Specialist Palliative Care Services:
Support for Aged Care Services

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Decision Assist: The consortium

The Project is managed by a consortium of national health and aged care organisations:

Decision Assist

Decision Assist has been funded by the Department of Health to enhance the provision of **palliative care** and **advance care planning** services for older people.

There are several aspects to the program:

- Advisory telephone service for health professionals working in aged care
- Training and education for GPs and aged care workers
- The implementation of strategies to increase linkages between aged care services and palliative care services
- New technologies including Smartphone apps for health professionals and guidance on telehealth

Decision Assist: Environmental scan

In order to assess current needs in the palliative care, an environmental scan was conducted with key stakeholders:

- Specialist palliative care services
- General practitioners
- Home care services
- Residential aged care

This presentation reports on the results of the specialist palliative care services scan with emphasis on urban/rural issues and requirements of providers of aged care services (home care and residential).
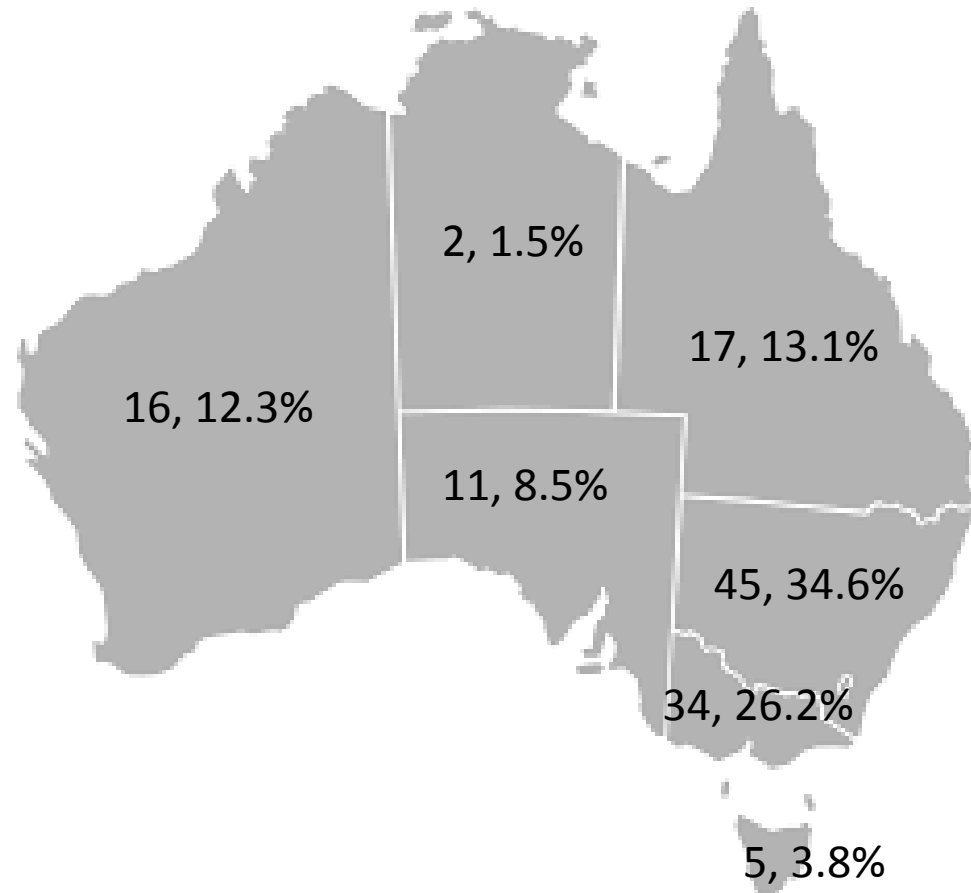
Methods

- Survey of Australian Specialist Palliative Care Services completed by telephone or on-line

- Services were identified from Palliative Care Australia's national directory of services

- 131/212 valid surveys; response rate of 61.8%

The services: Service level

- Services rated their service level (as defined by Palliative Care Australia) as:

  Primary care (10, 7.7%)

  Specialist palliative care level 1 (44, 33.8%)

  Specialist palliative care level 2 (37, 28.5%)

  Specialist palliative care level 3 (29, 22.3%)

  Unsure (10, 7.7%)

The services: Where were they located?

- 48.5% located in major cities
- 51.5% located in regional or remote areas

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2, 1.5%

17, 13.1%

16, 12.3%

11, 8.5%

45, 34.6%

34, 26.2%

5, 3.8%

Results: Adequacy of resources

- Approximately 60% of services felt they did not have sufficient resources to meet the needs of current clients

  (no city/regional/remote differences)

- Approximately 80% felt they did not have sufficient resources to meet the needs of potential clients in their area

  (no city/regional/remote differences)

Results: Gaps in service provision

Insufficient provision of :	Major cities n (%)	Regional or remote n (%)	p-value
Social workers	35 (59.3)	41 (63.1)	0.67
Bereavement services	29 (49.2)	40 (61.5)	0.17
Other allied health workers	32 (54.2)	32 (49.2)	0.58
Specialist nursing resources	31 (52.5)	27 (41.5)	0.22
Medical services (GP or consultant)	28 (47.5)	33 (50.8)	0.71
Support for people at home	24 (40.7)	29 (44.6)	0.66
Designated non-nursing workers	20 (33.9)	24 (36.9)	0.73
Services to registered aged care facilities	17 (28.8)	24 (36.9)	0.34
Visiting medical advice	**13 (22.0)**	**26 (40.0)**	**0.03***

Results: Barriers to providing ACP

	Major cities n (%)	Regional or remote n (%)	p-value
Family reluctance	36 (58.1)	39 (65.0)	0.43
Client reluctance	34 (54.8)	19 (68.3)	0.13
Lack of staff knowledge or confidence to assist with ACP	35 (56.5)	24 (40.0)	0.07
Lack of time	24 (38.7)	33 (55.0)	0.07
Patient cognitive impairment	26 (41.9)	23 (38.3)	0.69
Unfamiliar with legislation and/or legalities	19 (30.6)	17 (28.3)	0.78
Advance care plans are too difficult to complete	16 (25.8)	10 (16.7)	0.22
Insufficient remuneration	9 (14.5)	12 (20.0)	0.42

Results: Services provided to clients with aged care packages

	Major cities n (%)	Regional or remote n (%)	p-value
Advice by telephone	43 (74.1)	52 (81.3)	0.35
Medication advice	**36 (62.1)**	**51 (79.7)**	**0.03***
Nursing services	36 (62.1)	49 (76.6)	0.08
Case conferencing/ care planning	**27 (46.6)**	**51 (79.7)**	**<0.001***
Allied health services	30 (51.7)	39 (60.9)	0.31
Medical advice	35 (60.3)	36 (56.3)	0.65
Brokerage of nursing and other services	16 (27.6)	28 (43.8)	0.06
Referral to GPs	**13 (22.4)**	**35 (54.7)**	**<0.001***
Advice by email	12 (20.7)	9 (14.1)	0.33

Results: Services provided to residential aged care

	Major cities n (%)	Regional or remote n (%)	p-value
Advice by telephone	**38 (62.3)**	**56 (84.8)**	**0.004***
On site palliative care treatment	**36 (59.0)**	**53 (80.3)**	**0.009***
Medication advice	35 (57.4)	47 (71.2)	0.10
Education	**31 (50.8)**	**48 (72.7)**	**0.01***
Psychosocial support	**25 (41.0)**	**39 (59.1)**	**0.04***
Advance care planning advice	**24 (39.3)**	**40 (60.6)**	**0.02***
Medical advice	29 (47.5)	32 (48.5)	0.92
Nursing services	24 (39.3)	31 (47.0)	0.39
Bereavement support	25 (41.0)	30 (45.5)	0.61
Assistance in completion of advance care plans	14 (23.0)	22 (33.3)	0.20
Advice by email	**8 (13.1)**	**20 (30.3)**	**0.02***
Allied health services	15 (24.6)	14 (21.2)	0.65
Prescriptions	10 (16.4)	13 (19.7)	0.63
None	**14 (23.0)**	**2 (3.0)**	**0.001***

Results: Nature of calls received from Aged Care Providers by SPCS

	Major cities n (%)	Regional or remote n (%)	p-value
Complex symptom management	**26 (70.3)**	**34 (89.5)**	**0.04***
End of life coordination	17 (45.9)	23 (60.5)	0.21
General enquiries on services available	13 (35.1)	20 (52.6)	0.13
Information on available education	14 (37.8)	18 (47.4)	0.40
Psychosocial care	**10 (27.0)**	**20 (52.6)**	**0.02***
Advance care planning advice	10 (27.0)	17 (44.7)	0.11
Request for after hours services	10 (27.0)	11 (28.9)	0.85
Referral for after hours care	11 (29.7)	6 (15.8)	0.15
Facilitate additional services to clients	7 (18.9)	8 (21.1)	0.82
Request for specialist equipment	**4 (10.8)**	**13 (34.2)**	**0.02***

Conclusions

- All specialist palliative care services are reporting gaps in resources

- Regional and remote specialist palliative care services are reporting greater services are provided for aged care package clients and those living in residential aged care

- Future funding and policy initiatives will need to address the barriers and service gaps

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