Judith Meppem Nursing Scholarship 2010

Study Tour Report
For
Margaret Dane

23rd September to 27th October 2010

Prepared by: Margaret Dane
28th June 2011
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1. Acknowledgements

I would like to thank NSW Health for the opportunity to apply for the Judith Meppem Scholarship 2010. The scholarship offered me the prospect of visiting state of the art palliative care organisations and services in the United Kingdom and United States of America.

I would also like to thank the Greater Southern Area Health Service Chief Executive, the Director of Allied Health and Chronic Care and the Director of Nursing and Midwifery for their encouragement and support when applying for the scholarship and also assisting me with the work schedule which allowed me the time to travel.

Finally I would like to thank the palliative care community which offered me a very welcoming and nurturing environment during my travels. I would like to extend my sincere thanks to my dedicated palliative care colleagues who gave so graciously of their time, shared their resources and included me in the day to day running of their services.

The study tour has been a wonderful professional and personal opportunity and experience.

2. Background for Scholarship Application

Nurse led care has become increasingly popular in a number of specialties, however in the palliative care literature up until recently little has been offered in support of nurse-led inpatient care or outpatient clinics. However in one study Bostrom, Hiruc, Lundbergm-Frindland (2003) compared merits of nurse-led with physician-led care and found no significant difference in perceived benefits regarding pain control and quality of life for clients in the terminal phase of illness. Over the past few years a number of overseas palliative care services and hospices have taken up the challenge to develop both a nurse led inpatient and outpatient clinic model of palliative care.

With the current expectation that palliative care be available to all who require it including those with chronic illness, dementia, neurological and other diseases including cancer - it is recognised that professional boundaries of nursing practice, especially in the rural setting, will be increasingly extended with the need for 'medical' intervention for some clients being minimal. The role for the nurse practitioner in palliative care is just one example of a new model for palliative care provision that is being investigated for the rural setting. As well as Nurse Practitioner there are a number of other models demonstrated in the literature to be successful - nurse led palliative care outpatient clinics and nurse-led inpatient hospice units.

This study tour would provide an opportunity to investigate further these new approaches by visiting the services in the United States America (USA) and United Kingdom (UK). It would also provide an opportunity to investigate first hand the End of Life (EoL) Gold Standard Framework (GSF) and the EoL core competencies developed for the workforce in the UK through the National Health Service (NHS). There have been ten (10) pilot sites established to trial the implementation and provide education of the core competencies. It would be beneficial to visit a number of these sites - to ascertain the core components including resources for GSAHS’s workforce.

References:
### 3. Itinerary:

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<tr>
<th>Date</th>
<th>Place &amp; Service</th>
<th>Colleague/Role</th>
<th>Key Learning Objectives</th>
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| 28.9.10   | UK: Dorothy House Hospice and community outreach service – Bradford on Avon, England | Anne Alsop  
Education Facilitator  
Dorothy House Hospice Care  
Introduction to all staff and participation in MDT meeting | To examine  
- Collaborative working in EoL care- between PC and Chronic Illness streams/services  
- Pilot site for GSF  
| 29.9.10   | UK: Ty Owen Hospice, Morrison Hospital - Swansea, Wales                         | Ty Olwen Hospice  
Dr Idris Baker, Consultant in Palliative Care Medicine  
Delyth Lewis, Telemedicine  
Gudrun Jones, Art Therapist  
Sherran Parry-Jones,  
Macmillan Nurse, Cardigan  
Via videoconference  
Macmillan nurses, Bronglais Hospital, Aberystwyth  
Ann Brennan, Macmillan Specialist Lead Nurse  
Glynis Tranter, Network Director, South West Wales Cancer Network | To explore / experience palliative care telemedicine model of service delivery and education in rural setting  
- Collaborative partnerships with tertiary service  
- Cost effectiveness  
- Frequency  
- Client involvement  
- Evaluation  
Participated in PC telemedicine linkup with 3 services for regular team care coordination meeting |
| 1.10.10   | UK: Workforce Development - Primary Care Team – Birmingham, England              | Nicole Woodyatt  
MBA  
Workforce Development Specialist  
End of Life Care Primary Care Team  
Workforce Deanery – NHS West Midlands  
Helen Meehan – EoL Care Nurse Educator – Solihull- Birmingham | To explore  
- Skill development for the EoL care workforce  
- Mapping EoL care knowledge and understanding to curriculum content in undergraduate, postgraduate and non-accredited education and training programs  
- EoL ‘core competencies’ which aim to support workforce development, training and education,  
Reference: The competencies reflect the principles laid out in the End of Life Care Strategy published by the UK Department of Health in 2009 |
| 4.10.10   | UK: Haywood Hospital and Community                                              | Wendy Thornton  
Locality Services Manager | Nurse Practitioner Models – NP PC inpatient led unit  
NP Clinic |
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<th>Time</th>
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| **Palliative Care Service – Stoke on Trent, England** | Community Health Services and Haywood Hospital Stoke on Trent | • NP / VMOs role  
• Partnership approach to EoL care  
• w/force education |
| 6.10  | UK: Marie Curie Hospice and day only clinic – Newcastle on Tyne, England. | Pauline Lowes  
Hospice Manager  
Marie Curie Hospice  
Newcastle on Tyne  
Cara Walton- Nurse Practitioner  
Multidisciplinary team Meeting | To explore:  
Nurse led inpatient hospice units  
• Admission criteria  
• Assessment process  
• Medication ordering/prescribing  
• Case discussions  
• Discharge planning  
• Working with clients medical officer (GP) - issues |
| 11.10 | UK: Tapping House Hospice Norfolk, England | Tapping House Hospice Park House | Courtesy visit to renew past contacts with hospice staff |
| 13.10 | UK: Royal Free Hospital Consultancy and community palliative care team, London, England. | Katherine Hopkins  
Macmillan Nurse Consultant and Lead Clinician  
Palliative Care  
Royal Free Hospital  
Palliative Care Team - Ward 11 | To investigate:  
Nurse (Advance nurse) led Palliative Care community and hospital consultancy service  
Assessment process  
Business Plan to implement service  
Medical working relationship |
| 14.10 | Edenhall Marie Curie Hospice, London , England | Jane Eades (Manager)  
Edenhall Marie Curie Centre, Hampstead, London | To explore:  
EoL Care program (National) competency areas included in education of all staff:  
• communication skills;  
• assessment and care planning;  
• symptom management;  
• advance care planning;  
Visit Respiratory/ breathless clinic |
| 18.10 | USA: Memorial Sloan Kettering Pain and Palliative Care Centre – New York  
Acknowledged as centre of excellence in USA | Dennis Graham  
Charge of NP education and clinics  
Provides a one year fellowship at masters level for nurse practitioners in palliative care  
Nessa Coyle NP PHD author:  
The Oxford Textbook of PC Nursing  
The Nature of Suffering Goals of Nursing  
Dr Paul Glare –PC Medical Director (Australian) | To examine:  
Models including scope of practice of Nurse Practitioners in hospital and community palliative care service.  
• Supportive networks for NP and specialist nurses  
• Level of education and ongoing requirements  
Requirements for involvement in research /examples |
| 19.10 | USA: : Memorial Sloan Kettering Pain and Palliative Care Centre – New York | Continued | Attended outpatient clinics MDT meeting and medical rounds |
4. Implementation of key objectives into the workplace

With the current expectation that an appropriate needs based level of palliative care be available to all Australians who require it - including those with chronic illness, dementia, neurological and other diseases - it is recognised that professional boundaries of nursing practice, especially in the rural setting, will be increasingly extended with the need for 'medical' intervention being minimal, for some clients. It is especially in these instances that a palliative care nurse practitioner would benefit a rural or remote community.

The palliative care nurse practitioner role has been explored over the past year or so in Southern New South Wales Local Health Network (SNSWLHN) and Murrumbidgee Local Health Network (MLHN) - to ensure it can be sustained in some of the more isolated areas.

Having the opportunity to spend time with the palliative care service managers and clinicians – some of whom were well known for their published works in palliative care - as well as the opportunity to observe these new initiatives first hand in the clinical setting, brought about an awareness of the need to ensure the 'model' is appropriate for the health care setting into which it is to introduced. These experiences demonstrated the importance of accurately transferring and or utilising information in the literature to the local setting, as in many instances there is considerable difference between the health care system in which they have been trialled or implemented and the Australian or NSW health care system.

Workplace: The experience has helped in further developing the palliative care nursing roles within the Local Health Networks. Resources gathered overseas are being used to develop information brochures for clients and health care workers. Overseas models have provided ideas for extending the specialist's role – to make better use of the limited physical resources in our rural and regional communities.

SNSWLHN has recently successfully recruited to a new (Transitional) Nurse Practitioner position in Queanbeyan and much of the information obtained during the study tour has been used to develop this new role and model. This includes assessment and care planning documentation and educational resources. Nurse practitioners within our Network also have access to the specialist personnel in the more established service models visited.
There are now plans to further develop the palliative care nurse practitioner role in more rural and isolated areas. Much of the learned experience will be useful in ensuring that appropriate and ongoing supports are built into the model.

SNSWLHN Palliative Care funding has been used to employ an Advance Care Planning and EoL Care Project Officer to work collaboratively with the Palliative Care Program. The aim of this position is to develop an education program that improves and enhances end of life care for those in the multipurpose service aged care beds, as well as the general population in subacute and acute hospital beds within SNSWLHN. A number of key resources collected in the UK from the Gold Standard Framework for end of life care have been used to establish the education plan and resources for staff, clients and their families.

**Dissemination of Information**

Study tour general palliative care information has been provided at informal meetings and gatherings within and external to the health care system.

Information, Q &A - has been provided to interested nursing and palliative care groups, at meetings and workshops on a more formal basis – including the NSW Health End of Life Care Advisory – of which I am a member.

**Other useful resources to use locally include:**

- Quality plan and processes re end of life care
- End of life care pathways
- Supportive care pathways
- Research activity
- Patient information booklets
- Advance Care Planning booklet
- DVDs with service information
- Fridge magnets from Mt Sinai Palliative Care with ‘Palliate
  - (1) Alleviate ...a symptom
  - (2) moderate ...the intensity of a symptom
  - (3) reduce...the suffering from disease
- Care of the Dying Pathway (National Pathway/audit)
- Quality EoL care is everybody’s business (West MidlandsNHS) Driving Improvement in EoL care through Workforce Development
- Breathlessness Management Toolbox (Dorothy House Hospice