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Improving Access to Palliative Care in a Tertiary Hospital: A Quality Improvement Project

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Objectives of Presentation

- Background to project
- Project aims & methodology
- Key findings
- Outcomes & where to?



Project Background

Initial Audit in 2005

- 66 deaths (hospital deaths in 1 month)
 - 75% death was anticipated
 - 38% of these were referred to PCC

(Le and Ashby, Journal of Palliative Medicine 2007; 10: 835-6)

- What about the remaining 62% of anticipated deaths?
 - what end of life care do patients receive both with and without specialist palliative care input
 - how do clinicians in the hospital perceive the role of palliative care and
 - how do referral decisions get made



Primary Aim of the Project

To improve access to palliative care and the delivery of palliative care to patients at Melbourne Health



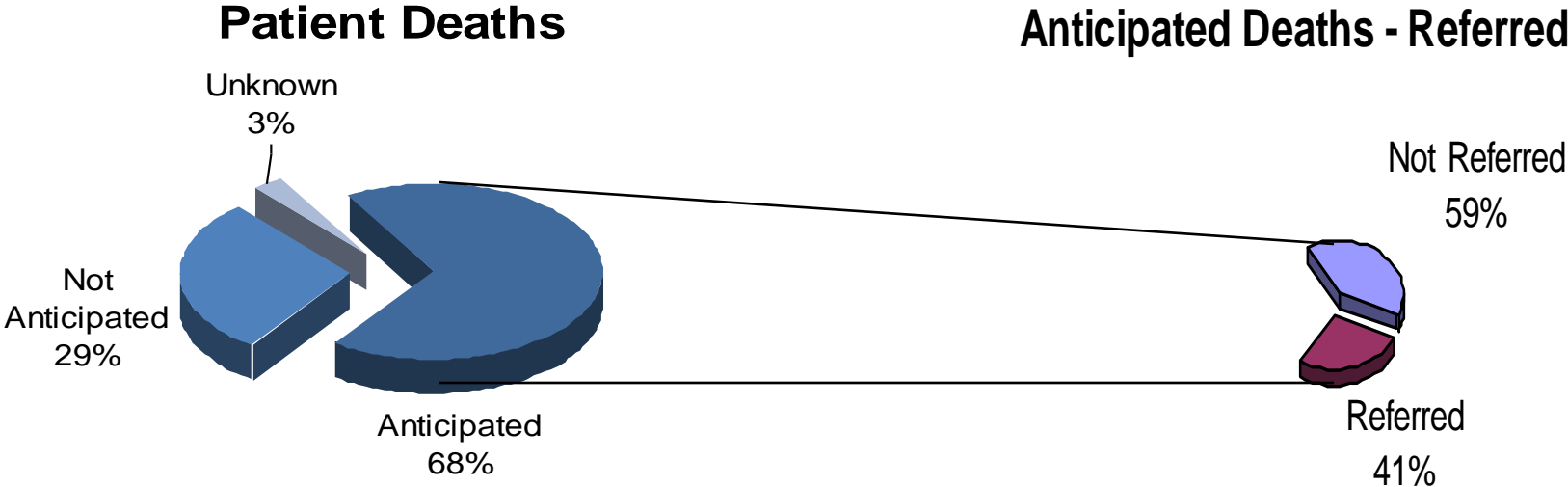
Methodology

- Literature Review
- Audit
 - Retrospective, sequential audit of deaths occurring over 3 months in 2007 (n= 190)
 - *Liverpool Care Pathway base-line audit tool* (Ellershaw & Wilkinson, 2003)
- Interviews using semi-structured questions
 - Qualitative data regarding clinicians' understanding about palliative care and how referral decisions get made
 - *n = 27*

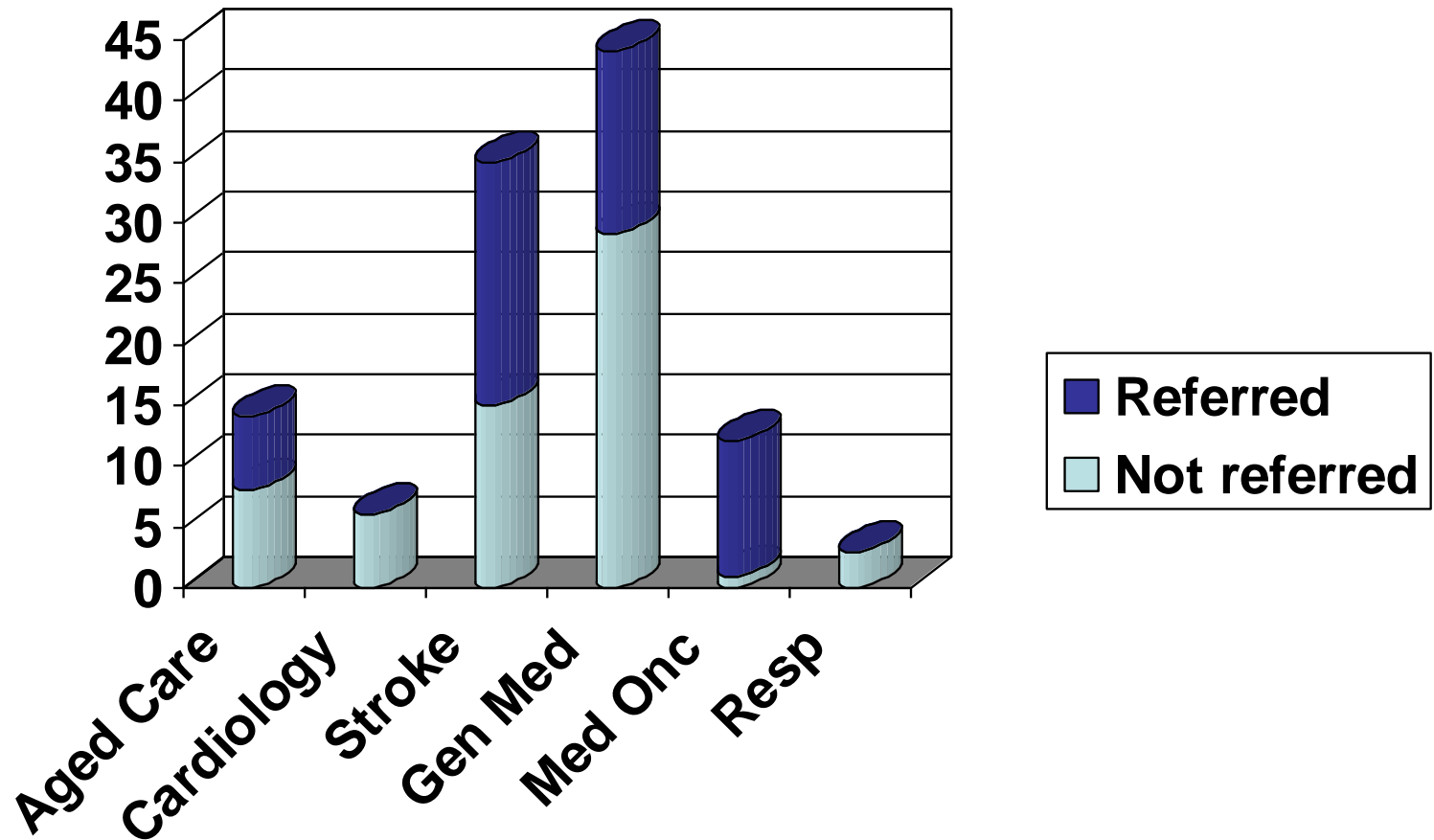


Audit Results

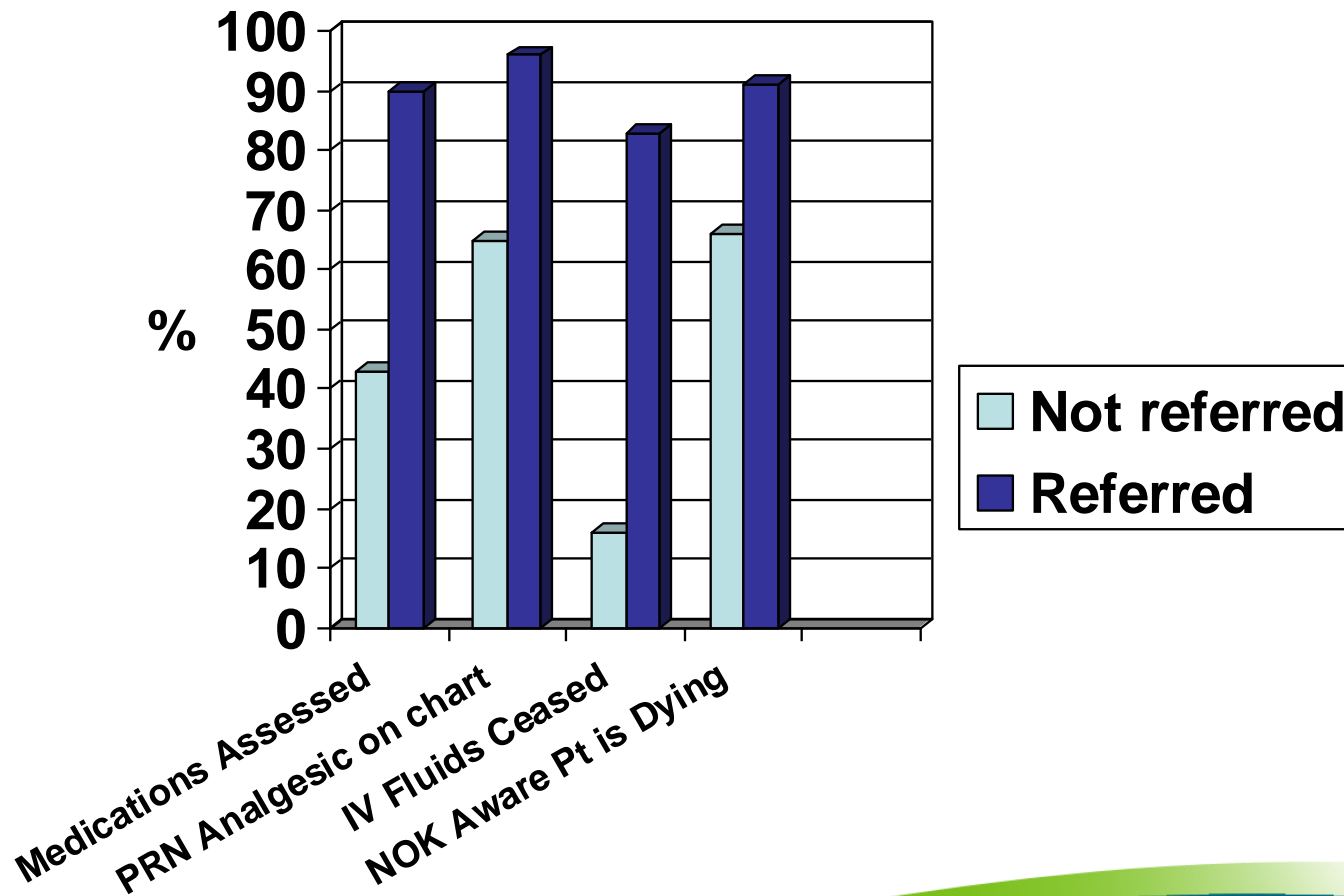
All deaths (*n* = 171)



Referral to palliative care by treating unit



Examples of LCP audit results



Audit Findings

- The majority of dying patients in the hospital are not referred to palliative care
- There is poor documentation of what information has been communicated to families, patients and GPs.
- Involvement of the palliative care service is associated with
 - implementation of appropriate end of life medication orders
 - Cessation of futile treatment and interventions
 - Improved communication with families
 - Either a higher burden of symptoms and/or more impeccable symptom assessment and management



Summary of Interview Findings

- Advantages to referral were readily identified
 - symptom management, family and staff support, information exchange, clearer goals of care, and enhanced continuity of care outside the hospital environment
- Clinicians involved palliative care to provide care they couldn't offer the patient
 - better pain management, hospice care or home care
 - Lack of access to palliative care beds at RMH was a source of frustration for many clinicians
- Nursing and allied health suggested referral earlier than their medical colleagues



Summary of Interview Findings

- Some medical staff reported they didn't refer to palliative care in order to
 - protect the patient
 - the belief in their expertise to provide the required care
- Teams struggled when shifting from acute care to a palliative approach
 - difficulty discussing palliative care and knowing the right time to switch to a palliative approach
- Non-referral of a dying patient left allied health team members feeling burdened in an area of work less familiar to them



Implications of Interview Findings

- Education needs to be targeted primarily towards medical staff
- The importance of in-hospital PC consultation needs emphasising as the value of community and inpatient palliative care services is already well recognised
- The development of a dedicated area within the hospital for palliative care is widely supported
- There is good support for the introduction of the newly developed referral guidelines



Outcomes and where to...

- Development and launch of referral guidelines
 - RMH grand round & Intranet
- Sharing of project findings
 - Melbourne Health Research Week
 - Conferences
 - Publication
- Education
 - Intern education and induction
 - Nursing Short Course
- Palliative care 'bed card'
- Evaluation of guidelines and re-audit



“OK, so we all still see some deaths as a personal defeat in the people we look after, I certainly do and I think some of them are personal defeats”

(Physician)

