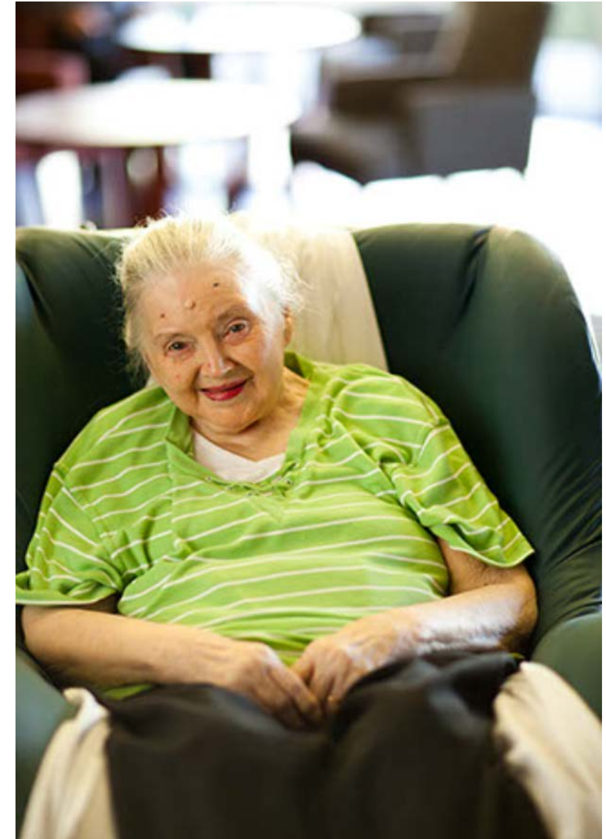
Professor Deborah Parker

Residential Aged Care
Palliative Approach Toolkit

Palliative Care in residential aged care

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



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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

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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

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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.

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PA Toolkit Website

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Contact Us | Useful Links | Background to the PA Toolkit

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.

THE PA TOOLKIT: SOME STEPS FOR GETTING STARTED

View video   Read transcript

OVERVIEW OF THE PA TOOLKIT MODEL OF CARE

View video   Read transcript

BENEFITS OF THE PA TOOLKIT: A STAFF EDUCATOR'S PERSPECTIVE

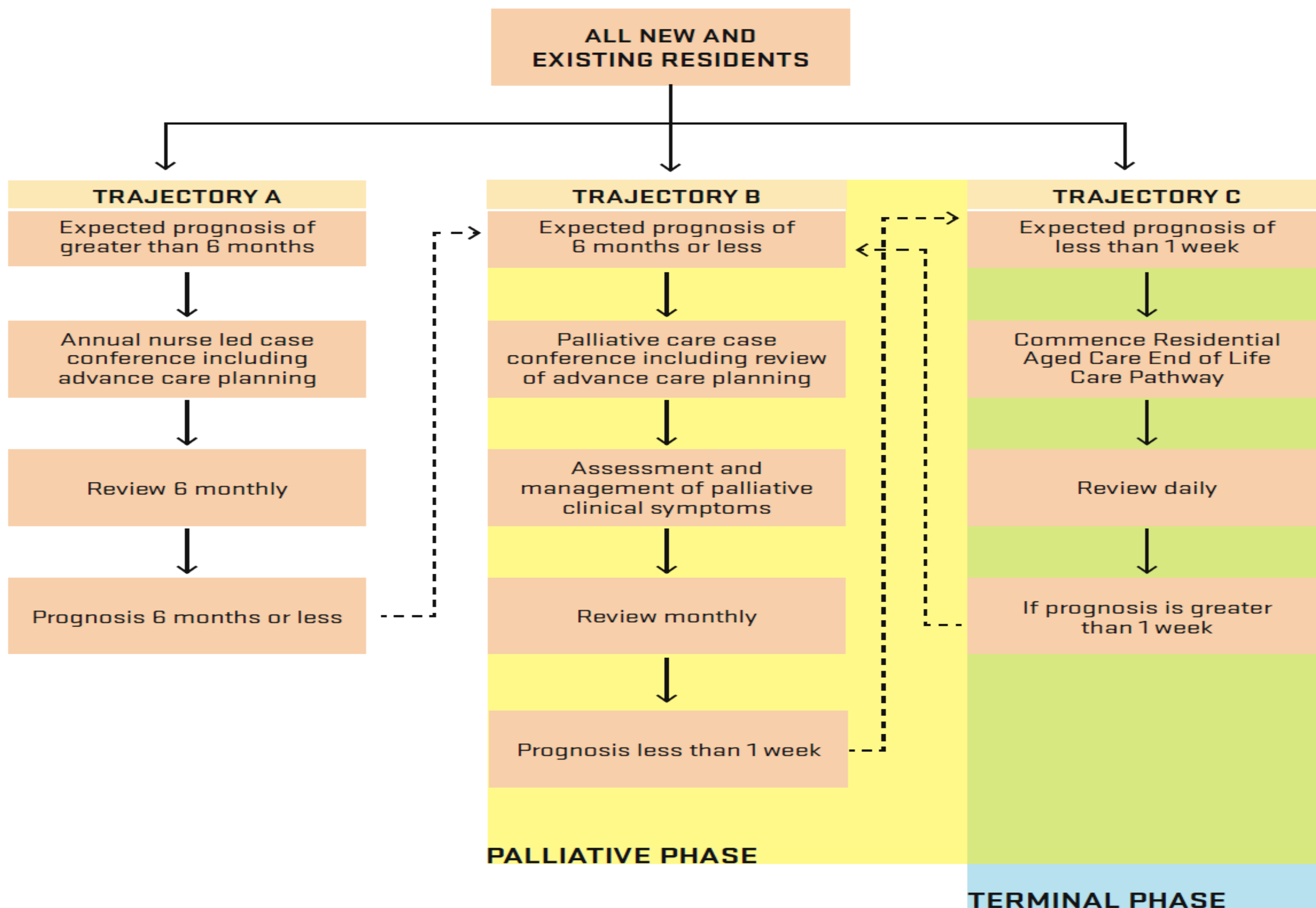
View video   Read transcript

ACCESS THE PA TOOLKIT RESOURCES

The National Rollout of the Palliative Approach Toolkit for Residential Aged Care Facilities project is funded by the Australian Government Department of Social Services under the Encouraging Better Practice in Aged Care (EBPAC) Initiative.

Framework of Care Underpinning the PA Toolkit

Trajectories and Key Processes



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.

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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.

After Death Audit Tool

1. Facility assigned resident ID*: __________
   [*Please enter the resident's unique identifier assigned by your facility.]
2. Date of death
   (dd)/(mm)/(yyyy)
3. Was this a sudden, unexpected death?
   - ☐ Yes
   - ☐ No
4. Place of death
   - ☐ Residential aged care facility
   - ☐ Hospital
   - ☐ Other
5. Was the resident transferred to hospital in the last week of their life?
   - ☐ Yes
   - ☐ No (If no, skip to question 8)
6. Principal reason for hospitalisation
   - ☐ Symptom management
   - ☐ Sudden, unexpected deterioration or event
   - ☐ Following a fall
   - ☐ Request of resident and/or family
   - ☐ Request of the general practitioner
   - ☐ Other, specify __________
7. Length of hospital stay
   - ☐ Not admitted
   - ☐ 1 to 3 days
   - ☐ Greater than 3 days
8. Were the resident's preferences for end of life care documented?
   [N.B. Documentation of a funeral provider is not sufficient to check "yes" for this item.]
   - ☐ Yes
   - ☐ No
9. Was a palliative care case conference** conducted within the last six months of the resident's life?
   [**A palliative care case conference focuses on end of life issues. The resident and/or family should be in attendance.]
   - ☐ Yes
   - ☐ No (If no, skip to question 11)
10. Date of palliative care case conference
    (dd)/(mm)/(yyyy)
11. Was the resident commenced on an end of life care pathway?
    - ☐ Yes
    - ☐ No (If no, skip to Question 13)
12. Date commenced end of life care pathway?
    (dd)/(mm)/(yyyy)
13. Did the facility claim Complex Health Care Palliative Care through ACFI for this resident?
    - ☐ Yes
    - ☐ No

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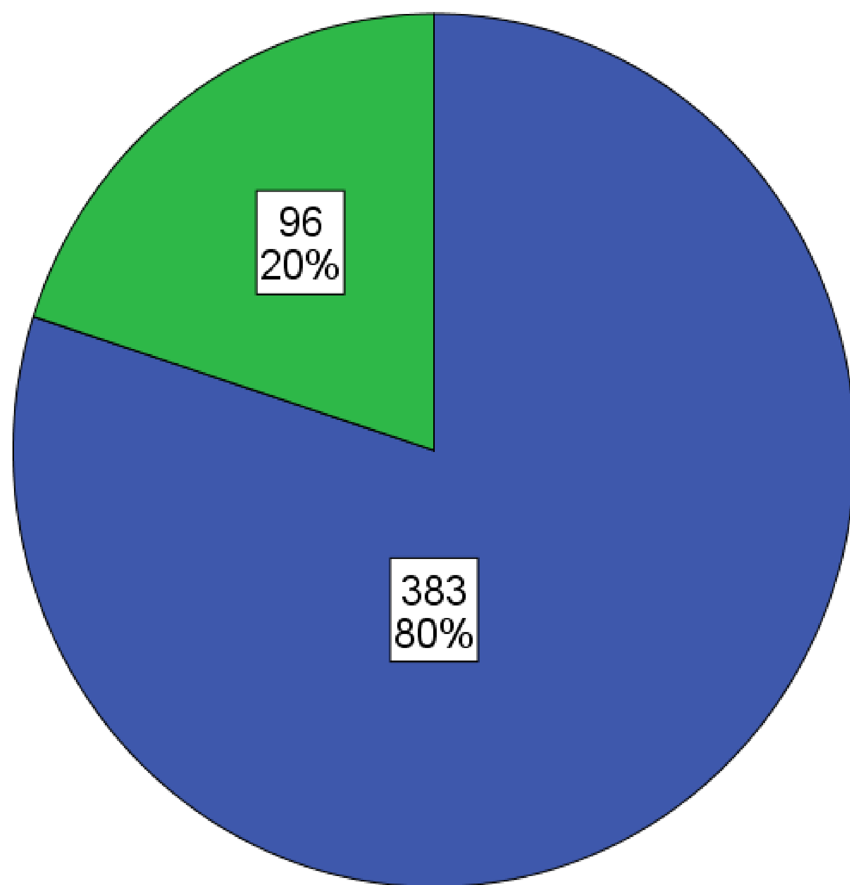
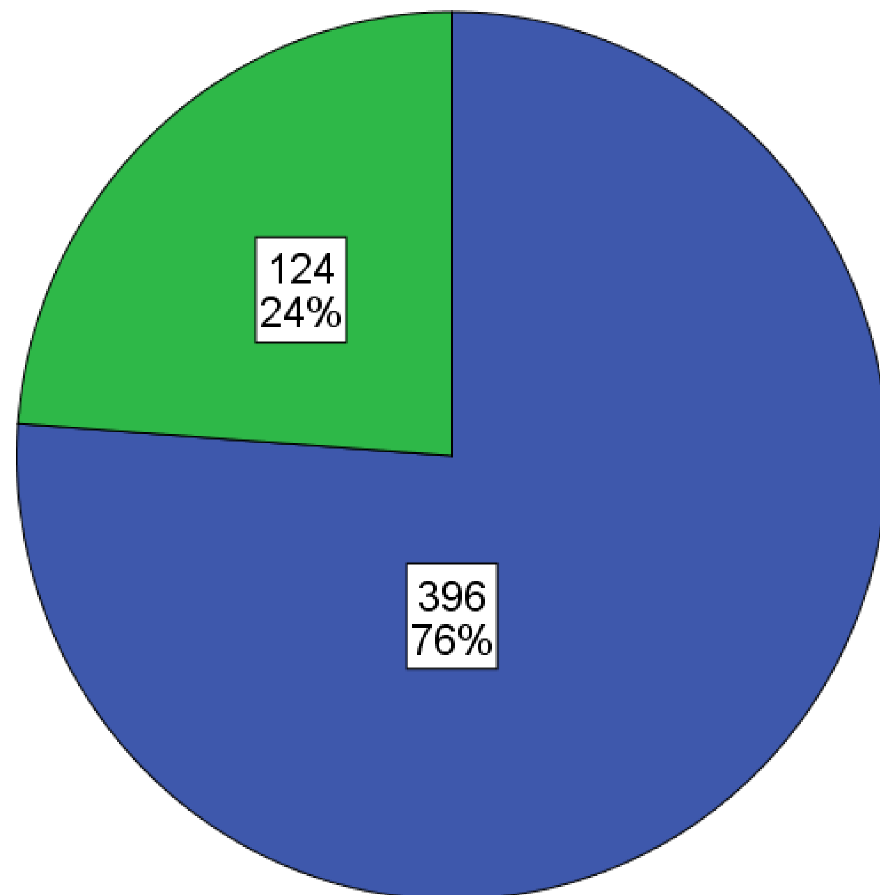
Was this a sudden, unexpected death?



Pre (N=479)



Post (N=520)

Yes No

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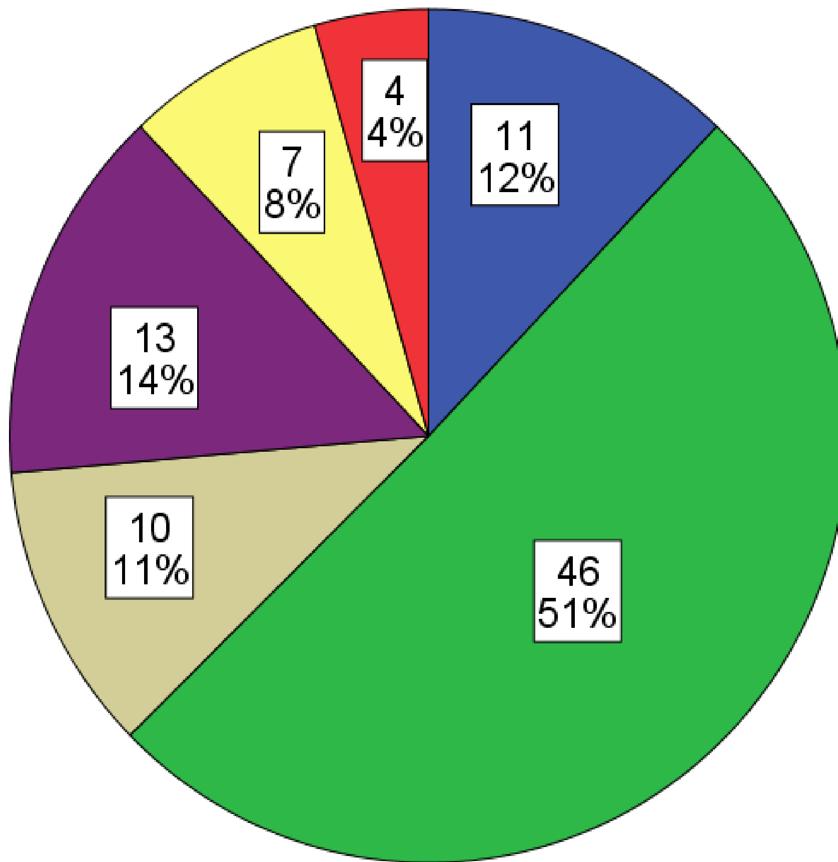
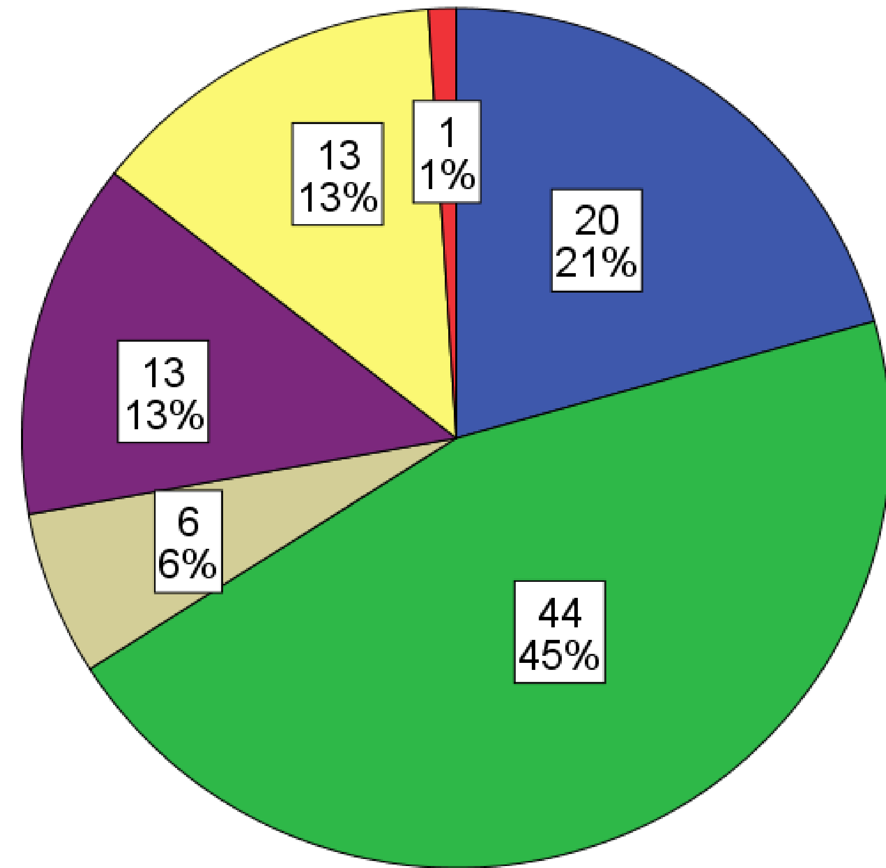
Was the resident transferred to hospital in the last week of their life?

	Pre (N=484)	Post (N=519)
Yes	91 (19%)	100 (19%)
No	393 (81%)	419 (81%)

Principal reason for hospitalisation



Pre (N=91)



Post (N=97)

Symptom management Following a fall
Sudden, unexpected deterioration or event
Request of family/resident Request of GP Other

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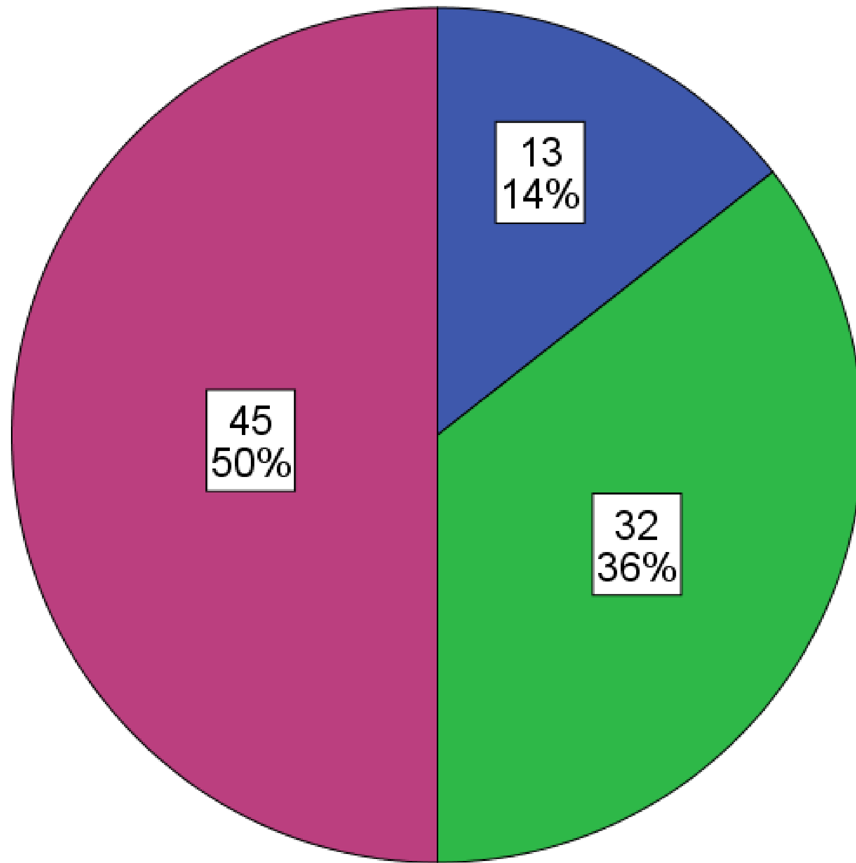
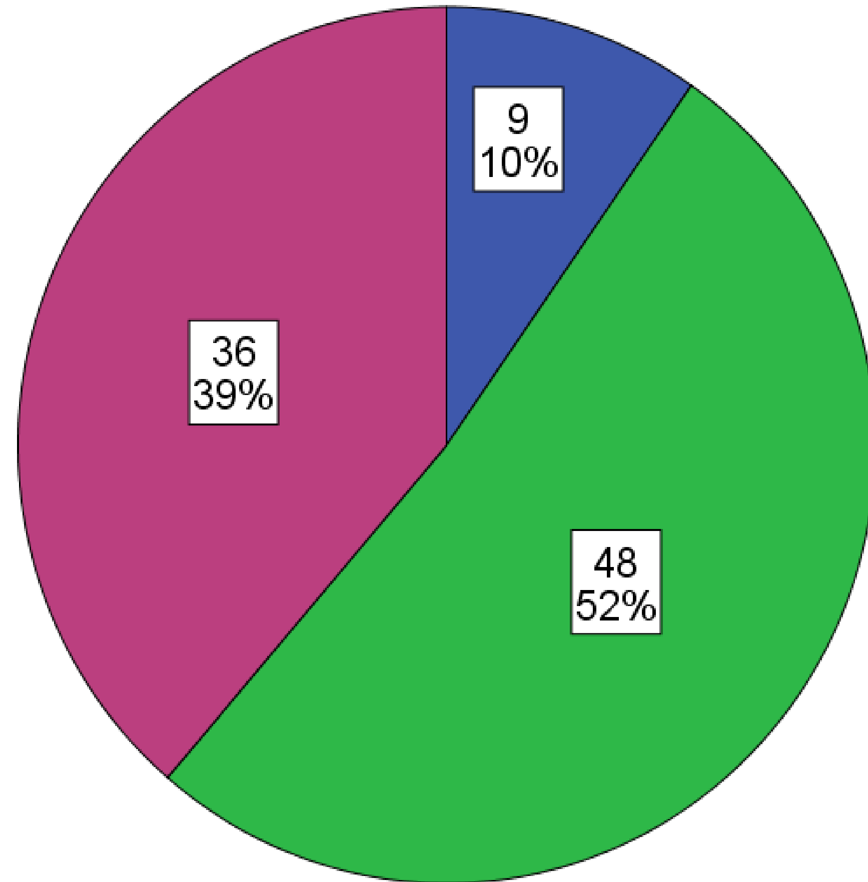
Length of hospital stay



Pre (N=90)



Post (N=93)

Not admitted 1 to 3 days Greater than three days

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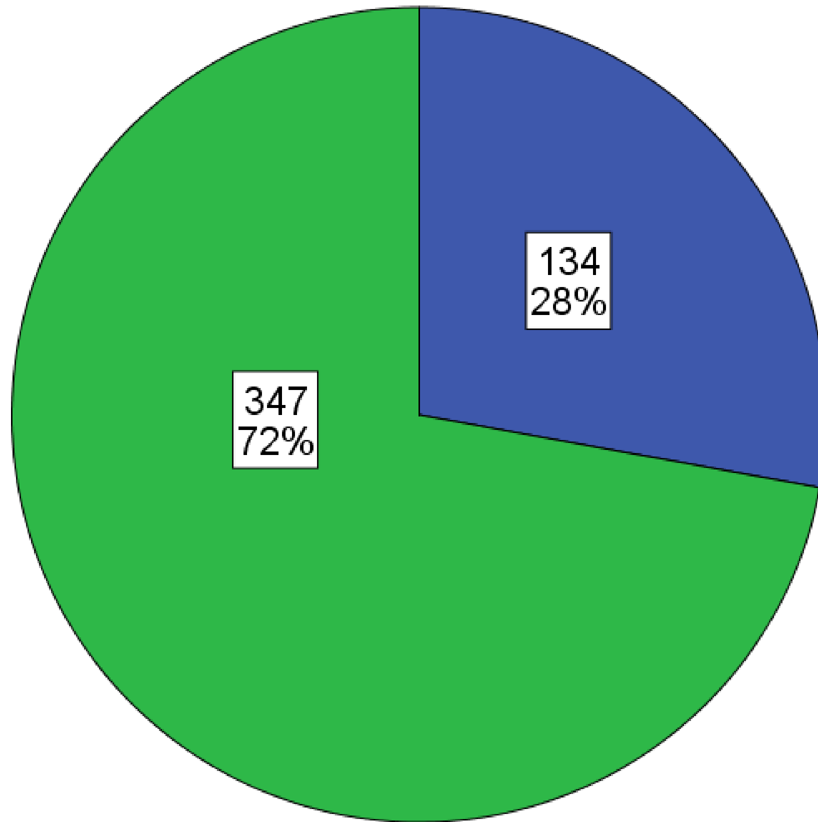
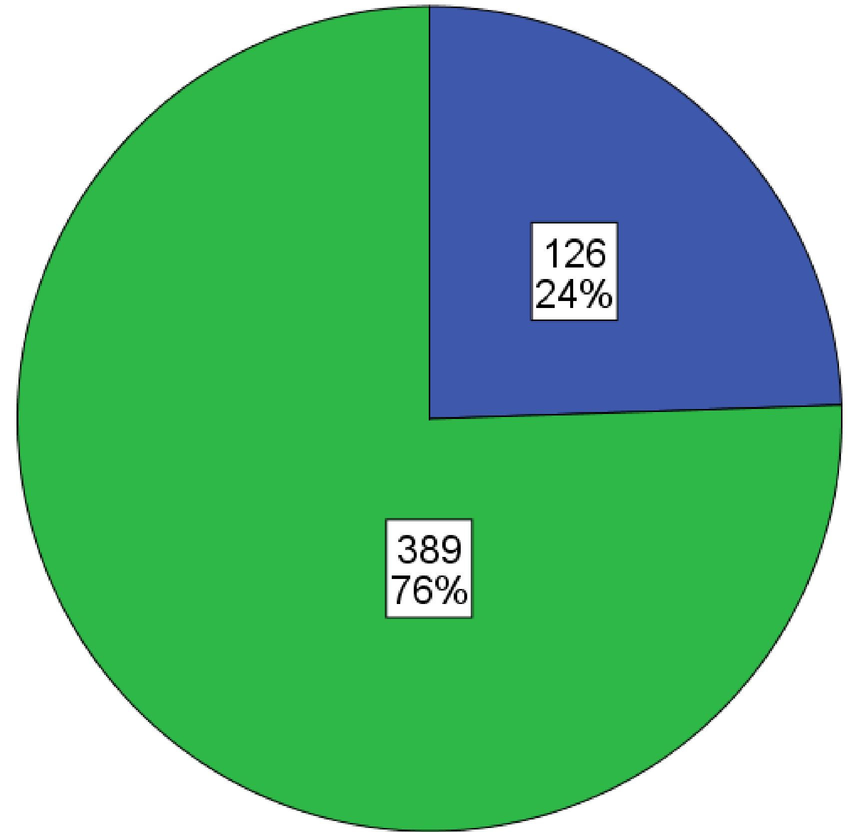
Were the resident's preferences for end of life care documented?



Pre (N=481)



Post (N=515)

Yes No

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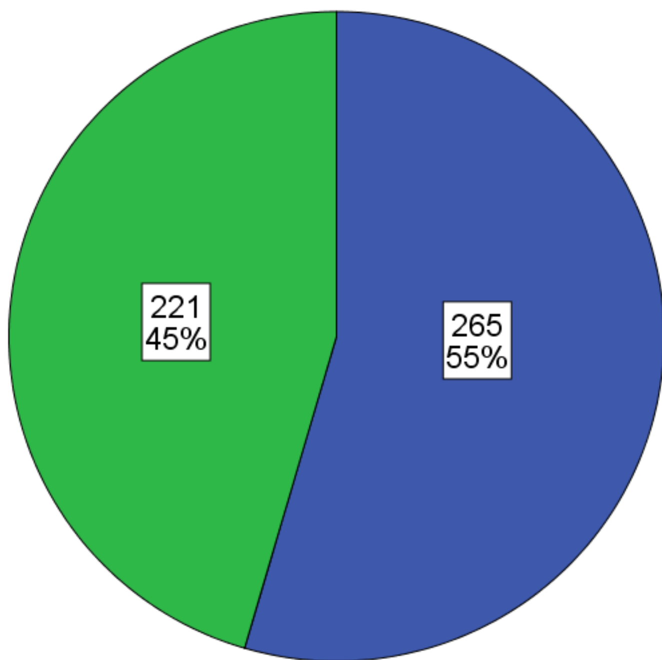
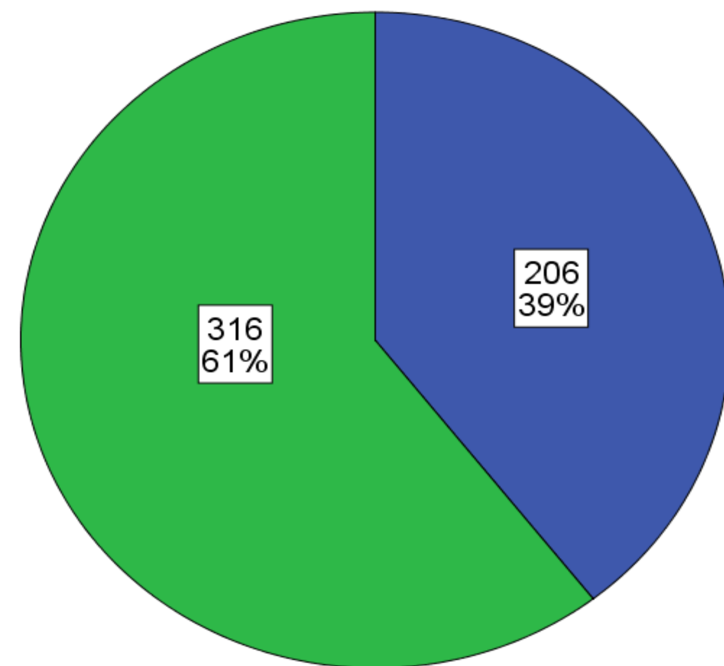
Was a palliative care case conference (PCCC) conducted within the last six months of the resident's life?





Pre (N=486)

Post (N=522)

Yes No

Median time PCC and Death Pre=11 days/Post 10 days

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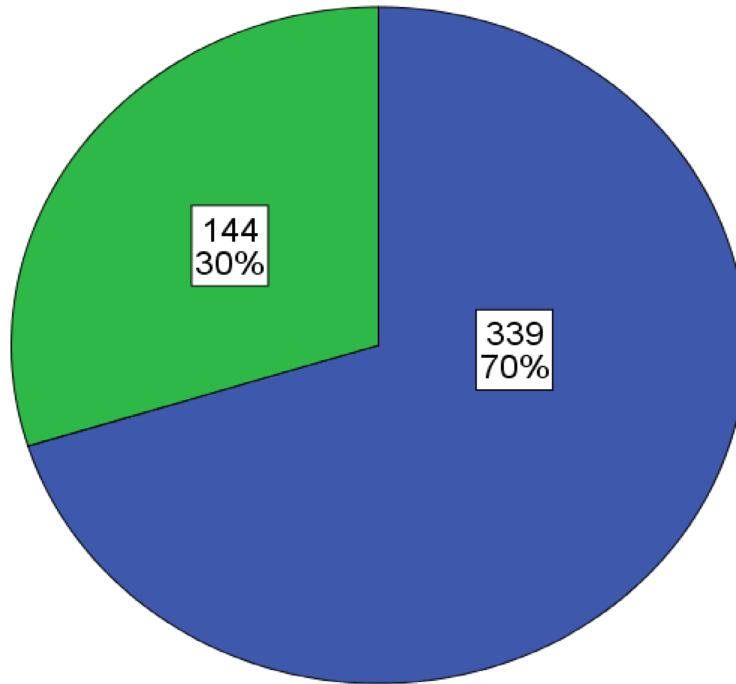
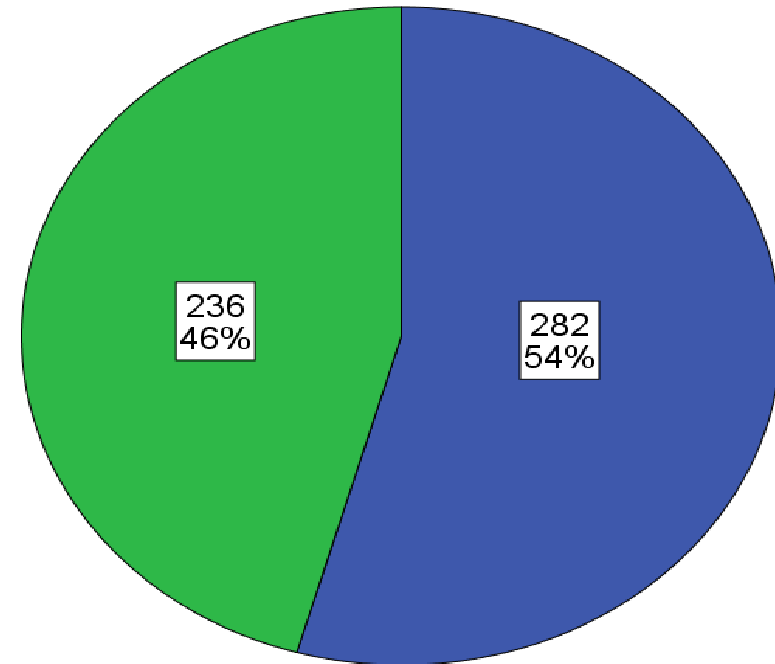
Was the resident commenced on an end of life care pathway (EoLCP)?





Pre (N=483)

Post (N=518)

Yes No

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

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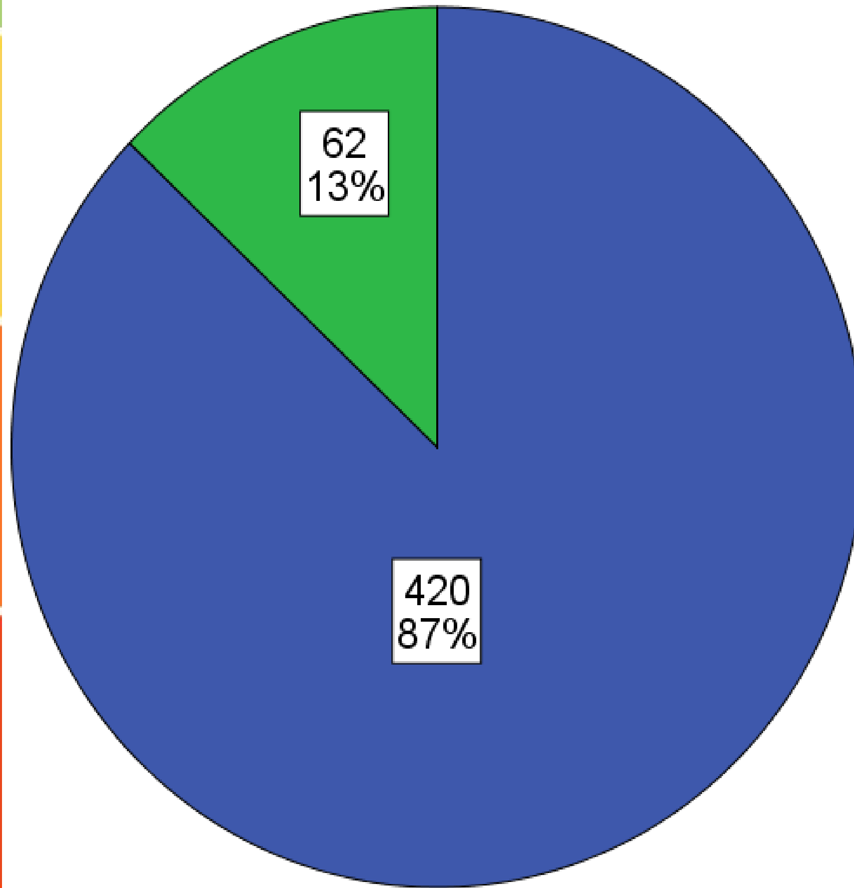
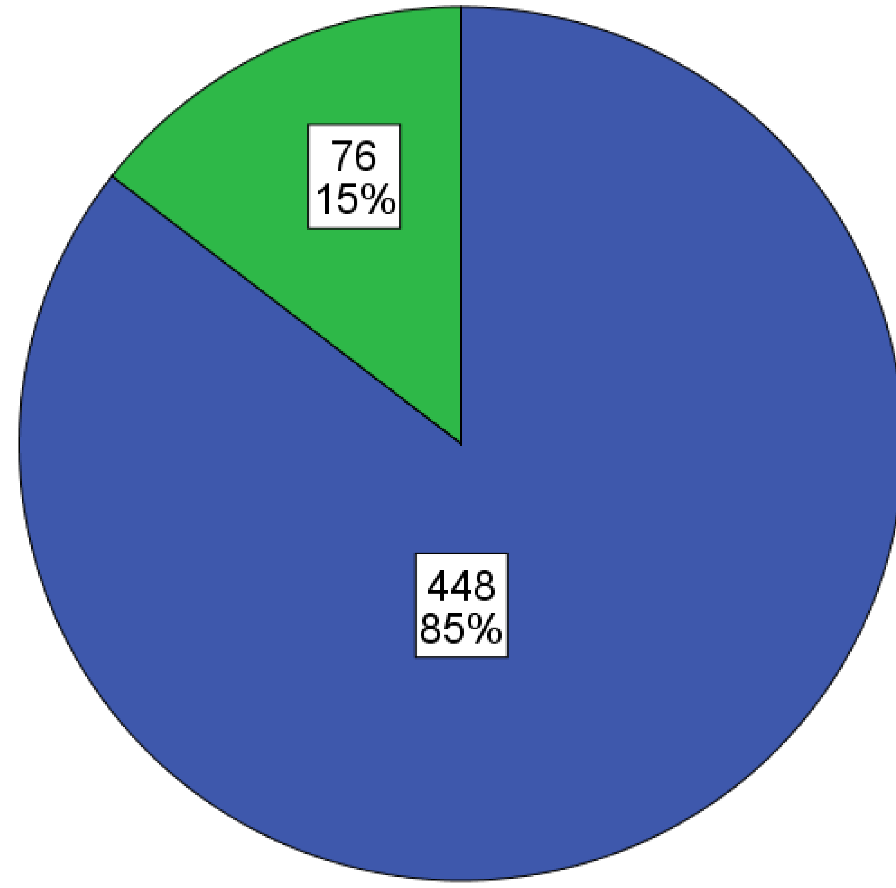
Place of death



Pre (N=482)



Post (N=524)

Yes No

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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, $p < 0.001$)

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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.

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