings

- Advantages to referral were readily identified
 - symptom management, family and staff support, clarifying goals of care, and enhanced continuity of care on discharge
- Clinicians involved palliative care to provide care they couldn't offer the patient
 - improved pain management, hospice care or home care
 - lack of access to palliative care beds at RMH was a source of frustration for many clinicians



Summary of Interview Findings

- Some medical staff reported they didn't refer to palliative care due to
 - a need to protect the anxious patient
 - a belief in their own expertise
- Teams struggled when shifting from acute care to a palliative approach
 - difficulty discussing and introducing palliative care and knowing the right time to switch to a palliative approach



Summary of Interview Findings

- Nursing and social work often saw themselves as the initiators of palliative care referrals and suggested referral earlier than their medical colleagues
- Non-referral of a dying patient sometimes left team members feeling frustrated and burdened in an area of work less familiar to them



Conclusions

- The development of a dedicated area within the hospital for palliative care was widely supported
 - PCU beds
 - junior medical staff positions
- Education needs to be targeted towards medical staff
 - intern education
 - grand rounds
 - nursing short courses
- Palliative care service referral guidelines



“OK, so we all still see some deaths as a personal defeat in the people we look after, I certainly do and I think some of them are personal defeats”

(Physician)



Acknowledgements

Thank you to the staff who volunteered their time to be interviewed and to DOH Victoria who funded this project