Translating Knowledge into Practice: The Palliative Approach Toolkit

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Palliative Care in residential aged care

- Consensus that end-of-life care in RACFs is less than optimal\textsuperscript{1,2,4,5}
- 90% of separations from RACFs are due to death\textsuperscript{4}
- 38% of residents have a length of stay less than one year\textsuperscript{4}
- High incidence of distressing symptoms experienced by residents\textsuperscript{3}
- 52% of residents have a diagnosis of dementia, a life-limiting illness, on admission\textsuperscript{4}
- RACFs are increasingly the place of death for people with a life-limiting condition
Initial Development of the PA Toolkit

- The PA Toolkit was the primary outcome from the Comprehensive Evidence Based Palliative Approach in Residential Aged Care project (2009-2010).
- Funded by DOHA under Enhancing Best Practice in Aged Care
- Use existing evidence - APRAC, APS, Therapeutic Guidelines
- 9 pilot sites (QLD, NSW, WA, SA)
- RNAO Knowledge translation principles
  1. Identify the evidence
  2. Stakeholder identification, assessment and engagement
  3. Environmental readiness
  4. Identify effective implementation strategies
  5. Evaluate the implementation
  6. Identification of resource requirements
Extended Development and National Rollout

• National Rollout of the PA Toolkit for RACFs (2012-2015) led by Brisbane South Palliative Care Collaborative in partnership with:
  – UQ/Blue Care Research & Practice Development Centre
  – Australian & New Zealand Society of Palliative Medicine (ANZSPM)
  – Leading Aged Services Australia (LASA)
  – Royal Australian College of General Practitioners (RACGP)

• Additional knowledge translation resources added to enhance widespread implementation across Australia
  • The workplace implementation guide
  • Training support guide
  • EOLCP DVD/Brochure
  • Guidance for Pharmacological Management
  • Video clips/facts sheets
The Palliative Approach (PA) Toolkit

An integrated framework of care that relies upon three key processes, using evidence–based clinical tools, to deliver best practice palliative care.
The PA Toolkit is a comprehensive, step-by-step guide to implementing a palliative approach in residential aged care facilities (RACFs). The PA Toolkit includes policies and procedures and education for staff, as well as resources for friends and relatives of residents in RACFs.
Framework of Care Underpinning the PA Toolkit

Trajectories and Key Processes

ALL NEW AND EXISTING RESIDENTS

TRAJECTORY A
Expected prognosis of greater than 6 months

- Annual nurse led case conference including advance care planning
- Review 6 monthly
- Prognosis 6 months or less

TRAJECTORY B
Expected prognosis of 6 months or less

- Palliative care case conference including review of advance care planning
- Assessment and management of palliative clinical symptoms
- Review monthly
- Prognosis less than 1 week

TRAJECTORY C
Expected prognosis of less than 1 week

- Commence Residential Aged Care End of Life Care Pathway
- Review daily
- If prognosis is greater than 1 week

PALLIATIVE PHASE

TERMINAL PHASE
National Implementation Workshops

• 40 one day workshops conducted across Australia
  – (1,200 RACFs – 2,100 staff)

• Focus of workshops
  – Model of care and key processes explained
  – Review of all PA Toolkit products and how to use
  – Review of organisational readiness for translating evidence into practice
  – DVDs and small group work focusing on clinical care
  – Action plan linked to workplace implementation 10 steps

• Each RACF received a hard copy of the PA Toolkit.
• Follow up support online/webpage/newsletters.
• Voluntary after death audit program.
After Death Resident Audits

- Provided by 83 RACFs attending a workshop.
- Pre implementation data is a minimum of 5 deaths per RACF prior to attending the workshop (n=486).
- Post implementation data is all deaths following the workshop (n=524).
- Post implementation timeframe ranged from 6 to 12 months depending on workshop schedule.
Was this a sudden, unexpected death?

Pre (N=479)
- Yes: 96 (20%)
- No: 383 (80%)

Post (N=520)
- Yes: 124 (24%)
- No: 396 (76%)
Was the resident transferred to hospital in the last week of their life?

Pre (N=484)

- Yes: 91 (19%)
- No: 393 (81%)

Post (N=519)

- Yes: 100 (19%)
- No: 419 (81%)
Principal reason for hospitalisation

Pre (N=91)
- Symptom management: 46 (51%)
- Following a fall: 13 (14%)
- Sudden, unexpected deterioration or event: 11 (12%)
- Request of family/resident: 10 (11%)
- Request of GP: 7 (8%)
- Other: 4 (4%)

Post (N=97)
- Symptom management: 44 (45%)
- Following a fall: 13 (13%)
- Sudden, unexpected deterioration or event: 13 (13%)
- Request of family/resident: 6 (6%)
- Request of GP: 1 (1%)
- Other: 20 (21%)
Length of hospital stay

Pre (N=90)
- Not admitted: 13 (14%)
- 1 to 3 days: 32 (36%)
- Greater than three days: 45 (50%)

Post (N=93)
- Not admitted: 9 (10%)
- 1 to 3 days: 48 (52%)
- Greater than three days: 36 (39%)
Were the resident’s preferences for end of life care documented?

Pre (N=481)
- Yes: 347 (72%)
- No: 134 (28%)

Post (N=515)
- Yes: 389 (76%)
- No: 126 (24%)
Was a palliative care case conference (PCCC) conducted within the last six months of the resident’s life?

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<thead>
<tr>
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<th>Pre (N=486)</th>
<th>Post (N=522)</th>
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<tbody>
<tr>
<td>Yes</td>
<td>221 (45%)</td>
<td>316 (61%)</td>
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<tr>
<td>No</td>
<td>265 (55%)</td>
<td>206 (39%)</td>
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Median time PCC and Death Pre=11 days/Post 10 days
Was the resident commenced on an end of life care pathway (EoLCP)?

Pre (N=483)  
- Yes: 339 (70%)  
- No: 144 (30%)

Post (N=518)  
- Yes: 236 (46%)  
- No: 282 (54%)

Median days EOLCP commenced prior to death Pre=4/Post 3
Place of death

Pre (N=482)
- Yes: 62 (13%)
- No: 420 (87%)

Post (N=524)
- Yes: 76 (15%)
- No: 448 (85%)

Yes  No
Residential Aged Care Palliative Approach Toolkit
Predictors of Place of Death

• Binary logistic regression using the three key processes as predictors
• All three key processors had a significant impact on place of death
• Residents had increased chance of dying in the RACF if:
  – End of life wishes were documented (OR = 1.7, CI: 1.1-2.6, p = 0.009)
  – Palliative care case conferences (OR = 4.7, CI: 2.6-8.5, p < 0.001)
  – EoLCP (OR = 21.8, CI: 5.2-90.7, p < 0.001)
Conclusions

• Timeframe for practice change relatively short (6 to 12 months) but some changes reported.
• The framework has demonstrated robustness in predicting place of death.
• Further investigation required of transfers to hospital in the last week of life.
• Clinical outcomes, QOL or family satisfaction would be useful.
• After death audits with more in-depth questions around end of life wishes are being implemented as part of follow up program funded by DOH – Decision Assist which will provide larger data set.