

A health care system to meet our needs

# The Power of Innovation

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# Our Innovation: Background

There is little doubt that living with life-limiting illnesses predisposes people to both physical and psychological symptoms.

Ensuring that people are as well looked after as possible demands that we as health care providers are equipped to :

1. Deliver a palliative approach;
2. Make appropriate and timely referrals to specialist palliative care services for people with complex needs

# Our Innovation: How we improved services

This presentation will briefly discuss how HNE and Calvary Mater Newcastle undertook two different but complimentary projects to better address palliation and referral to specialist care.

Project 1: Developing a referral tool to Specialist Palliative Care Services

Project 2: Nurse Practitioner in Palliative Aged Care – Community Aged Care Service



# Developing a referral tool to Specialist Palliative Care Services (SPCS): Our idea comes to life

- Current referrals to palliative care are often based on prognosis rather than assessments of palliative care needs;
- This is based on the tightly held belief in health that SPCS provide terminal care for people with cancer.
- This is in contrast to good evidence which identifies that SPCS is useful to help people (and their families) with life-limiting illnesses better manage their complex physical and psychological needs.
- To improve referrals to palliative care services, the SPCS themselves need to more clearly articulate which patients are appropriate for referral.

# Developing a referral tool to Specialist

## Palliative Care Services (SPCS): Our Idea Comes to Life

Identification of support to mentor change:

Early discussion with local innovations unit

Review of current practise:

Review written referrals made to SPCS over last 12 months; Face-to-face meetings with other specialists to discuss their perceptions of palliative care? Patient and carer interviews

Literature review:

What is current best evidence-based practice and how did our practice align?

Engage palliative care staff

Convene a steering committee

Identify supportive champions

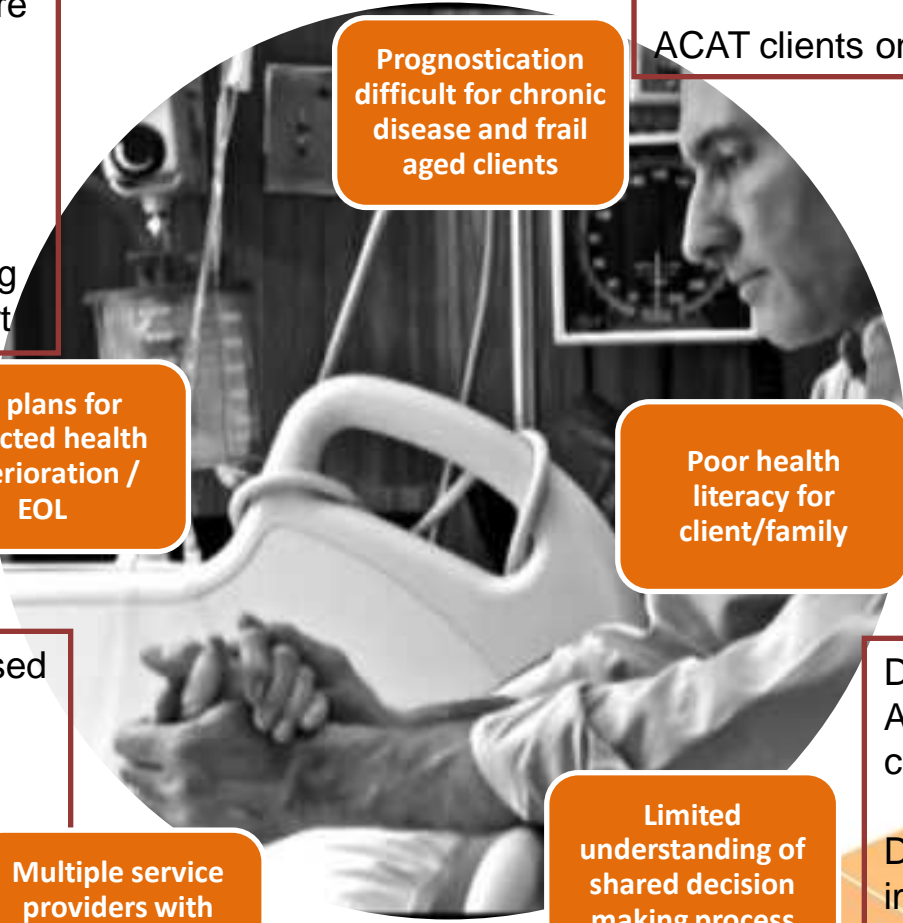


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# Our Insights: What We Have Learned

- Changing long-standing practises may be confronting for staff; Implementing change needs to take this into account and managed with patience.
- Ensure that any change is based on a gap analysis between best evidence and usual practice, it is easier to defend the need for change.
- Aim to feedback to the staff affected by change as soon as possible to illustrate that the change is beneficial for patients and their families with causing extra work for the staff involved.

# Nurse Practitioner – Palliative Aged Care: Inspiration and start of the journey



90% of audited deceased patients were 'expected to die' from PSO review

<33% of audited deceased clients had any end of life planning documentation in chart

No plans for expected health deterioration / EOL

Prognostication difficult for chronic disease and frail aged clients

70% of audited deceased patients had ACCR  
ACAT clients on multiple disease trajectories

Average number of ACCR diagnoses 6.9 co-morbidities

Average of 3 ED presentations in final 12 months of life

Poor health literacy for client/family

Deceased patients used 5 different health services in final 12 months

Multiple service providers with inconsistent care co-ordination

Limited understanding of shared decision making process

Dementia 4 x more common in ACAT clients than any other chronic disease

Dementia and chronic disease impact on decision making

# Our Idea Comes to Life

End of life  
palliation,  
supportive  
management

Advance  
planning and  
health  
literacy

Symptom  
management  
and clinical  
review in  
collaboration  
with GP

Palliative  
assessment,  
case  
conferencing  
and care  
coordination in  
collaboration  
with GP



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# Our Insights: What We Have Learned

- If innovation was easy, everybody would be doing it
- Talk about your project – a lot. The more people are aware of what you are doing, the more opportunity to generate interest and involvement
- Start small, and build on your experience.
- Data collection can be challenging – patient stories and experiences are data with soul

# Everybody dies – how people die matters

