PALLIATIVE CARE NURSES AUSTRALIA

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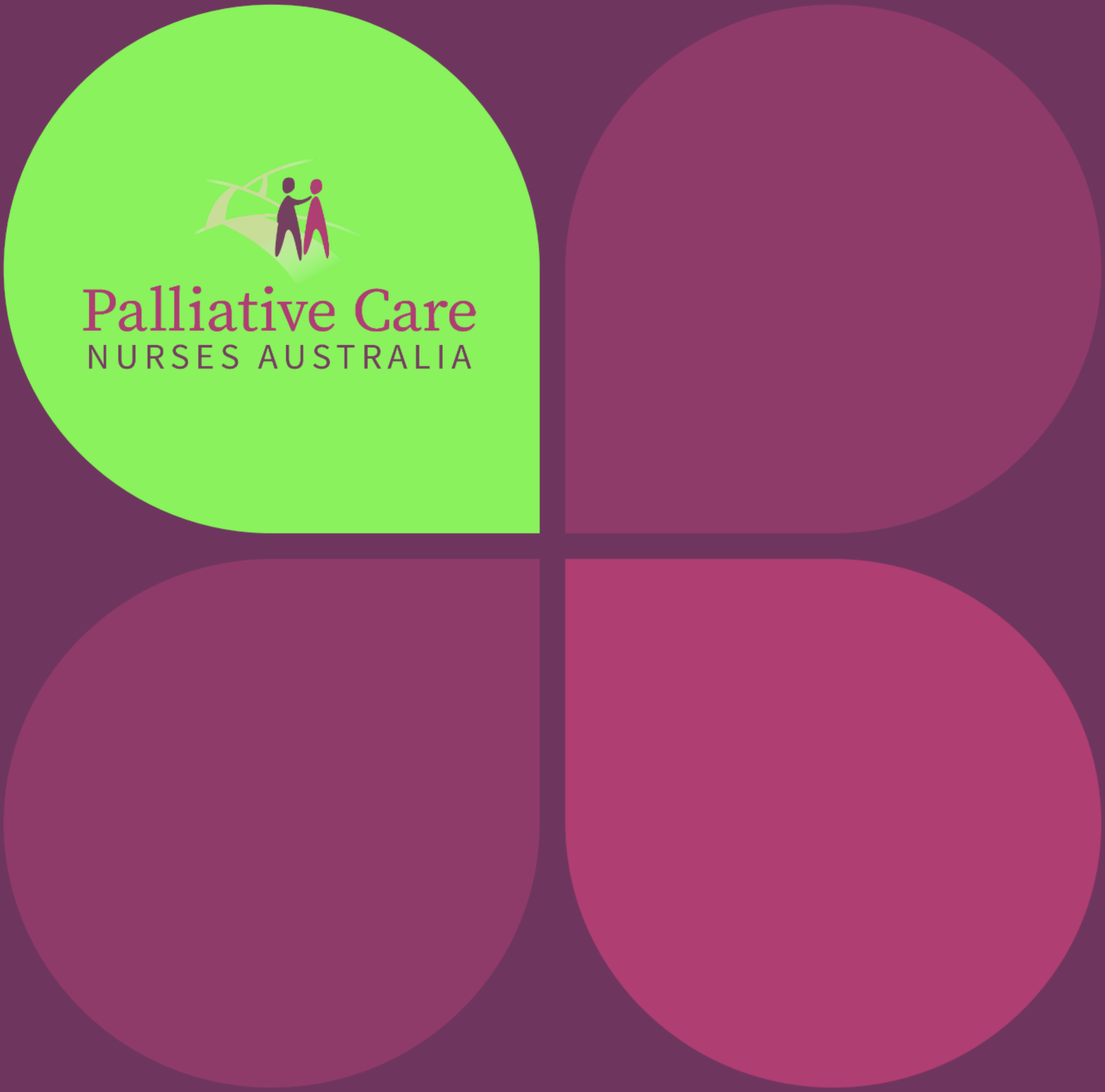

Clinical Excellence, Connection and Culture – The Art of Palliative Care Nursing

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Acute care nurses encounters with patients having end-of-life dreams and visions – a qualitative study

Mrs Alison Hession[1,2], Dr Tim Luckett[2], Professor David Currow[3], Dr Michael Barbato[4]

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Biography:

Alison is a Clinical Nurse Consultant – Palliative care at Hornsby-Kuringai Hospital. Alison has a passion for the provision of quality holistic end-of-life care in the acute care setting and is currently a PhD candidate researching acute care nurses' encounters with patients experiencing end-of-life dreams and visions.

Abstract:

Background: End-of-life dreams and visions (ELDVs) are common experiences for the dying that have been reported over human history. Research to date has explored healthcare professionals' encounters with patients having ELDVs in palliative care units and long-term care facilities. However, more than 50% of end-of-life care is provided in hospitals by acute care nurses whose experience of people for whom they are caring having ELDVs is currently unknown.

Aim: To explore the attitudes and beliefs towards ELDVs of acute care nurses who have cared for people who are dying.

Methods: A qualitative approach was taken, using semi-structured interviews. Acute care nurses from medical and surgical wards within a 200-bed metropolitan hospital who had contact with people receiving end-of-life care were invited to participate. Nurses were asked to recall encounters with ELDVs in detail, including their clinical and emotional response and communication with others.

A thematic analysis was applied, using a mainly inductive approach.

Results: Thirteen interviews have been conducted. Preliminary themes include:

- Distinguishing ELDVs from delirium is interpersonal as well as clinical,
- Response to ELDVs changes with experience from task-orientation to watch and see,
- ELDVs are a source of connection between nurses and the patient and their family; and
- Further guidance and support regarding ELDVs would be welcomed.

Conclusions: ELDVs may be under-recognised or misinterpreted as delirium in hospitals. Acute care nurses require further guidance and support to recognise ELDVs, respond appropriately and provide holistic end-of-life care.

Benefits of patient-centred family meetings in palliative care - giving patients and families a voice

Dr Philippa Cahill[1], Professor Elizabeth Lobb[2], Dr Christine Sanderson[3], Professor Jane Phillips[4]

[1]Previously doctoral candidate University of Notre Dame Australia, Ultimo, Australia, [2]IMPACCT – Improving Palliative, Aged and Chronic Care through Clinical Research and Translation, Faculty of Health, University of Technology Sydney, Ultimo, Australia, [3]Alice Springs Hospital, Territory Palliative Care, Central Australia, Australia, [4]School of Nursing, Faculty of Health, Queensland University of Technology, Kelvin Grove, Australia

Biography:

Philippa Cahill is an experienced nurse leader in community, cancer, and palliative care services. Whilst a senior nurse manager Philippa collaboratively developed new models of care such as the now well-established palliative care consultant nursing roles designed to support patients and nurses in aged care facilities. In 2023, Philippa successfully completed her doctoral program of research. Her research focused on the experiences and outcomes of patients', families', and clinicians' participation in a patient-centred family meeting in palliative care. This meeting model enabled the patient to set the meeting agenda which gave them a 'voice' in care planning and decision making.

Abstract:

Background: Family meetings are recognised as facilitating patient-family-team communication and decision making in palliative care settings. Few studies have demonstrated the impact of family meetings on patient and family outcomes using validated measures.

Aims: This study was designed to determine the feasibility and acceptability of Patient-Centred Family Meetings and build the evidence base for undertaking planned Patient-Centred Family Meetings ('Meetings') in specialist palliative care inpatient populations.

Methods: The study used a mixed methods design underpinned by a patient-centred care conceptual framework. The validated measures included the Distress Thermometer and the QUAL-EC and QUAL-E (family) quality-of-life measures.

Results: Participating patients and families considered these 'Meetings' valuable and acceptable as a forum for inpatients to speak openly about their end-of-life concerns and to clarify issues. Family members were given a voice to discuss their worries and have their needs addressed. The Distress Thermometer scores demonstrated significant post-Meeting reduction in family distress ($p < 0.05$). Clinicians confirmed that these Meetings, using a patient-set agenda, provided an opportunity for patients and families to articulate their questions and issues. Clinicians also gained unique patient and family insights but questioned the feasibility of these Meetings for all patients and families, despite the positive outcomes demonstrated. They considered the patient's clinical status, family availability, and clinician workload capacity were factors in providing these Meetings.

Conclusions: For participating patients, families, and clinicians these Meetings provided benefits including everyone being 'on the same page'. Clinicians gained an enhanced understanding of patients and their families, which in some cases was pivotal in the patient's end-of-life preparation. A decrease in the family's distress post-Meeting was significant. Further research is needed to understand how best to utilise this Meeting model in the specialist palliative care inpatient setting and for which patients and families these Meetings would provide the most benefit.

Building the specialised palliative care team workforce through an innovative program

Mrs Melissa Bruno[1,2]

[1]Northern Adelaide Palliative Service, Modbury, Australia, [2]Flinders University, Bedford Park, Australia

Biography:

Melissa has over 20 years' experience working in palliative care and is a specialist nurse. With a wide variety of expertise across multiple settings including acute care, community, aged care and hospice Melissa understands both the complexity of health care systems and the experiences of patients, families and professionals.

Early exposure to the positive experiences of death and dying has driven her to change people's perception of palliative care and end of life care and she is passionate about providing education, support and mentorship to clinicians. Melissa's recent interests include building palliative care capacity in acute care nursing teams.

Melissa is currently working as a Nurse Consultant with the Northern Adelaide Palliative Service and is a Lecturer with the College of Nursing and Health Sciences at Flinders University.

Abstract:

Background: The specialised palliative care nursing workforce is diminishing as is the case in the nursing workforce more broadly. With the increased demand for palliative care in the future due to an ageing population and increased number of people with chronic and complex illness, a substantial increase is required to meet demand. There is also a need to attract nurses and promote the role of the specialised palliative care nurse within the nursing workforce.

Aims: To increase the capacity of the specialised palliative care nursing workforce to meet increasing demand within both the community and acute care settings.

Methods: The Palliative Care Link Nurse Program identifies acute care nurses with a passion in palliative care and provides them with education, support and ongoing mentorship to strengthen the capacity of nursing teams in hospital to deliver safe and best practice end of life care. As a result of this program there has been development of two 6-month traineeship positions with the specialised palliative care team.

Results: The Palliative Care Link Nurse Program has now been running for three years. Three palliative care link nurses from the general wards have now successfully completed the 6-month traineeship position with the community palliative care team. The service has now commenced a 6-month traineeship position for Enrolled link nurses to work in the Palliative Care Unit. One trainee nurse has become a permanent member of the palliative care team.

Conclusion: This innovative program helps to identify nurses who have a strong interest in palliative care and gives them the opportunity to further explore this specialist role whilst working closely and being mentored by the specialised palliative care team. It provides opportunity for future recruitment to the palliative care team and possibility of having a pool of relieving staff.

Burnout in providing end-of-life care within aged care: Balancing individual and organisational factors and responses

Dr Raechel Damarell[2], Ms Nurul Adnan[1], Professor Jennifer Tieman[2]

[1]Caresearch, Adelaide, Australia, [2]Research Centre for Palliative Care, Death and Dying, Flinders University, Adelaide, Australia

Biography:

Raechel Damarell is Senior Research Fellow with CareSearch and palliAGED, Commonwealth funded projects that consolidate online palliative care knowledge for health professionals, people needing palliative care and their families, and the general community. She is a member of the Research Centre for Palliative Care, Death and Dying (RePaDD) at Flinders University and is currently the Bibliography Editor for the journal Progress in Palliative Care.

Abstract:

Background: Aged care workers are confronted with unique challenges heightening burnout risk, including exposure to death, advanced dementia, and COVID-19. Although complex factors contribute to burnout, organisations often emphasise individual self-care practices to prevent or lessen its impact. Irrespective of benefits, self-care options should not divert attention from the sector's responsibility to tackle root causes. Targeted interventions should distinguish individual from organisational causes and mitigating factors.

Aims: This study aims to discern individual versus organisational risk and protective factors for aged care staff burnout in the context of end-of-life care. It also seeks to evaluate the effectiveness of personal self-care approaches compared to organisational initiatives in preventing burnout.

Methods: A rapid review of English-language research (2012-2023) reporting aged care burnout causes, preventive factors, experiences, and interventions.

Results: The review identified 88 relevant studies. Evidence suggests moderate-to-high rates of aged care staff burnout pre-COVID-19, with increased risks during the pandemic. Burnout was pronounced among staff caring for individuals with advanced dementia, especially when they lacked sufficient knowledge about the condition. Organisational factors such as insufficient acknowledgement of and support for staff grief and inappropriate space provision for dying residents exacerbated burnout. Individual self-care practices such as yoga and mindfulness showed inconclusive effectiveness on burnout, while those focused on improving resident quality of life demonstrated incidental positive effects. Conversely, organisations might reduce burnout risk by emphasising the value and meaningfulness associated with end-of-life care, allowing time for staff-resident interaction, acknowledging and supporting grieving staff, and providing end-of-life care training opportunities.

Conclusion: Aged care staff may experience burnout due to end-of-life care responsibilities when lacking organisational support to alleviate stressors. Organisations might offer self-care to staff to address coping without examining contributing local and systemic factors. Further research on organisational initiatives to prevent burnout and support staff wellbeing is needed.

CarerHelp: Developing resources for rural families caring for someone at the end of life

Dr Kristina Thomas[1], Di Saward[1], Mark Boughey[1], Hudson Peter[1,2], Jennifer Tieman[3], Margaret Deerain[4], Susanne Tegen[4], Christopher Hall[5]

[1]St Vincent's Hospital Melbourne, Fitzroy, Australia, [2]The University of Melbourne, Fitzroy, Australia, [3]Flinders University, Adelaide, Australia, [4]National Rural Health Alliance, Canberra, Australia, [5]Grief Australia, Mulgrave, Australia

Biography:

Dr Tina Thomas is a Research Fellow at the Centre for Palliative Care and has been involved in research related to the experience of family carers for over 15 years. She has a Doctorate in Psychology and is interested in how to prepare and support family members caring for someone at the end of life and into bereavement. Since 2017 she has been involved in the CarerHelp project funded by a National Palliative Care Project and develops resources for family carers.

Abstract:

Background: There are 7 million Australians living outside of major cities and these people have poorer health outcomes and poorer access to and use of primary health care services. The barriers to accessing end-of-life health care for rural Australians include geographical distance to services, lack of a stable workforce, and difficulty accessing culturally appropriate care. Rural families report significant unmet information and service needs. Nurses are essential in supporting rural families and providing end-of-life information.

CarerHelp (www.carerhelp.com.au) is an online resource with extensive end-of-life information for families. While CarerHelp is available for all Australians, and the information and resources on the website are relevant for rural carers, there is a need for end-of-life information that is tailored to the rural experience.

Aim: To identify the unique information needs of rural carers and develop a resource/s to guide them to care for people with a life-limiting illness.

Method: The information and unmet needs of rural carers will be identified via:

- Reviewing the literature.
- Consulting with health services and key health professionals.
- Expert opinion from relevant organisations that represent rural Australians and specifically rural carers.

Results: Preliminary results show unmet needs for rural carers, including travelling to health appointments, financial costs, social and emotional factors, accessing support services, navigating the health system, asking for help from the community, and cultural differences (including the rural culture). A new resource for rural carers has been developed and is being reviewed by experts, rural carers, and health professionals and updates will be made based on feedback received.

Conclusion: The new resource will be added to the CarerHelp Information Pack. Copies of the pack will be distributed to rural health services and will be available for download from the CarerHelp website. Nurses in rural areas may benefit from utilising CarerHelp resources with families.

Caring for dying children in the paediatric intensive care unit: Let’s do it well

Ms Melissa Thompson[1]

[1]SA Paediatric Palliative Care Service - Women's and Children's Health Network, North Adelaide, Australia

Biography:

Melissa has worked as a Clinical Nurse in the Paediatric Intensive Care Unit at the Women’s and Children’s Hospital in Adelaide for 15 years. Melissa has worked as a Nurse Consultant for the South Australian specialist Paediatric Palliative Care Service (PPCS) since 2022. Melissa has completed a Graduate Diploma in Palliative Care and is working towards completing a Master of Palliative Care in 2024. Melissa has received project funding from the Quality of Care Collaborative Australia: Delivering Education in Paediatric Palliative Care (QuoCCA) to improve the care of dying children and their families in the Paediatric Intensive Care Unit.

Abstract:

Background: The majority of children who die in hospital, die in the Paediatric Intensive Care Unit (PICU). Despite this, PICU nurses fear they are ill-equipped to transition from a curative and life-prolonging focus to a child and family-centred palliative approach to care. This often results in PICU nurses experiencing distress; from doing their best but knowing they are providing suboptimal end-of-life care to children and their families.

Quality of Care Collaborative Australia (QuoCCA), together with the South Australian Paediatric Palliative Care Service, are supporting the initiative and passion of a PICU nurse with 15 years’ experience, to address this gap in knowledge and skill in the PICU.

Aims:
- Build confidence and capacity of PICU nurses to provide child and family-centred palliative care.
- Improve the quality of care provided to dying children and their families in the PICU.

Methods: Tailored education was delivered face-to-face to small groups of PICU nurses. Adult learning principles were used to deliver current evidence-based information and engage attendees in group discussions and activities. The education was specifically targeted to attendee level of experience, ranging from nursing graduates transitioning to professional practice, to Nurse Educators, Nurse Consultants, and Clinical Nurses with more than two decades of PICU experience. 93 nurses participated in the educational initiatives.

Results: The feedback received from the attendees and the Nurse Educators who facilitated the sessions has been overwhelmingly positive. Nurses’ distress when caring for dying children and their families has significantly reduced, while their job satisfaction has increased. The overall quality of care provided to dying children and their families has improved significantly.

Conclusion: PICU nurses need ongoing opportunities to develop the knowledge and skills required to confidently provide quality child and family-centred palliative care. Children and their families deserve to receive quality care when facing death in the PICU.

caring@home increases capacity of primary health clinicians to deliver quality end-of-life care

Mrs Jane Stephens[1], Dr Karen Cooper[1], Prof Liz Reymond[1]

[1]Brisbane South Palliative Care Collaborative, Metro South Health, Brisbane, Australia

Biography:

Jane has worked in palliative care for 18 years and as a part of a specialist palliative care team for 10 years. Her major interest is ensuring that people who wish to remain at home at end of life receive quality care and that their families are well supported. Jane is excited to bring her knowledge of community palliative care to the caring@home project to support health professionals, patients and families across Australia.

Abstract:

Background: Most palliative care patients can be managed by primary health care. caring@home will expand existing scope to provide additional resources and educational opportunities for the primary health care workforce. Activities will be contextualised within an existing primary care End-of-Life Framework covering the last 12 months of life.

Aims: The aim of caring@home for 2023-2026 is to support timely, evidence-based end-of-life care for home-based palliative patients by providing nationally consistent, standardised resources and workforce capacity improvements within primary care environments.

Methods: caring@home formed a Steering Committee and convened four advisory committees with representation from key stakeholders to oversee the project including development of new resources and delivery of education for the primary care workforce.

Activities include:

- Developing practical resources
- Providing education for primary health professionals
- Delivering a national rollout and communications activities
- Undertaking evaluation

Results: The project developed resources that support:

- Primary care clinicians to use a standardised proactive approach to managing end-of-life care
  - Revised primary care End-of-Life Care Framework
- Symptom management at end of life
  - A National Core Community Palliative Care Medicines List
  - Revised palliMEDS app
- Carers to be empowered to care for family members at home
  - Tip sheets about symptom management
  - Tip sheets about providing personal care
  - Practical and engaging versions of resources to support carers who manage subcutaneous medicines at home
- Services to routinely collect accurate end-of-life audit data
  - An end-of-life clinical audit

Conclusions: Contextualising new caring@home education and resources within the Framework will embed them into routine primary care clinical practice. The capacity of primary care health clinicians

to provide quality end-of-life care for home-based patients will be increased through new resources and education opportunities.

Funding acknowledgement: caring@home is funded by the Australian Government and led by Brisbane South Palliative Care Collaborative.

Clinical decision-making in everyday nursing to optimise palliative care provision

Ms Tricia O'Connor[1,2], Professor Catherine Paterson[1], Professor Karen Strickland[3], Associate Professor Joanne Lewis[4], Dr Jo Gibson[5]

[1]Flinders University, Bedford Park, Australia, [2]Clare Holland House, Canberra, Australia, [3]Edith Cowan University, Perth, Australia, [4]Avondale University, Sydney, Australia, [5]University of Canberra, Canberra, Australia

Biography:

Tricia is a PhD candidate at Flinders University with a particular interest in the care needs of the unresponsive dying patient and how nurses make decisions. She is the 2022 recipient of the ANMC Vivian Bullwinkel Award. Tricia has worked as a registered nurse and midwife in various roles across Australia and overseas, as well as in the tertiary education sector. Tricia currently works as a specialist palliative care nurse at Clare Holland House hospice, Canberra, and has done so for over 15 years.

Abstract:

Background: Decision-making is an everyday human experience, and despite all its complexities in multiple different clinical contexts, clinical decision-making to optimise palliative care is an art, and yet an everyday nursing experience. Nurses provide the most direct patient care across all healthcare professional groups, and the decision-making of the nurse has a significant influence on palliative care outcomes. While clinical decision-making in nursing has been explored in the literature and research, a practical graphic model is required for busy nurses to aid clinical decision-making and thus optimise palliative care provision.

Aims: To regenerate interest and highlight the importance of intentional thought and reflection in clinical decision-making in palliative care, and to develop a new model to aid nurse decision-making.

Methods: Systematic review and critique.

Five databases were searched from inception until May 2022 for qualitative peer-reviewed primary research published in English using the ‘Cognitive Continuum Theory’ and ‘nurs*’ as search strategy. Seven studies were included. Utilising the results of the meta-aggregative synthesis conducted using Joanna Briggs methodology, decision-making literature, together with the Cognitive Continuum Theory reimaged as a guide, a new model for nurse decision-making was developed.

Results: The review produced five synthesised findings: decision-making varied depending on 1. the decision-making capacity of the individual nurse, 2. their level of experience, 3. availability of decision support tools, 4. access to senior staff and peers, and 5. the availability of resources. A gap in the provision of a patient-centric approach to decision-making was identified.

Conclusion: Nurses need to continuously evaluate their decision-making processes to strengthen their status as a profession and to reclaim their position as major decision-makers in the provision palliative care. This presentation will present a Person-Centred Nursing Model for decision-making to better accommodate the multifactorial issues that impact the numerous simple and complex decisions nurses make every day.

Clinical supervision supports wellbeing and professional development in the palliative care setting

Ms Roslyn Kirk[1]

[1]Capital Health Network - ACT PHN, Deakin, Australia

Biography:

Ros is a registered nurse with over 20 years of experience working in specialist palliative care and is currently the Palliative Planning Manager for ACT's local PHN, Capital Health Network.

Ros began training as a Clinical Supervisor in 2020 and was member of the ACT Health Clinical Supervision Strategic Planning & Implementation Committee. She works at Clare Holland House once a fortnight providing the opportunity for all staff to engage in clinical supervision. Ros has now provided over 100 individual or group clinical supervision sessions with over 200 participants at Clare Holland House and other clinical services across the ACT.

Abstract:

Background: In 2019 the Australian Colleges of Nursing, Midwives and Mental Health Nurses launched a joint Clinical Supervision (CS) Position Statement highlighting the importance of CS as a core component of professional practice for nurses and midwives.

Palliative care nurses experience stress, burnout, and a range of ethical dilemmas in the provision of quality care. Regular reflective CS supports well-being and professional development, with potential benefits to patient care, teamwork, and work-place culture.

Aim: To share my journey of introducing reflective CS to CHH, a specialist palliative care service in ACT and how this contributed positively to staff feeling supported in a safe space increasing confidence and reflective skills in the palliative care setting.

Methods: In 2020 I commenced training as a Clinical Supervisor and began offering CS to nurses at CHH.

In collaboration with the Unit Manager, we identified ‘emerging Level 2’ nurses as a target group and promoted CS. As CS grew, I was approached by other teams and disciplines. I also participated in a regular CS community of practice meetings and received CS. In September 2023, feedback about CS was provided by six staff and a poster was created to promote CHH CS activity and encourage further engagement.

Results: From October 2020 to December 2023, 104 sessions were completed (group or individuals) with 219 supervisees (participants). Participants reported CS had improved their well-being and facilitated professional development through reflection and developing confidence and skills in challenging situations. Participants felt supported, nurtured, and safe.

Conclusions: The introduction of reflective CS at CHH is core to ensuring a safe and sustainable workforce. It has organisational support and fits into the recently launched ACT CS Supervision Framework for Nurses and Midwives. Improving access to CS is of high relevance to all palliative care nurses in the ACT and nationally.

Community Palliative Care Boot Camp - A New Approach to Training Novice Palliative Care Workers

Mrs Sarah Begley[1]

[1]Eastern Palliative Care, Melbourne, Australia

Biography:

Sarah, a Clinical Educator at Eastern Palliative Care and current committee member of the Palliative Care Nurses Australia (PCNA), brings extensive experience in community palliative care across rural, regional, and metropolitan areas nationwide.

Abstract:

Background: "EPC Foundations" addresses the critical need for accelerated training for new palliative care nursing and allied health professionals in Australia, noting a shortage of comprehensive courses in this field. Launched in July 2023, the program aims to facilitate a rapid transition from novice to advanced beginner, ensuring practitioners are well-equipped for the nuanced challenges of delivering proficient community palliative care.

Aims: The primary goal of "EPC Foundations" is to provide intensive, multidisciplinary training that supports participants in achieving a high level of competence and confidence in the field of community palliative care, catering to both novice nurses and allied health professionals.

Methods: The course spans nine days over two to three weeks, featuring face-to-face teaching and simulated home visits. A team of two lead instructors, plus medical, allied health, and nursing experts, employ simulation-based training with volunteer actors. Individual learning needs are prioritised through assessments and tailored content, focusing on symptom assessment, communication, end-of-life care, family education, after-death care, and practical skills.

Results: Since its inception, "EPC Foundations" has been conducted twice, training nineteen participants. Participant feedback highlights the course as providing a secure space for developing confidence in independent community work. The program's unique features, such as the palliative care toolkit and specialised allied health content, contribute to its effectiveness in meeting the diverse needs of participants.

Conclusions: "EPC Foundations" emerges as a pioneering course, uniquely positioned to bridge the training gap for novice palliative care professionals in Australia. The positive results and feedback underscore the program's efficacy in fast-tracking proficiency, promoting risk reduction, and enhancing the competence of new staff in the delivery of community palliative care. This presentation aims to share insights into the program's structure, outcomes, and participant experiences, contributing valuable knowledge to the broader palliative care community.

Consumer perspectives on key elements of rural palliative care delivery: A systematic review and meta-synthesis

Mrs Claire Marshall[1], Dr Claudia Virdun[1,2,3], Professor Jane Phillips[1,3]

[1]University of Technology, Sydney, Sydney, Australia, [2]Flinders University, Adelaide, Australia, [3]Queensland University of Technology, Brisbane, Australia

Biography:

Claire is an experienced palliative care and cancer nurse who has worked across acute, community and rural settings, and has worked in academia since 2016. Claire lives in regional WA, which places her in a unique position to assist with health service development in regional, rural and remote areas, an issue which sits at the core of her PhD studies examining and developing optimal models of rural palliative care. Claire is supervised by Professor Jane Phillips and Dr Claudia Virdun.

Abstract:

Background: Despite 45% of the world's population living in rural areas, there is little to guide the provision of optimal palliative care for these populations. Exploring rural consumers' perspectives about their palliative care experiences assists in identifying the key aspects of care that enabled patients to remain in their communities.

Aim: To identify the key palliative care elements that rural patients with palliative care needs and their families perceive to be critical to receiving the care and support they need to live well.

Design and Data Sources: A systematic review and meta-synthesis registered with Prospero (CRD42020154273). Three databases were searched in July 2023. Raw qualitative data were extracted and analysed using Thomas and Harden's meta-synthesis approach, and findings reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement.

Results: Of 10288 identified papers, 11 met the inclusion criteria. The meta-synthesis of quotes (n=216) revealed three major themes: 1) the general practitioner (GP) is integral to good palliative care; 2) strategically timed access to specialist palliative care services, clinicians, and equipment is critical; and 3) patients and families express a need to feel safe, prepared and supported across their end-of-life trajectory.

Conclusion: Population-based models that include GPs strategically supported by specialist palliative care providers, optimises rural palliative care delivery. General practitioners are embedded in their communities; are the conduit to specialist palliative care services and referral processes; and contribute significantly to patient and carer feelings of safety and security. Ensuring these aspects of care quality are reflected in national and jurisdictional policy is a critical next step to enabling optimal palliative care in rural locations.

Prospero Registration ID: CRD42020154273
https://www.crd.york.ac.uk/PROSPERO/display_record.php?RecordID=154273

Creating a therapeutic palliative environment in the medical ward

Dr Elizabeth (Libby) Miller[1], Professor Joanne Porter[1], Doctor Michael Barbagallo[1]

[1]Federation University Australia, Churchill, Australia

Biography:

Elizabeth completed her nursing PhD in 2023, where she investigated the natural, built, social, and symbolic environmental factors within the acute hospital setting where people may receive bad news about their life-limiting illness. She is a Research Fellow within the Collaborative Evaluation & Research Centre at Federation University Australia, Gippsland campus, and a casual academic at Flinders University in the College of Nursing and Health Sciences.

Abstract:

Background: In regional Victoria, many palliative and end-of-life patients are cared for in acute medical wards by nurses who are often generalists. These environments are usually clinical, busy, and curative-focused, which is at odds with the palliative approach and the wishes of patients with palliative care needs and their families. In addition, sensitive diagnostic/prognostic and end-of-life conversations occur within these environments.

Aims: The study explored how nurses in a regional hospital medical ward create a therapeutic environment for family meetings and patient and family care for people with palliative and end-of-life care needs.

Methods: A qualitative, exploratory case study, informed by the Therapeutic Landscapes framework, was designed to explore the relationship between the built, natural, social, and symbolic environments. After obtaining ethical approval, data was collected at a private regional hospital using observation, field notes, and semi-structured interviews with registered nurses. Tools were created to gather the observational data, and interviewers were analysed using reflexive thematic analysis.

Results: Observational data showed the medical ward was quiet and calm, with views and access to nature. A large double room with a bed for the family was prioritised, and personalisation was encouraged. During a family meeting, the researcher observed that home-like ambience and aesthetics changed how the family interacted with their environment. Three major and nine minor themes were developed from the interviews describing the nurses' holistic care and how they helped to create a therapeutic environment and therapeutic family meetings.

Conclusion: While the researcher observed a difference in ambience and aesthetics between three different family meeting environments, further research is needed to understand the perception of patients and families as to whether a home-like environment impacts the receipt of bad news during a family meeting.

Cultural safety in palliative care nursing in the Torres Strait Islands and Northern Peninsula Area

Mr Daniel Gela[1], Mrs Diai Luffman[1], Ms Sophie Blackmore[1]

[1]Torres And Cape Hospital and Health Service, Thursday Island, Australia

Biography:

Diai Luffman has worked in Torres and Cape Hospital and Health Service for over 30 years.

She is currently the program manager for the Post-Acute Rehabilitation and Aged Care Program for Torres and Cape Hospital and Health Service on Thursday Island.

Daniel Gela is an Advanced Health Worker with the Post-Acute Rehabilitation and Aged Care Program in Torres and Cape Hospital and Health Service.

He is the first specialist palliative care health worker on Thursday Island.

Sophie Blackmore is a clinical nurse in the Post-Acute Rehabilitation and Aged Care Program in Torres and Cape Hospital and Health Service.

She works as part of the palliative care team on Thursday Island.

Abstract:

Background: Cultural safety in palliative care nursing is a nursing approach which acknowledges and respects the cultural beliefs, values, and practices of individuals and their families receiving palliative care. It involves providing care that is sensitive to and aligned with the cultural background of the patient, recognising that culture influences how people experience illness, death, and dying.

Lack of access to culturally safe healthcare in the Torres Strait and Northern Peninsula Area is the biggest barrier to people accepting and receiving the care they need. This results in widespread health disparities.

Aim: To identify key components of culturally safe palliative care practice for people in the Torres Strait and Northern Peninsula Area.

Method: Nursing care provided to Torres Strait Islander Northern Peninsula Area palliative care clients was documented with a daily nursing narrative journal. The community palliative care team used reflection, discussion and client and community engagement to identify key components which may enhance culturally safe practice.

Results: Four main characteristics of culturally safe practice were identified.

Conclusions: The four characteristics of culturally safe practice identified can be used by non-indigenous health workers as a reference to reflect on the cultural safety of their practice.

Describing the first 1000 calls to a free specialist telephone service for all Victorians

Ms Esther McMillan-Drendel[1], Mr David Marco[2,4], Prof Jennifer Philip[2,6], Ms Theresa Williamson[3], Prof Brian Le[1,5]

[1]Palliative Care, The Royal Melbourne Hospital, Parkville, Australia, [2]Centre for Palliative Care, St. Vincent's Hospital, Fitzroy, Australia, [3]Palliative Care, Department of Health, Melbourne, Australia, [4]Department of Medicine, University of Melbourne, Parkville, Australia, [5]Palliative Care, Peter MacCallum Cancer Centre, Melbourne, Australia, [6]Palliative Care, Victorian Comprehensive Cancer Centre, Melbourne, Australia

Biography:

Esther McMillan-Drendel is a Registered Nurse with over 15 years' experience in senior positions across Australia in palliative care, intensive care, medicolegal and forensic medicine.

Esther demonstrates an extensive knowledge of systems, communications, and digital innovation. Applying these skills and expertise across both clinical and operational areas, including change management and quality improvement.

Establishing the Victorian Palliative Care Advice Service in 2020 enables the public and clinicians to access specialist advice and support when they need it most. In this role, Esther continues to strive for equitable access to specialist healthcare, through innovation and removing barriers for all Victorians.

Abstract:

Background: Ongoing challenges exist in developing sustainable service models to meet the increasing palliative care needs of patients at home, especially in regional and rural communities. The Victorian Palliative Care Advice Service (PCAS) was established in 2020 to provide free and accessible state-wide telephone-based specialist palliative care support and advice for healthcare professionals and the public in Victoria. Nurse telephone operators captured measures relating to caller demographics, disease type, reason for call, and perceived utility of service.

Aims: The aim of the review was to explore and describe the first 1000 contacts to the service. Information including caller demographics, disease types, topics discussed, and perceived utility will be described to inform continuous improvement to promote further reach and impact of service.

Methods: A retrospective analysis of electronic client records from 1000 consecutive calls received by the service between 26 May 2020 (service commencement) and 24 October 2022.

Results: Most calls received were from members of the public (62%) and related to malignant conditions (41%). Regional/rural clients comprised 45% of all calls to the service, of which half (50%) were health professionals seeking advice on symptom management and medication. One third (29.3%) of all calls from health professionals were escalated to a palliative care medical consultant. PCAS prevented calls to emergency services in 10% of cases, and 82% of callers reported their issue was "Very Much" or "Completely" addressed.

Conclusion: PCAS was shown to be frequently used by the public and healthcare professionals supporting patients with advanced, life-limiting illnesses. The service provided a high impact, low-cost solution without requiring complex technology, delivering a rapid connection for consumers

with specialist palliative care expertise that might otherwise be unavailable, particularly in regional areas.

Development and evaluation of a 'level of dependency withdrawal of NIVs framework' to promote consistent symptom management when withdrawing non-invasive ventilatory support for end-of-life respiratory failure patients

C Sheehan[1], Ms Mary Lafferty[1], M Dunford[2], H Green[3], A Smith[2], F Ritin[4]

[1]Departments of Palliative Care, Australia, [2]Department of Respiratory and Sleep Medicine, Australia, [3]Centre of Research in Nursing and Health St George Hospital, Australia, [4]St George Hospital & University of Newcastle, Australia

Biography:

Mary Lafferty is a Palliative care clinical nurse consultant (CNC) at St George Hospital in Sydney Australia. She has worked in a variety of palliative care settings that include the community, palliative care units and acute hospital for the past 31 years. She has post graduate qualifications in palliative care and counselling. Mary has a strong interest in the management of end stage respiratory disease having worked in respiratory specialty prior to working in palliative care.

Abstract:

Background: Inconsistencies in medication dosages used when withdrawing non-invasive ventilatory support (NIVs) led to development of a ‘level of dependency withdrawal of NIVs framework’ to promote consistent symptom management for end-of-life care (EOLC) in respiratory failure. (Figure1)

Aim: Investigate impact of the ‘level of dependency withdrawal of NIVs framework’.

Methods: Retrospective analysis of the impact of the framework was completed between 2015 and 2020 at a large teaching hospital in Sydney Australia. Respiratory symptoms of dyspnoea, anxiety and agitation were collected and analysed.

Results: Data of 81 patients with a mean age of 76.3 years and 51 (63%) were male. Significantly fewer patients had agitation at death following the implementation of the framework (14%) compared to preintervention (42.1%) (OR 0.22, 95% CI 0.08, 0.65). There was a non-statistically significant reduction in dyspnoea and anxiety at death post intervention. After commencement of the framework, 71.6% of all patients were withdrawn from NIVs within 24 hours and 78% by the time of death.

Conclusion: Implementation of this framework has significantly reduced the burden of respiratory symptoms in this patient group during withdrawal of NIVs in EOL.

Driving improved integration of palliative care within a general medical and respiratory ward context

Mr Nathan McGrath[1], Dr Claudia Virdun[2,3,4], Ms Alison Boccari[1], Ms Tina Byford[1], Ms Emma O'Brien[1], Dr Geoff Fanning[1], Mr Jared Grayling[1], Ms Jenn Walker[1], Dr Alison Kearney[1]

[1]Royal Brisbane and Women's Hospital, Metro North Health and Hospital Service, Brisbane, Australia, [2]College of Nursing and Health Sciences, Flinders University, Adelaide, Australia, [3]Cancer and Palliative Care Outcomes Centre, Faculty of Health, Queensland University of Technology, Brisbane, Australia, [4]Faculty of Health, University of Technology Sydney, Sydney, Australia

Biography:

Nathan McGrath is an experienced nurse currently specialising in general medicine and respiratory care. His experience in nursing extends through General Medicine, Respiratory, Haematology and Bone Marrow Transplantation, Neurosurgery and Intensive Care Nursing. Nathan has a passion for excellence in nursing care and is committed to providing the best care possible for each individual patient, from their acute care needs through to palliative and end of life care. Nathan has completed postgraduate study in the field of critical care and is currently the Nurse Unit Manager of a general medicine and respiratory unit at the Royal Brisbane and Women's Hospital.

Abstract:

Background: The need to improve hospital palliative care is well noted particularly when considering general medical and respiratory patients.

Aim: To support improvement in integrated palliative care in a general medical and respiratory ward informed by patient reported experience measure (PREM) data.

Methods: A mixed methods study: Phase 1 - baseline PREM collection (patient perspectives) and clinician interviews; and co-design of prioritised area for improvement; Phase 2 - weekly working-group meetings to design and test innovations; and ongoing PREM collection and feedback. Participants were recruited from the general medical and respiratory ward of an Australian tertiary metropolitan hospital.

Results: Phase 1 (Sept-Nov 22) – PREM data collected from 31 patients and 9 carers, and 29 clinician interviews completed. Co-design meetings highlighted area of focus being: communication with patients and families about the future, what to expect and likely prognosis. Phase 2 (Apr-Nov 23) – multi-disciplinary working-group formed and met 25 times. Two innovations designed and tested: 1. Implementation of a form that screens for palliative care needs using the CriSTAL (Criteria for Screening and Triaging to Appropriate End of Life Care) tool supported by 5 key care planning questions. Audit completed on 2 occasions to inform rapid cycle improvement work; 2. A leaflet to inform patients and carers of key questions they may want to consider designed and implemented; 184 PREM surveys collected (165 patients and 19 carers) and feedback monthly. Improved care experience was noted from baseline to study completion. All PREM data and study results will be presented, including newly designed tools and implementation processes.

Conclusions: Driving change based on PREM data enables clinical teams to remain focused on what matters most for patients and families. Nursing leadership is ideally positioned to drive improved ward-based palliative care, with support from medical colleagues and executive leadership.

Driving quality delirium care in palliative care: Results of stage 1 of the MODEL-PC study

Dr Annmarie Hosie[1], Dr Nameer van Oosterom[1], Ms Kimberley Campbell[3], Mr Prince Peprah[1]

[1]University of Notre Dame Australia, Darlinghurst, Australia, [2]St Vincent's Health Network Sydney, Darlinghurst, Australia, [3]IMPACCT, University of Technology Sydney, Ultimo, Australia

Biography:

Dr Annmarie Hosie is an academic researcher with a focus on improving the care, function and quality of life of people with advanced illness.

She and the project team would like to acknowledge all other MODEL-PC study investigators:

Prof Meera R Agar; Dr Grace Walpole; Dr Paula Moffat; Dr Keiron Bradley; Ms Penelope Casey; Dr Felicity Hawkins; Prof Claire Johnson; Prof Angus Cook; Prof Richard Chye; Dr Jacqueline Oehme; Ms Maria Senatore; Dr Claudia Virdun; Dr Mark Pearson; Ms Imogen Featherstone; Prof Peter Lawlor; Associate Prof Shirley H. Bush; Assoc Prof Barb Daveson; Mrs Sabina Clapham

Abstract:

Background: Delirium is a serious and common condition in palliative care units (PCUs). Proactive systems for evidence-based delirium care are missing and innovation is needed.

Aim: To develop and pilot a new delirium monitoring system in PCUs that integrates perspectives of patients, carers and staff, the Delirium Clinical Care Standard, and Palliative Care Outcomes Collaboration (PCOC) methods.

Methods: The ‘MODEL-PC study’ is an exploratory sequential mixed methods project. In 2023, baseline (stage 1) data aligned with the Delirium Standard were collected at four Australian PCUs, via clinical audits, process mapping, and Critical Incident Technique interviews with patients, carers and staff. Analyses were quantitative, qualitative, and mixed.

Results: Audits examined medical records of 240 patients (75% died during admission, 50% experienced delirium). A third of Delirium Standard quality indicators were achieved for 80% of patients. The only patient variable associated with quality indicators was mortality: compared to discharged patients, those who died had lower likelihood of avoiding benzodiazepines or combined antipsychotics/benzodiazepines during delirium. Process mapping (34 staff) found quality indicators about delirium policy were achieved, while processes and patient measures largely were not. Interviews (16 patients, 17 carers, 41 staff) found ‘patient-centred information and support’ to be the predominant action with a positive outcome.

Conclusion: Participating PCUs met Delirium Standard quality indicators for policy, risk assessment and screening, and low re-admission for delirium. Whereas quality indicators for delirium prevention, assessment, treatment of causes, avoidance of antipsychotics and benzodiazepines, and discharge planning were not met. Of note, although patient-centred information and support were documented in only 20% of medical records, interviews findings suggested that when this aspect of delirium care occurred, it was highly valued.

Stage 2 of the MODEL-PC study is underway and involves new delirium monitoring via PCOC and other strategies to meet the Delirium Standard, with dissemination in 2025.

Early Assessment Surveillance and Evaluation (EASE) Trial Program: Alternate model of care for RACF clients

Mrs Emily Resciniti[1], Mrs Tracey Briggs[1], Mrs. Grace Huang[1], Ms Jessica Brown[1]

[1]Eastern Palliative Care Inc., Mitcham, Australia

Biography:

Emily Resciniti has worked in palliative care for over 10 years and is currently completing her Masters in Advance Nursing Practice. Emily recently completed a secondment as a project nurse for the Comprehensive Palliative Care in Aged Care Project with Eastern Palliative Care and also works on the Palliative Care Advice Service.

Abstract:

Background: Eastern Palliative Care Association Inc (EPC) catchment is comprised of 7 local government areas, encompassing approximately 144 residential aged care facilities (RACFs). Clients admitted to the EPC program have been identified to have specialist palliative care needs, may be discharged from the service if it is determined that they no longer require service and this could include, but not limited to continued stable phase (as defined by PCOC). RACFs staff, GPs, families and clients are advised to “Re-refer” when there is a change in condition and the guidance provided is adhoc and/or not standardised. EPC received a non-recurrent grant allocation in October 2022 to improve access to palliative care for aged care residents.

Aims: To provide an alternate model of care for clients residing in RACFs identified as having specialist palliative care needs, at some stage through disease trajectory.

Methods: Development and implementation of trial program that offered an alternative to discharge from the service. Through regular interval telehealth, monitoring with RACFs staff and client’s carer/ family. Whilst ensuring clients remain registered with continued access to 24/7 phone support and advice.

Results: Impact of EASE on number of clients admitted to EPC, in the terminal phase (PCOC definition) residing in RACFs, decrease number of clients requiring re-admission to the service. Whilst enhancing communication with RACFs, contributing to a more streamlined and effective collaboration.

Conclusions: In summary, the EASE Trial Program by EPC offers an alternative care model for RACF residents with specialist palliative care needs. Through continuous access to services, early assessment, and regular telehealth monitoring, the program aims to reduce re-admissions and improve care for clients in the terminal phase. The results suggest positive outcomes, showcasing the potential of this innovative approach in addressing the unique needs of palliative care recipients in residential aged care.

Enablers of Optimal Consumer and Community Involvement in Palliative Care Research and Service Delivery

Ms Mollie Wilson[1,2], Mrs Christine Hofmeyer[3], Mr Avi Paluch[3], Dr Stacey Panozzo[1], Dr Anna Collins[1,2], Professor Peter Hudson[1,2], Professor Jennifer Philip[1,2]

[1]St Vincent's Hospital Melbourne, Melbourne, Australia, [2]The University of Melbourne, Melbourne, Australia, [3]Voices for Palliative Care, Melbourne, Australia

Biography:

Mollie Wilson is an early careers researcher and member of the Palliative Nexus research team, working across St Vincent's Hospital, Peter MacCallum Cancer Centre and The University of Melbourne. Mollie oversees and coordinates a novel community engagement initiative, Voices for Palliative Care (Voices). Voices is a council of public citizens with lived experiences in palliative care, who contribute to research, service development and advocacy in palliative care. Voices was established in response to identified opportunities to increase death literacy in the community and to promote an active partnership with community voices specific to the field of palliative care.

Christine has experienced being a carer for several family members with serious illness (with malignant and non-malignant disease) and palliative care needs, most recently her sister with cancer. Before retiring, Christine worked as a palliative care nurse consultant for 27 years where she was involved in providing palliative care for patients, their caregivers and family. She is informed in service and policy development at a local and national level, including as a consumer representative for Palliative Care Australia. Christine believes it is essential to ensure consumers' and carers' views and experiences are heard and integrated into research, policy and service improvements.

Abstract:

Background: There are significant policy and health service imperatives for consumer and community involvement (CCI) in informing palliative care research and service delivery. Although the philosophy of palliative care centres on holistic values and care for patients, family and carers lives, CCI in palliative care research is less advanced than in other areas of health and social care research and there is limited understanding of consumer experience in palliative care research.

Aims: The aim of this study was to explore experiences of CCI participation in informing palliative care research and service delivery, and to identify enablers and methods for successful modes of engagement.

Methods: Consumer representatives partnered with project investigators to ensure that this project includes palliative care consumers as co-designers and co-knowledge translators of project outcomes.

Semi-structured interviews were conducted with twelve consumer experts (community members who have been involved in CCI programs) and ten consumer coordinators (researchers and clinicians who have coordinated CCI programs) in palliative care in Australia and the United Kingdom. Interviews were transcribed and subject to inductive thematic analysis.

Results: The following themes were identified as enablers to successful CCI in palliative care research: relationship building and maintenance between researchers and consumers; clarity around goals of involvement and training and support. These enablers promoted a collaborative atmosphere

between researchers and consumers and enhanced personal and collective experiences of CCI participation.

Conclusion/Discussion: This study uncovers a spectrum of enablers that potentially shape the extent and effectiveness of CCI in palliative care. This can result in fostering research that is highly relevant, methodologically robust, and guided by the needs and preferences of the community.

Enabling high-value care at the end of life: Development of a generic patient decision aid

Ms Allison Lovell[1], Dr Elise Button[1], Ms Natalie Kruger[1]

[1]Care at the End of Life, Clinical Excellence Queensland, Queensland Department of Health,

Biography:

Allison is a palliative care health services leader and experienced clinician. She has implemented statewide palliative care initiatives on behalf of Queensland Health since 2016. Allison has practiced in senior nursing roles locally and internationally. She has been the Vice President and Treasurer of Palliative Care Nurses Australia. Allison completed a Master of Health Management in 2014 and was appointed a Fellow of the Australasian College of Health Service Management in 2018. In 2019 Allison spent a year in China as a Program Consultant on Hospital Management where she provided recommendations on person-centred healthcare at the Zhongshan Ophthalmic Centre.

Abstract:

Background: Many people require resource intensive care near the end of life (EOL). This care is often low-value, leading to limited or no benefit, or causing harm to patients and families. In response to a ministerial priority area around enabling high-value care, a project team within Clinical Excellence Queensland was tasked with addressing this issue.

Aim: The project aimed to identify an appropriate solution to empower multidisciplinary clinicians across Queensland to deliver high-value care for people with life-limiting illnesses.

Methods: A series of clinician-led workshops established, defined, and explored a problem around low-value care near the EOL, and developed a ‘solution’. Concurrently, a series of Kitchen Table discussions were conducted with consumers exploring the concept of high- and low-value care, and how they could be empowered to participate in decisions about treatment and care. Extensive design, and clinician and consumer user testing of the ‘solution’ were led by a User Experience Designer.

Results: A generic patient decision aid (PDA), named the Care Companion, was developed as the ‘solution’ in response to the defined problem: “People with a life limiting illness, and those involved in their care, often don’t receive the information and support they need to fully participate in shared decision-making about treatment and care that is right for them.” The PDA (named Care Companion) supported shared decision-making between patients and clinicians by providing information about the available treatment options, the associated risks and benefits, uncertainties associated with each option, and a patient value clarification exercise. It was developed in an electronic and paper format for use across Queensland.

Conclusion: The PDA was developed in response to identified need for greater shared decision-making for people with life-limiting illness. Current work is underway to exploring implementation of the PDA in the clinical setting to enable high-value care at the EOL.

Enhancing Learning in Community Palliative Care: The Impact of Simulated Home Visits for New Nurses

Mrs Sarah Begley[1]

[1]Eastern Palliative Care, Melbourne, Australia

Biography:

Sarah is a Clinical Educator at Eastern Palliative Care and current committee member of the Palliative Care Nurses Australia (PCNA) and brings extensive experience in community palliative care across rural, regional, and metropolitan areas nationwide. In 2023, Sarah pioneered the EPC Foundations Program, a three-week initiative focused on up-skilling nurses for community palliative care roles.

Abstract:

Background: The transition from hospital-based nursing to community palliative settings poses significant challenges, requiring independent assessment skills, heightened autonomy, clear boundary setting, and environmental awareness. Addressing the logical challenges faced in training nurses for independent community work, Eastern Palliative Care has introduced simulated home visits, leveraging volunteer actors portraying patients.

Aims: The primary objective of simulated home visits is to establish a secure environment for new palliative care professionals to practice acquired skills, enabling immediate feedback and subsequent refinement with actors. Participants receive pre- and post-course feedback through an observational assessment form, enabling a visible track of their growth and development.

Methods: Within the EPC Foundations' three-week intensive course, three days are dedicated to simulated home visits. Internal participants also undergo a pre-course home visit assessment. Pre-selected volunteer actors, briefed via Zoom, simulate patient scenarios with unique challenges, such as delirium, family conflict, pain, or nausea. Each home visit involves one observer, one to two actors, and one learner. Observers use an assessment tool based on an ideal home visit, providing real-time feedback. Learners can seek help, feedback, or retry phrases at any point.

Results: Feedback from simulated home visits underscores its utility as a valuable learning tool. Participants find it both validating and challenging in a safe, encouraging environment. This method affords a dedicated space for practical application of course learnings, offering honest, real-time feedback for constructive improvement. Volunteer feedback reflects enjoyment and increased insight into community palliative care work.

Conclusions: By sharing this teaching method, we hope to encourage its adoption by other palliative care services. Simulated home visits prove to be an effective means of bridging the gap between theoretical learning and real-world application, facilitating a smoother transition for new community palliative care nurses.

Evaluation of a co-designed breathlessness intervention service for the act

Ms Roslyn Kirk[1], Ms Marina Siemionow[2], Ms Pamela Harris[2], Mr Klaus Inveen[2], Mr David Reid[2], Ms Mary Roberts[3], Dr Domenica Disalvo[4], Mr Simon Kragh[5], Ms Jeanelle van Zyl[5], Ms Casey van Rooy[5], Ms Mirei Churton[1], Associate Professor Tim Luckett[4]

[1]Capital Health Network - ACT PHN, Canberra, Australia, [2]Consumer Representatives, Canberra, Australia, [3]Department of Respiratory and Sleep Medicine, Westmead Hospital, Sydney, Australia, [4]IMPACCT (Improving Palliative, Aged and Chronic Care through Clinical Research and Translation, Faculty of Health, University of Technology Sydney (UTS), Sydney, Australia, [5]Southside Physio Group, Tuggeranong, Australia

Biography:

Ros is a registered nurse and has over 20 years of experience working in specialist palliative care and is currently the Palliative Planning Manager for the PHN, Capital Health Network where she is responsible for the planning, development and implementation of the Greater Choice for At Home Palliative Care measure funded by the Department of Health and Aged Care.

Ros is also a trained in Clinical Supervisor and provides clinical supervision for frontline healthcare workers across the ACT who care for patients and their families at end-of-life.

Abstract:

Background: A breathlessness intervention service for the ACT (ABIS) and evaluation framework were co-designed and piloted from March 2023. Patients were eligible if they had modified Medical Research Council (mMRC) ≥2. Referrals were invited from general practice and one respiratory service. Patients and carers received an initial assessment by a physiotherapist at home, with up to 6 follow-ups determined by patient need. Physiotherapists took a person-centred coaching approach and provided education on non-pharmacological management, exercise and other lifestyle factors.

Aim: To appraise ABIS's feasibility and impact on patient and carer outcomes.

Methods: A quality improvement approach was taken using plan-do-study-act (PDSA) cycles. The project's SMART goal was 100 patients completing ABIS within 12-months, with at least 75% reporting clinically important benefits on one or more outcome as follows: activities of daily living (ADL) selected by each patient, breathlessness mastery and severity of worst breathlessness. Self-reported ambulance avoidance and carer confidence were also measured. Semi-structured interviews were conducted with patients/carers via phone to canvass their perceptions of the service.

Results: By the end of 2023, 41 patients had completed ABIS with 23 more continuing to receive follow-ups. The median number of follow-ups was four (inter-quartile range, 2). All patients completing ABIS achieved improvement on at least one outcome measure: 39 (95%) on ≥1 ADL, 31 (76%) on mastery and 26 (63%) on worst breathlessness. Fourteen (34%) patients reported thinking about calling an ambulance on 22 occasions but self-managing instead. 25/38 (67%) carers reported improvements in confidence. 10 patients and 2 carers agreed to interviews, praising person-centred and home-based features of the service.

Conclusions: This pre/post evaluation adds to evidence that BISs improve patient and carer outcomes across health conditions. The main challenge to feasibility has been maintaining sufficient referrals from general practice.

Exploring pressure injury risk assessment in acute palliative care patients: A scoping review

Ms Saroeun Ven[1,2], Professor Paul Fulbrook[1,2], Dr Adam Burston[1,2], Dr Josephine Lovegrove[3], Dr Sandra Miles[2]

[1]The Prince Charles Hospital, Chermside, Australia, [2]Australian Catholic University, Banyo, Australia, [3]National Health and Medical Research Council Centre of Research Excellence in Wiser Wound Care, Griffith University, Gold Coast, Australia

Biography:

Saroeun Ven is an experienced palliative care nurse, research assistant, and PhD candidate with a strong interest in improving pressure injury prevention for palliative care patients. Saroeun currently works with the Nursing Research and Practice Development Centre at The Prince Charles Hospital. In 2021, Saroeun was awarded a First Class Bachelor of Nursing Honours for her research project comparing a standardised pressure injury risk assessment tool versus clinical judgement in an acute hospital setting. Building on her research work and clinical background, Saroeun's PhD research is exploring pressure injury risk assessment in acute palliative care patients in a hospital setting.

Abstract:

Background: Hospitalised palliative care patients are at risk of pressure injury (PI), which causes physical and psychological distress and increases care costs. Prevention of hospital-acquired PI is a nursing priority, with the first step of prevention being a risk assessment which should be population-specific. In Australia, four phases are used to categorise palliative care; Phases 1-3 apply to 'acute care' where patients require medical treatment and/or symptom management, whereas Phase 4 comprises end-of-life (EOL) care. While there are differences in these two cohorts, acute palliative care patients are not clearly defined in current PI prevention research, and the most appropriate method of PI risk assessment for this group is unclear. Therefore, a scoping review was conducted to identify which PI risk assessment tools (if any) have been used for adult acute palliative care patients.

Methods: The search strategy was developed based on the Population-Concept-Context mnemonic. Studies of any design, articles and guidelines which described PI risk assessment in acute palliative care patients were included. Four grey literature and five nursing/health databases (CINAHL, MEDLINE, Scopus, Web of Science, EMBASE) were searched in March 2023 (limits: year 2002-2023, English language, adults). A protocol was prospectively registered with Open Science Framework.

Results: Fifteen articles were included, with 20 PI risk assessment tools/methods identified. However, none reported use of a PI risk assessment tool designed specifically for acute palliative care patients. Furthermore, the definition of palliative care patients was mostly vague and no articles clearly defined differences between acute patients and those at EOL.

Conclusion: Lack of an acute care palliative specific PI risk assessment tool may result in inadequate PI risk assessment, and subsequently the use of PI preventative interventions. There is a need to develop a new risk assessment tool for these patients incorporating their specific risk factors and treatment needs.

Feasibility of implementing a brief Patient Reported Experience Measure for inpatients with palliative care needs

Dr Claudia Virdun[1,2,3,4], Dr Elise Button[3], Professor Jane Phillips[3,4], Assistant Professor Catherine Saunders[5], Distinguished Professor Patsy Yates[3], Associate Professor Tim Luckett[4]

[1]College of Nursing and Health Sciences, Flinders University, Adelaide, Australia, [2]Flinders Research Centre for Palliative Care, Death, and Dying, Adelaide, Australia, [3]Faculty of Health, Cancer and Palliative Care Outcomes Centre, Queensland University of Technology, Brisbane, Australia, [4]Improving Palliative, Aged and Chronic Care through Clinical Research and Translation, Faculty of Health, University of Technology Sydney, Sydney, Australia, [5]Dartmouth Health and The Geisel School of Medicine at Dartmouth, Lebanon, United States of America

Biography:

Dr Claudia Virdun is an experienced specialist palliative care nurse interested in enabling optimal care for people with advanced serious illness. Claudia's passion for excellence in palliative care has seen her focus on clinical care delivery, research and improvement work to inform service change. Claudia is currently a Senior Lecturer in Palliative & End of Life Care for Flinders University.

Abstract:

Background: Many patients with palliative care needs require care in the hospital setting. The need to enable improvement in palliative care provision in the hospital context is well noted but how to achieve this remains elusive. Patient-reported experience measures (PREMs) may assist in improvement work.

Aim: To determine the feasibility of implementing a brief patient-reported experience measure consideRATE within the Australian hospital inpatient setting, and appraise its acceptability as perceived by inpatients with palliative care needs, their carers and clinicians.

Methods: A prospective study using: 1) PREM administration with patients and carers; and 2) a focus group with clinicians on the usefulness of PREMs to inform improvement. Eligible participants were recruited from three wards in two departments (cancer care and internal medicine) of an Australian tertiary metropolitan hospital.

Results: Feasibility: A 71% response rate was achieved (n=80 from 112 eligible patients). Mean screening time from the ward handover sheet was 7.5 minutes (range 2-12 mins). More than half (n=47, 59%) opted for electronic completion. Mean completion time was 6.12 minutes (range 44 seconds – 17.49 minutes, median = 5.14 mins). A third of participants required assistance for PREM completion (n=27, 34%). Score distribution varied across response options, albeit with a positive skew towards 'very good' and 'good'. A third of respondents (n= 50, 62.5%) provided ≥1 free-text response. Acceptability: Clinicians valued consideRATE data noting the need for it to be: accessible, supported by free-text and responsive to local contexts.

Conclusions: It is feasible to implement consideRATE for inpatients with palliative care needs. The high response rate indicates this patient population is willing and able to provide feedback about care quality. Supporting their participation is important given levels of illness and disability. Clinicians note consideRATE data is acceptable in informing improvement foci. Additional validation of consideRATE is warranted and forthcoming.

Finding balance: Registered nurses experience of providing home-based palliative care in rural communities in Australia

Dr Lyn Rabbetts[1], Research Professor Ann Harrington[1,2], Dr Katrina Breaden[1]

[1]Flinders University, Adelaide, Australia, [2]Charles Sturt University, Canberra, Australia

Biography:

Dr Lyn Rabbetts completed her PhD in December 2023 that had an emphasis on the RNs experience of the work with community based palliative care. She has a clinical background as a Clinical Nurse in community-based palliative care service for 17 years. She has provided consultative support across a number of small and medium sized rural communities. During this time Lyn reflected on the experience of working in this specialist field in these rural communities. Posing a research question in a phenomenological study enabled her to explore these experiences in-depth.

Abstract:

Background: Research has not explored in-depth the experiences of nurses who live and work in rural communities and provide home-based palliative care.

Aim: To explore the lived experience of Registered Nurses (RNs) providing home-based palliative care in rural communities in one state of Australia.

Method: A phenomenological study guided by a Gadamerian approach was employed using Diekelmann, Allen & Tanner's (1989) seven-stage process to analyse data.

Results: Community connections and working for a regionally based health care service impacted on how the nurses endeavoured to provide optimal home-based palliative care. The RNs reported they were invited guests in the private space of the families they supported. As such the balance of power differed from working in health care facilities. Further complexity occurred for these RNs as they cared for patients who they were connected to, in their communities. In particular, care for extended and close family members posed some significant challenges.

Conclusion: New understandings of participant RNs lived experiences emerged from data. These RNs found balancing their professional role and personal allegiance to the communities was key in the optimisation of the care for patients who wished to die at home. Furthermore, the use of community networks assisted in the alleviation of some service shortfalls. However, the nurse's own emotional investment in the care for patients known to them was largely unacknowledged by the health care service. The increase in funding, professional support networks and bereavement resources would be pivotal to these nurses' wellbeing. The implementation of these suggested strategies would contribute to home-based palliative care in rural communities being maintained and increased. Thus, the pledge from government that every Australian who wished to die at home with the care required would be realised.

Harnessing the new National Palliative Care Standards 5.1 ed. (2024) for accreditation evidence!

Chelsea Menchin[1]

[1]Palliative Care Australia, Griffith, Australia

Biography:

With more than 25 years' experience working in health policy and project management, Chelsea has contributed to range of national programs and reform processes in primary care, chronic disease management and mental health.

In her role as National Projects Manager at Palliative Care Australia, Chelsea leads the development and implementation of projects and collaborations that improve awareness of, access to and quality of palliative care for all who need it. This work includes oversight of the Quality Improvement Suite of Resources for specialist and primary palliative care services, and the National Register for Palliative Care Consumers and Carers.

Abstract:

Background: Palliative Care Australia has been developing standards for more than 15 years to support the specialist palliative care sector to deliver high quality palliative care. A limited scope review conducted in 2023, led to two updates of the Quality Improvement Suite:

1. the introduction of the National Palliative Care Standards 5.1 ed. (2024) and
2. a series of downloadable packs that support self- assessment against the revised Standards for clinical and service leadership teams.

Aims: The presenter aims to share with the audience the updates to the National Palliative Care Standards and how these were determined.

Methods: Utilising the newly launched PaCSA Packs (for self-assessment), the presenter will focus on the evidence collection that can be harnessed through this process to contribute to mandatory accreditation processes with the National Safety and Quality Health Service (NSQHS) Standards, and, where relevant, the new Aged Care Standards.

Results: Participants will be able to engage with the new National Palliative Care Standards 5.1 ed. (for the specialist palliative care sector) in new and more meaningful ways. The self-assessment tools have been simplified to enable practical, timely responses to continuous quality improvement efforts, within the clinical setting and for professional development and service improvement innovations.

Conclusions: Continuous Quality Improvement, while a must within the health system, is often required to be addressed in clinical hours. PCA has listened to the needs of the sector and has established a program that fits within a variety of team or sole clinician settings, and has all the congruencies between other Standards and Frameworks mapped for you, to assist services to meet their QI requirements both within and outside the palliative care specialisation.

Head, heart & hands: Essential education elements in promoting wellbeing in Paediatric Palliative Care

Ms Alyson Gundry[1,2]

[1]Paediatric Palliative Care Service, Children's Health Queensland, South Brisbane, Australia, [2]Quality of Care Collaborative Australia (QuoCCA), South Brisbane, Australia

Biography:

Alyson Gundry is Allied Health Clinical Lead in the E-Paediatric Palliative Care Service, a service component of the Paediatric Palliative Care Service (PPCS), at Queensland Children's Hospital. A social worker by background, Alyson held the role of Bereavement Coordinator in PPCS for eight years. Alyson is also an Allied Health Clinical Educator with the Quality of Care Collaborative Australia (QuoCCA), a national project delivering paediatric palliative care education to clinicians caring for young people with palliative and end-of-life care needs. She is committed to enhancing clinicians' capacity to care for young people with life-limiting conditions, their families, and communities.

Abstract:

Background: Across healthcare sectors, there is increasingly, much-needed focus on the integration of tailored self-care resources and education for clinicians. This is especially pertinent for nursing staff caring for young people with life-limiting conditions and their families. With a complexity in healthcare requirements, young people with life-limiting conditions, may need frequent and protracted inpatient stays with ward-based staff working closely with patient and family. Safeguarding staff's well-being delivers sustainable care to patients and consequently, clinicians feel better-equipped and supported in providing responsive end-of-life care now and into the future.

Aim: This presentation will describe a regularly delivered, ward-based, and bespoke educational program focused on a triad of learning attributes, namely head (understanding the nature of palliative care), heart (delivering compassionate care) and hand (practical skills and self-care tools). Each element is designed to encourage nursing staff's well-being when caring for young people at end-of-life.

Method: This educational offering was delivered by a cross-discipline team of clinical educators. Educators committed to offering routinely scheduled and ward-sanctioned sessions with the intention of reducing potential barriers to staff attendance. With competing clinical demands for patient care never-ending, prioritising well-being requires support from nursing leadership to safeguard attendance. Using a mixed-method evaluation, participants' feedback post-session has been collected, with a view to demonstrating the broader applicability and sustainability of the Head, Heart, and Hands program.

Results: Early findings are encouraging and have been utilised in curating content for the program's resumption in 2024.

Conclusion: By delivering a tailored education program, addressing the support needs of inpatient nursing staff in the provision of paediatric palliative care, it is envisaged that staff will be better equipped to walk alongside a dying young person and their family. The head, heart and hands components integrated into this educational offering are fundamental in the provision of compassionate palliative care.

Insights from nursing students preparing to have difficult conversations towards the end of life

Ms Alison Walsh[1], Associate Professor Lynette Cusack[1], Adjunct Professor Desley Hegney

[1]Adelaide Nursing School, The University of Adelaide, Adelaide, Australia

Biography:

Alison is a lecturer specialising in oncology and palliative care in the Adelaide Nursing School. Alison co-ordinates the cancer post-graduate diploma and palliative care nursing course for undergraduate nursing students.

Prior to this, Alison worked as a nurse unit manager of an oncology ward at the Royal Adelaide Hospital. This includes her extensive practice-based cancer nursing experience working with people with cancer and caring for them throughout their journey.

As part of her current HDR degree, she is researching the factors that influence the perceived ability of nursing students to engage in difficult conversations, towards the end of life.

Abstract:

Background: Caring for patients with life-limiting illnesses requires nursing skills that focus on empathy and communication alongside symptom management. Registered nurses working exclusively in specialist palliative care often develop these communication skills through their daily nursing practice, however, more is needed to prepare nursing students to engage in difficult conversations when encountering patients and families towards the end-of-life.

Aims: To understand the nursing student’s perspective on how their undergraduate education has prepared them to communicate with patients who have a life-limiting illness, and their families.

Methods: A qualitative descriptive approach was used to guide this study. Ethical approval was gained from the University to interview ten third-year undergraduate Bachelor of Nursing students. The Braun and Clark approach to thematic analysis was used to analyse the interview data.

Results: The results demonstrate that the participants felt they were not prepared for difficult conversations with patients and their families. In addition to being unprepared for difficult conversations, nursing students need preparation for death and dying that considers the role of the RN in caring for dying people and their families and the importance of empathic communication. The focus of this presentation will be on the participant's suggestions for what needs to be included in the curriculum to better prepare nursing students for death and dying and difficult conversations.

Conclusion: The findings of this study add to the currently limited research on the nursing student experience of death and dying and contribute a unique focus on the experiences of difficult conversations. The findings provide teaching and learning ideas, from the experiences of the nursing student, that consider their wellbeing and may better prepare them for end-of-life care and difficult conversations. Preparing future generations of RNs to engage in difficult conversations may improve the patient and family experience at the end of life.

Integrating renal and palliative care. Does it make a difference in patient's quality of life?

Mrs Natividad Miles[1], Mrs Grace Edwards[2]

[1]Royal Prince Alfred Hospital, Camperdown, Australia, [2]Concord Repatriation General Hospital, Concord, Australia

Biography:

Grace Edwards works at the Concord Repatriation General Hospital.

Abstract:

Background: Patients with advanced chronic kidney disease (CKD) who are older, frail and have multiple comorbidities with poor functional status are increasing in numbers. Patients with advanced CKD with or without dialysis are suffering from high symptom burden and if untreated leads to a decreased quality of life (QoL). Integration of palliative care in CKD care had demonstrated to be effective in addressing the high symptom burden of the CKD population. Renal Supportive Care (RSC) is a nurse-led model of care which has been developed to address the palliative care needs of the CKD population.

Aims: To determine the effectiveness of the integration of palliative care for patients with advanced CKD in the improvement of their overall quality of life.

Methods: Twenty patients with advanced CKD on the dialysis pathway and twenty patients with advanced CKD on the conservative pathway were randomly selected and their QoL data were collected. Comparison between the scores before RSC intervention and at six months were evaluated using descriptive statistics including percent, mean and standard deviation.

Results: Forty patients were randomly selected, divided into two groups, dialysis and conservative. The reported QOL for dialysis patients at initial consult, as measured by means of EQ-5D-5L index value score, was 0.23 (0.27) and 0.23 (0.24) for conservative patients. Mean EQ-VAS (Visual Analog Scale) score for dialysis group was 72.0 and 70.25 for the conservative. At six months, EQ-5D-5L index scores, 0.19 (0.05) for dialysis patients and 0.18 (0.21) and EQ-VAS score was 78.45 and 77.75 respectively.

Conclusion: This study has demonstrated that integrating palliative care approach to renal care made significant improvement in quality of life of patients with end stage kidney disease. This pilot highlights the need for further study using larger samples to make a valid claim on the effectiveness of the program.

Is Equality in Rural Palliative Care Service Delivery a Myth?

Ms Jenny McKenzie[1], Nicole Carson[1]

[1]Murrumbidgee Local Health District (MLHD), Wagga Wagga, Australia

Biography:

Jen McKenzie became a Nurse Practitioner in 2006. She is passionate about improving palliative care services in rural areas and driving an equitable approach to service delivery. Jen actively participates in education for all clinicians working in health and loves encouraging interest in working in the palliative care specialty.

Abstract:

Background: MLHD is a large geographical area in southern NSW covering regional to remote areas. Inequitable palliative care service delivery had evolved over the decades because of historical funding patterns and siloed, protective health care practices. Depending on geographical location, service delivery ranged from seven days a week with on call support to no cover. Variation of knowledge distribution and clinician skillsets meant higher level specialists were locked into limited sites.

Aim: To achieve equitable out of hours access and support to all palliative care patients and their carers registered to the MLHD palliative care service and to deliver services according to the patients assessed need, not their geographical location.

Method: A review of all community based clinical services, resulted in palliative care transitioning to a district wide clinical stream. A literature review, retrospective analysis of on call usage and death data was attended. Out of hours on call provision was rolled out in a staged approach across MLHD.

Results: MLHD now has a district wide Specialist Palliative Care nurse on call service to support registered palliative care patients and their carers. Preferred place of death is recorded routinely. Calls received and commensurate location of home death has been noted to be dispersed in a wider geographical pattern.

Conclusion: Under pinned by a risk stratification approach, all patients who require out of hours support have access to a specialist palliative care nurse on call. This change of practice has become a foundation for collaborative partnerships with NSW Ambulance and generalist service providers. This model of care has embedded quality initiatives such as development of Morbidity and Mortality Meeting, daily Interdisciplinary complex patient and handover meeting and standardised documentation and resources. Equitable delivery of palliative care services is possible in rural areas.

Listening for the story: The transformative power of story in palliative care, a consumer's perspective

Mrs Imelda Gilmore[1]

[1]UTS IMPACCT, PaCCST, Helensburgh, Australia

Biography:

Imelda Gilmore is a former family carer who supported her husband for nine years, from his diagnosis with younger onset Alzheimer's Disease until his death in 2016. She is an experienced communicator, advocate, speaker and campaigner in dementia care, working to promote the advancement of knowledge, care and services in palliative care for people with dementia and their family carers.

Imelda is a founding member of the IMPACCT Centre Consumer Advisory Group at UTS. She has contributed as a consumer on a large number of projects. She continues to serve IMPACCT, PaCCSC, SPHERE and CHERE.

Abstract:

The palliative care ward or care bed or home space is first and foremost an intense hub of human experiences and emotions. By pointing to the art of storytelling, the author has been able to touch on an aspect of clinical care which is sometimes necessarily more difficult to express or measure. The author's husband died as a result of younger onset Alzheimer's Disease; during his months of palliative care in a residential aged care facility, she was able to learn and grasp hold of the deeper issues which are intrinsic to relationships at this stage in the life of a person who is approaching the end of their life. This resulted in her writing down pieces of the story in allegories which she hoped would contribute to both her husband's care and also the palliative care journey of others.

At its most ultimately raw, basic level, the best in palliative care involves the whole person and, necessarily, the relationships that make up that person as a whole human being, including spiritual relationships, along with the main people who surround that person in relationship.

Storytelling can be a powerful tool for clinicians to touch in their work as a team with the patient and their family; the author will attempt through example to elaborate on how clinicians can better hear these stories in real time and how they can use these stories to enact change in their nursing practice. There are many stories and, of course, these are both positive and negative; regardless of the nature of the stories, they can be a very powerful way for the clinical team to reflect and learn: the key to enabling the story to positively influence the clinician's care is simply to learn to be alert to listen for the story.

Navigating care at the end of life: Perspectives of Australian residential aged care nurses

Dr Priyanka Vandersman[1], Professor Jennifer Tieman[1]

[1]Flinders University [ELDAC Project], Australia

Biography:

Priyanka is a Registered Nurse and digital health technology researcher. She is a Senior Research Fellow at the Research Centre for Palliative Care, Death and Dying [RePaDD], and works with the End of Life Directions in Aged Care [ELDAC] Project's Flinders University team. Her work focuses on building the capability of the Australian aged care sector in providing quality end of life care using novel approaches. She is particularly interested in developing, implementing, and evaluating novel digital technologies to support end of live care giving processes.

Abstract:

Background: The Residential Aged Care [RAC] sector provides care to a significant number of older people across frail and vulnerable years, all the way through to the point of death. As such, palliative care, and considerations for end-of-life caring need to be considered core aspects of aged care practice in Australia.

Aim: To explore how residential aged care nurses understand, describe, and provide care to people who are in the last year of life.

Methods: Qualitative study involving focus groups and interviews with RAC nurses working in Australia. Data collection was carried out via video conferencing software and telephone and managed using the NVivo software. Thematic analysis approach was used for data analysis.

Results: Seventy participants from 14 RAC services across three Australian States took part in 11 focus groups and six semi-structured interviews. Half of the services (n=7) were located outside metropolitan areas, with two services focusing on care for Aboriginal and Torres Strait Islander People.

Four key themes emerged from the qualitative data:

1. Unique caring needs in the last 6-12 months of life.
2. Triggers to identify this stage may not always be obvious.
3. Care provision is task-oriented and influenced by nursing hierarchy.
4. Despite intentions for good care, barriers persist.

Participants highlighted differences in the needs of older people experiencing gradual decline versus those in the terminal stage. Early discussions about death with families and residents were deemed valuable, but resource constraints limited the opportunities of quality one-on-one care.

Conclusions: In RAC settings, nurses recognize the importance of recognising early health decline and identifying residents nearing end of life, but workflow and resource limitations hinder their ability to engage effectively. Developing and implementing resources and processes to enable nurses to identify early decline and deliver timely, quality end-of-life care is imperative.

Navigating challenges and complexity in provision of voluntary assisted dying in a palliative care unit

Mrs Holly Pitt[1,2], Miss Kathleen Bray[1,2]

[1]Peter MacCallum Cancer Centre, Melbourne, Australia, [2]Parkville Integrated Palliative Care Service, Melbourne, Australia

Biography:

Holly Pitt, Nurse Unit Manager – Palliative care, Peter MacCallum Cancer Centre.

A highly motivated and compassionate senior nurse with over 17 years in palliative care across inpatient, consultancy and community settings. Committed to education, research, respectful leadership and management roles, ensuring commitment to the delivery of equitable, quality palliative care, with a strong focus on positive work culture and wellbeing.

Specialist Certificate in Palliative Care, Melbourne University 2010. Facilitator for Peter MacCallum's CARE program 2021-24 and Your Thoughts Matter, 2024. Recipient of the VCCC Research Partnership post in 2021 and lead in the End-of-Life working group at Peter MacCallum.

Abstract:

Background: Voluntary Assisted Dying (VAD) was legalized in Victoria in 2019. As of June 2023, 1312 Victorians had been dispensed VAD medication. 81% of these patients had or were accessing palliative care. VAD has become increasingly relevant for the palliative care sector. Understandings of VAD complexities have changed over time and lived experience has demonstrated evolving challenges. This highlights the need for a broader scope of education, assessment and support services to ensure clinical excellence and optimal palliative care for patients accessing VAD.

Aim: To reflect on the successes and challenges of VAD implementation in our palliative care unit, assess need for targeted support and professional development and highlight key areas for improvement.

Method: A mixed methods study using survey format, field notes from multidisciplinary team meetings, precinct wide education, department debriefs, ethics review/clinical case discussions, and informal discussions with clinicians, including VAD navigators. Clinicians within the palliative care unit were invited to participate. Analysis used simple descriptive statistics and narrative analysis.

Results: Analysis of results from a single survey demonstrate a shift in challenges for staff. At implementation staff identified understanding the VAD process (66.6%), legal requirements (62.5%) and complex communication (50%) as the main challenges. At 3 years post implementation the most challenging factors were family distress (47.8%), patient distress (43.8%) and complex communication (43.4%).

Implications for practice: These findings inform education and practice supports for use by palliative care services across the country.

Conclusion: VAD implementation in a palliative care setting requires an evolving and progressive approach. A broader scope of learning and support around ethics and moral distress is needed to ensure wellbeing for clinicians, patients and families.

'Nowhere to go' Improving access to Palliative Care for those experiencing homelessness with illusive boundaries

Ms Joan Ryan[1,2]

[1]Royal Prince Alfred Hospital, Sydney, Australia, [2]Palliative Care New South Wales, Sydney, Australia

Biography:

Joan Ryan is a Palliative Care Nurse Consultant at Royal Prince Alfred Hospital, Sydney. She has vast clinical experience in Palliative Care Specialist Nursing with a strong commitment to improving access to Palliative Care in poorly resourced nations and within vulnerable populations both nationally and globally. She supports a public health approach to re shaping many existing models of care in recognition of the need to serve a broadening diversity of cultural and social minorities within changing world of climate change a place to call home.

Abstract:

Background: People who are homeless have a reduced lifespan compared with the general population but inequitable access to palliative care. Many current mainstream health services lack awareness and flexibility to support equitable access to palliative care for those experiencing homelessness. This presentation will compare point of entry into palliative care for two people experiencing homelessness leading to and the often late, chaotic and unfortunately nearing end of life.

Aims: To increase awareness of the unmet palliative care needs of people experiencing tertiary homelessness in Sydney local health district that results in at least two direct referrals from community services between July-December 2022 from a baseline of zero.

Method: Two case studies informed the basis for following the Stanford Centre quality improvement process, a SPHERE PC-CAG project gap analysis included mapping current referral pathways, a “fish bone” analysis, and a local area map of socio-economic disadvantage. Identified key drivers, included recognition of the complex needs of homelessness populations and focused relationships with key stakeholders. Targeted interventions included staff and key stakeholder education, site visits, homelessness services and a centralized point of contact for palliative care referrals.

Findings: We surpassed our initial goal of two direct referrals for people experiencing homelessness with palliative care needs, achieving 10 referrals by December 2022.

Conclusions: Shifting referral pathways from within acute hospitals to community homelessness services who already have established relationships and knowledge of the unmet health needs of people encouraged earlier access to palliative care services. Driving change and addressing unmet palliative care needs of people experiencing homelessness can be achieved through structured quality improvement approaches, creative partnerships, building on trust and connection with the homelessness services already supporting the homeless This project further led to a second phase Quality Improvement collaborative titled Mary Aikinhead, Partnership with Purpose (2024) and Inaugural Palliative Care and Homelessness Forum.

Paediatric Palliative Care in Australia: An Overview of the Need

Dr Alison Bowers[1,2], Dr Gursharan Singh[1,2], Prof Natalie Bradford[1,2], A/Prof Stuart Ekberg[1], Mrs Alison McLarty[3], Dr Anthony Herbert[3], Dr Katie Ekberg[4], D/Prof Patsy Yates[1,2], Dr Zoe Dettrick[1]

[1]Queensland University of Technology, Brisbane, Australia, [2]Cancer and Palliative Care Outcomes Centre, Brisbane, Australia, [3]Children's Health Queensland, Brisbane, Australia, [4]University of Queensland, Brisbane, Australia

Biography:

Alison Bowers, Queensland University of Technology and the Cancer and Palliative Care Outcomes Centre, Brisbane.

Abstract:

Background: In Australia, there is a paucity of data for paediatric palliative care to inform health service planning and policy development. This project was conducted as part of the Paediatric Palliative Care National Action Plan Project to help address this gap.

Aims: For children and young people (aged 0-21 years) with a condition that may benefit from paediatric palliative care:

1. Report the Queensland clinical and demographic characteristics for the 2018 and 2019 calendar years
2. Explore factors associated with referral to specialist palliative care in Queensland
3. Estimate the need for paediatric palliative care in Australia by state and territory

Methods: Data from Queensland data collections (Hospital Admitted Patient Data, Emergency Department Data, Perinatal Data, Registrar General Deaths and Children’s Health Queensland Paediatric Palliative Care Service (QPPCS) database), relating to individuals aged 0-21 years diagnosed with a condition eligible for palliative care, were linked and analysed. Conditions eligible for inclusion were identified using International Statistical Classification of Diseases and Related Health Problems 10th Revision codes.

Results: Approximately 90% of the cohort had non-oncological conditions. Overall prevalence increased from 47.3 per 10,000 population in 2018 to 53.4 per 10,000 in 2019.

Approximately 1/3 of referrals to the QPPCS were for infants <1 year of age. Late referrals (<30 days prior to death) were more likely to be for infants aged <1 year and less likely to be aged >10 years than those with timely referrals.

In 2018, approximately 32,145 children and young people had a condition that might have benefited from palliative care. This figure increased to 37,225 for 2019.

Conclusions: The number 0–21-year-olds with a condition that may benefit from paediatric palliative care is increasing. Consistent national data collection procedures are urgently needed to ensure reliable and readily available data to inform paediatric palliative care need in Australia.

Palliative approach remains lacking in terminal hospitals admissions for rural chronic disease – multi-site audit

A/Prof. Rebecca Disler[1,2], Miss Lena Ly[1], Dr Amy Pascoe[1], Dr Xinye Esther Chen[3], Dr Emily Lawson[2], Mr Michael Cahyadi[1], Mr Ajanth Paalendra[1], Dr Helen Hickson[2], Prof Julian Wright[2,4], Mrs Bronwyn Phillips[5], Dr Sivakumar Subramaniam[2], Dr Kristen Glenister[2], Prof Jennifer Philip[6], Prof Doranne Donesky[7], A/Prof Natasha Smallwood[1,8]

[1]Respiratory Research@Alfred, Monash University, Melbourne, Australia, [2]Department of Rural Health, University of Melbourne, Shepparton, Australia, [3]Eastern Health, Melbourne, Australia, [4]Goulburn Valley Health, Shepparton, Australia, [5]Murray Primary Health Network, Bendigo, Australia, [6]The University of Melbourne, Melbourne, Australia, [7]Department of Physiological Nursing, University of California San Francisco, San Francisco, USA, [8]Department of Respiratory and Sleep Medicine, The Alfred Hospital, Melbourne, Australia

Biography:

Assoc/Prof Disler is an Australian Research Council Discovery DECRA Fellow from Monash University. Through her research, she leads improvement in access to care and models of care for people living with advanced chronic disease, particularly in rural settings. Rebecca is funded by a prestigious ARC Fellowship to address end-stage chronic disease in rural Australia. As Fellow of the American and ANZ Thoracic Societies, Convenor of the Symptom Support and Palliative Care group for ANZ Thoracic Society, and as a Cochrane review author, her work has been included in several international and national guidelines, including NICE UK and global GOLD strategies.

Abstract:

Background: Despite clear benefit from palliative care in end-stage chronic disease, access is often limited, and rural access largely unknown.

Aim: This study sought to determine if a palliative approach is present in final hospital admissions for chronic disease.

Methods: Retrospective medical record audit from five rural Australian hospitals, for patients who died from chronic obstructive pulmonary disease (COPD), chronic cardiac failure (CCF) and end-stage renal failure (ESRF) over 2019. The state of Victoria has a population of 6.61 million people, with 24.5% living in regional and rural areas.

Results: Of 241 patients, 143 (59.3%) were male, with median age 82.5 years (IQR 74.25-88.75), and with diagnoses of COPD (n=56, 23.2%), CCF (n=56, 23.2%), ESRF (n=24, 10.0%) or multimorbidity (n=105, 43.6%).

Outpatient chronic disease care was largely evident (n=171, 73.7%), however, contact with a private physician (n=91,37.8%), chronic disease program (n=61, 25.3%), or specialist nurse (n=17, 7.1%) were less apparent.

“Not-for-resuscitation” orders were common (n=139, 57.7%), however, advance care planning (n=71, 29.5%), preferred place of death (n=18, 7.9%), spiritual support (n=18, 7.5%), and multidisciplinary planning meetings (n=7, 2.9%) were sparse. Referral to and input from palliative care were also low (n=74, 30.7% and n=49, 20.3%, respectively), as was review of non-essential medications and routine blood tests (n=86, 35.7%, and n=78, 32.4%, respectively). Opioids were prescribed in 45.2% (n=109) of patients, most commonly for pain (n=28, 25.7%) and dyspnoea (n=9, 9.3%).

Hospital site and diagnosis were significantly associated with outpatient care and palliative approach.

Conclusions: While it is evident that end-of-life planning and palliative care involvement in chronic disease are limited more broadly, this situation was found to be more pronounced within five rural sites. Targeted strategies are necessary to improve care for these prevalent and high needs rural populations.

Palliative care for people in prison: A meta-synthesis of clinicians' and correctional officers' experiences

Miss Isabelle Schaefer[1], Dr Stacey Panozzo[1,2], Associate Professor Michelle DiGiacomo[1], Associate Professor Nicole Heneka[1,3], Professor Emerita Jane L Phillips[1,4]

[1]University of Technology Sydney, Ultimo, Sydney, Australia, [2]St Vincent's Health Australia, Fitzroy, Melbourne, Australia, [3]University of Southern Queensland, Springfield, Central QLD, Australia, [4]Queensland University of Technology, Kelvin Grove, Brisbane, Australia

Biography:

Isabelle has a background in medical science and is completing her PhD as part of the National Palliative Care in Prisons Project at the University of Technology Sydney. She is lead author of another systematic review and meta-synthesis about the perceptions and experiences of people in prison with palliative care needs.

Abstract:

Background: Demand for palliative care in prisons is growing globally as the prison population increases and ages. Prison and community-based clinicians and correctional officers facilitate palliative care within a restrictive environment and face considerable challenges.

Aim: To explore perceptions and experiences of stakeholders supporting people in prison with palliative care needs in prison, community hospice and hospital.

Methods: A systematic review and meta-synthesis was conducted. PubMed, Medline, ProQuest, CINAHL, Web of Science and CINCH were searched using keywords related to prison and palliative care. English peer-reviewed articles from high-income countries that included qualitative data about stakeholders' experiences were included.

Results: After screening 2664 articles, 13 were included. Two analytical themes emerged: i) a prison lens on a palliative approach and ii) navigating complexity in prison palliative care.

Clinical practice was heavily restricted by security constraints within this restrictive environment, which negatively impacted care and patient choice. This caused moral distress for clinicians where restrictions deviated from professional values. Officers felt unprepared to manage their unexpected role in facilitating palliative care and lacked guidance about how to accommodate palliative care needs within their mandate to maintain security.

Discussion: The prison environment created a lens through which palliative care was viewed, shaping perceptions of what care could be facilitated within the custodial setting as a subordinate priority to security. Conflicting priorities for various stakeholders caused tension, and unclear policy left stakeholders unsure how to operate. Though officers could make discretionary decisions to bypass protocol to meet patients' needs, this depended on how stakeholders integrated and prioritised the 'patient' and 'person in prison' identities of those needing palliative care.

Conclusion: Facilitating palliative care in prison is ethically complex and profoundly impacts clinicians and officers. Additional communication, collaboration and organisational support are needed to deliver quality palliative care in prisons.

Palliative care in aged care: A comparison of SPC and RACF assessment of needs

Mrs Sabina Clapham[1], Mrs Alanna Connolly[1], Mrs Laura Bryce[1]

[1]University Of Wollongong, Wollongong, Australia

Biography:

Sabina Clapham is the Quality and Education manager for the Australian Palliative Care Outcomes Collaboration (PCOC) and a Registered Nurse with experience in palliative care in various clinical, education, quality and project management positions. In her current position, Sabina ensures the implementation and sustainability of the PCOC program and leads clinical practice changes within PCOC services.

Abstract:

Background: The proportion of the population who could benefit from palliative care is increasing due to disease and age-related trends. Equally, the demand for palliative care is growing, especially for those in residential aged care (RAC). Knowledge about those who are receiving palliative care in this setting is lacking.

Aim: To compare residents referred to specialist palliative care services (SPC) with those identified by RACs.

Methods: Routinely collected data from palliative care services participating in the Palliative Care Outcomes Collaboration (PCOC), and RACs participating in the newly established Palliative Aged Care Outcomes Program (PACOP) between January to December 2023. Demographics, characteristics, functional status, problems, and symptoms were captured using the Palliative Care Phase, Australia-modified Karnofsky Performance Status (AKPS), Palliative Care Problem Severity Score (PCPSS), and Symptom Assessment Scale (SAS).

Results: 7,145 residents received 8,305 SPC consultation episodes, with 44% referred from RAC and 25% from hospitals. Among SPC recipients, 69% had non-malignant diagnoses, including 26% with dementia. RACs identified 480 residents with palliative care needs, 34% of whom had dementia or cognitive impairments. Initial assessments showed 47% of SPC recipients with an AKPS score ≤30. Common moderate to severe issues included family/carer concerns (9.5%), pain (10%), and psychological/spiritual issues (6.7%). Among RAC identified residents, 64% had AKPS scores ≤30, with notable issues being family/carer concerns (12%), pain (17%), and psychological/spiritual issues (12%).

Conclusion: Residents referred to SPC service and those recognised by RAC were more similar than different. Almost half of all referrals to SPC originated from RACs, highlighting the role of RACs as gateways to appropriate palliative care. Additionally, hospitals significantly contributed to SPC referrals, emphasising the necessity for standardised referral criteria to improve accessibility to palliative care in aged care.

Quality of care of inpatients with palliative care needs using patient reported experience data

Dr Gursharan Singh[1,2], Professor Alison Mudge[3,4], Mrs Robyn Matthews[5], Distinguished Professor Patsy Yates[1,2], Professor Jane Phillips[1,2], Dr Claudia Virdun[1,2,6,7]

[1]Centre for Healthcare Transformation, Faculty of Health, Queensland University of Technology (QUT), Brisbane, Australia, [2]Cancer and Palliative Care Outcomes Centre, School of Nursing, Queensland University of Technology (QUT), Brisbane, Australia, [3]The University of Queensland, Greater Brisbane Medical School, Herston, Brisbane, Australia, [4]Department of Internal Medicine, Royal Brisbane and Women's Hospital, Butterfield Street, Herston, Brisbane, Australia, [5]Cancer Care Services, Royal Brisbane and Women's Hospital, Butterfield Street, Herston, Brisbane, Australia, [6]Research Centre for Palliative Care, Death, and Dying, College of Nursing and Health Sciences, Flinders University, Bedford Park, Australia, [7]Improving Palliative, Aged and Chronic Care through Clinical Research and Translation (IMPACCT), Faculty of Health, University of Technology Sydney (UTS), Ultimo, Sydney, Australia

Biography:

Dr Gursharan Singh BMedSc(Hons), PhD is a Research Fellow in Palliative Care within the Cancer and Palliative Care Outcomes Centre at the School of Nursing, Queensland University of Technology (QUT). Gursharan's research interests include optimising palliative care delivery, heart failure, models of care and using linked administrative data in her research.

Abstract:

Background: Many patients with palliative care needs require care in the hospital setting. The need to enable improvement in palliative care provision in the hospital context is well noted. Patient-reported experience measures (PREMs) can assist in identifying areas for focused improvement.

Aim: To synthesise patient reported experience of care data from inpatients with palliative care needs to inform improvement.

Design: Cross-sectional study where patients with palliative care needs were invited to complete 'consideRATE,' a brief, validated patient reported experience measure designed to measure perceived quality of care for inpatients with serious illness. Descriptive statistics were used to analyse quantitative ratings whilst free text responses were analysed using integrated thematic analysis.

Setting/Participants: Patients with palliative care needs admitted to three wards (cancer care and internal medicine) at an Australian tertiary metropolitan hospital were screened for eligibility. Carers could provide proxy responses where patients were unable to participate.

Results: One-hundred and twenty participants (108 patients and 12 carers) completed consideRATE. The questions with the highest number of 'very good' responses were attention to symptoms, attention to feelings and attention to what matters most; the question with the lowest number of 'very good' responses was attention to patients' affairs. Almost half (n=57, 48%) indicated that advance care planning 'did not apply' to their inpatient stay. Four themes that impacted on quality of care experienced, derived from 532 free text responses across 8 questions, emerged: 1) Feeling supported, 2) Feeling informed, 3) Feeling heard and 4) Navigating the clinical environment.

Conclusion: Enabling inpatients with palliative care needs to provide direct feedback about their experience of care quality is one method of ensuring improvements matter to patients.

Understanding how to support clinical teams to use such data to make sustainable improvements is an important next step.

Recruiting people living with advanced dementia into enhanced sensory care: Who missed out and why?

Dr Sara Karacsony[1], Dr Sharon Andrews[1], Dr Melissa Abela[1], Dr Maryam Rouhi[1], Dr Thi Thuy (Ha) Dinh[1]

[1]University Of Tasmania, Lilyfield, Australia

Biography:

Dr Sara Karacsony is a nursing academic and researcher in the field of palliative care in aged care and an active member of the Transforming Research in Ageing (TRiA) group within the school of Nursing at the University of Tasmania. Sara's clinical background is in palliative care and her research and teaching areas focus on workforce education and skills development in palliative care, and care and quality of life of older people.

Abstract:

Background: People living with advanced dementia (PLWAD) in Residential Aged Care Facilities (RACFs) are known to suffer serious symptom burden at end of life (EOL) that could be relieved with quality palliative care. Evidence suggests that palliative care is largely provided as terminal care (last few days of life) and there has been limited research into models of care that seek to provide palliative care in more holistic and proactive ways in RACFs. Currently, interventions that specifically target PLWAD as they approach end of life are limited, despite awareness of behavioural problems, sensory deprivation, social isolation and loneliness in this group.

Namaste Care is a structured group program offering personalised care that focuses on enhancements to comfort and sensory engagement in a calm, dedicated environment. Participating in a Namaste Care Program has shown many benefits including increased social engagement and communication, improved pain detection, appetite, sleep patterns and mood.

This presentation will report on recruitment of residents with advanced dementia into an intervention in three RACFs in Tasmania.

Methods: The project employed a four-stage implementation design (Education, Development of a Namaste Community of Care, Implementation, and Maintenance) with mixed methods data collection. In Stage 3 residents were screened and recruited. Inclusion criteria: inability to actively participate in memory programs and FAST 6 or 7.

Results: More than three times as many residents were screened than were recruited to the intervention. Reasons for exclusion were varied and included the proxy consent process and family refusal, capacity of facilities to recruit, and structural barriers.

Conclusions: Despite the benefits of participation in Namaste Care and presence of eligible residents, study numbers were low. Future recruitment strategies need to include broader collaboration with healthcare professionals (and social prescribing), greater family engagement with research processes and ensuring engagement throughout the organisation(s).

Reducing the rate of death outside the PCOC Terminal Phase

Ms Clare Warren[1,2,3,4,5]

[1]Silverchain, Western Sydney, Australia, [2]Member of Palliative Care NSW, Australia, [3]Member of Palliative Care Nurses Association, Australia, [4]Member of Royal Australian College of Nursing, Australia, [5]Member of LGBTIQ+ Health Australia, Australia

Biography:

Clare Warren is a Registered Nurse with a 37-year experience of working in palliative care in inpatient and community settings in Sydney and in Regional NSW. Positions held include Registered Nurse, Nursing Unit Manager, Clinical Nurse Consultant, Nurse Manager and most recently, Quality, Safety and Risk Officer.

Abstract:

Background: Data supplied by the Palliative Care Outcomes Collaboration (PCOC) in 2023 indicated 36% of our patients who had died at home in 2022 were not phased Terminal.

Recognition of the terminal phase triggers specific conversations with patients, families and carers. These may include explaining death is imminent, addressing concerns and plans for end-of-life care.

Aims: To reduce the incidence of people dying outside the terminal phase in Western Sydney Community Palliative Care Service to 15% by 2025 and to less than 10% by 2026.

Methods:

- The PCOC terminal phase audit provided a retrospective analysis of the end-of-life care provided in 2022.
- Staff were surveyed to seek their feedback on death outside the terminal phase.
- Consumer feedback was considered through a review of documented client feedback from 2022.
- Interventions were commenced through PDSA cycles – education, new electronic care record, continuity of care project.

Results:

- The PCOC terminal phase audit demonstrated staff were consistent in phasing patient’s terminal once they were moribund.
- The staff survey identified that a lack of knowledge and experience and fear of getting it wrong contributed to not phasing patient’s terminal.
- Review of consumer feedback didn’t identify any specific issues.
- The results of the first PDSA cycle covering education on PCOC phases, resulted in reduced deaths outside the terminal phase.

Conclusions: Recognising that education alone is a weak improvement intervention “often necessary but rarely sufficient” (Soong & Shojania, 2020) other interventions were also required. These include a redesign of the Electronic Care Record to promote ease and consistency of recording PCOC assessments, rolling out the PCOC assessments to all clinicians (previously only attended by nursing) and a quality improvement project promoting continuity of care which includes buddying and mentoring with more experienced clinicians.

Standardised Novice to Advanced Practitioner framework for community palliative care nurses

Mrs Nicole Spina[1], Ms Annie Jorgensen[2], Mr Adam Rutyna[3], Ms Suzanne Peyton[1]

[1]Melbourne City Mission Palliative Care, Thornbury, Australia, [2]Goulburn Valley Hospice Care Service, Shepparton, Australia, [3]Loddon Mallee Regional Palliative Care Consortium, Bendigo, Australia

Biography:

Nicole Spina: Nicole Spina is a Registered Nurse who works at Melbourne City Mission Palliative Care as the Coordinator of Nursing. Nicole has worked in palliative care in a variety of settings in both community palliative care and inpatient palliative care units for over 20 years. Nicole has worked in various roles, including nursing, education and leadership and has a passion for supporting clients to die in their place of preference. Nicole has completed her post graduate studies with a Graduate Diploma in Palliative Care. Nicole has a keen interest in seeking ways to recruit and support staff from other areas of nursing who want to transition into specialist palliative care.

Annie Jorgensen : Annie is a Clinical Nurse Consultant and the current Clinical Manager of Goulburn Valley Hospice Care Service in Shepparton, Victoria. Annie transitioned from a busy acute ward setting to a more autonomously challenging community palliative care role 6 years ago. Annie has completed post graduate studies with a Graduate Diploma in Palliative Care. Annie continued to follow her passion to ensure all people have equal access and choice to specialist palliative care in the community setting, where client's choices and wishes are supported and respected. Annie has interests in continued improvement in client focused multidisciplinary care and symptom management for Palliative clients and families. Annie received the Emerging leader award at the National Palliative Care Awards in 2023.

Abstract:

Background: The Victorian Community Palliative Care Clinical Managers Forum (VCPCCMF) recognised a crucial gap specialist community palliative care nursing – the absence of a standardised novice to advanced practice trajectory framework. Acknowledging the need for consistency across the sector, the Forum initiated the development of a universal framework to provide a progressive skill and capacity pathway for organisations, and to guide nurses in their professional development within palliative care.

Aims: To create a comprehensive advanced practice framework that will:

- serve as a reliable guide for organisations to develop their staff through preceptorship and mentoring of community specialist palliative care nurses;
- ensure uniformity and clarity in professional development, meeting the diverse needs of nurses entering the sector; and
- enhance the development of nurses currently working in palliative care

Methods: The Forum members, through collaboration, conducted extensive consultation with stakeholders and reviewed relevant literature. The framework was designed to encompass key skill sets and milestones required for progression in specialist palliative care nursing. The Forum sought feedback from the sector on the development phase of the framework's efficacy, relevance, and applicability.

Results: The final version signifies endorsement of the framework's utility and its adoption as a guiding tool for organisations and nursing professionals across the sector.

Conclusions: The collaboration between the sector led by the Victorian Community Palliative Care Clinical Managers Forum and the Victorian Palliative Care Consortia signifies a milestone in the pursuit of a standardised framework for specialist palliative care nurses. This initiative aligns with the broader goal of enhancing the quality and consistency of care in specialist community palliative settings.

Strategic Utilisation of Palliative Care Service Capabilities: Empowering Nurse Managers in Network-Wide Quality Improvement Initiatives

Mrs Sabina Clapham[1], Mr Adam Rutyna[2]

[1]University Of Wollongong, Wollongong, Australia, [2]Loddon Mallee Regional Palliative Care Consortium, Bendigo, Australia

Biography:

Sabina Clapham is the Quality and Education manager for the Australian Palliative Care Outcomes Collaboration (PCOC) and a Registered Nurse with experience in palliative care in various clinical, education, quality and project management positions. In her current position, Sabina ensures the implementation and sustainability of the PCOC program and leads clinical practice changes within PCOC services.

Abstract:

Background: Assessing the capabilities of palliative care services can help determine the level of palliative care that is delivered and to identify to what extent capabilities can be strengthened. In 2019, eight palliative care services within in one region used PCOC's capability framework to describe services and identify key areas for quality improvement. A network quality improvement plan was lacking in this initial assessment.

Aim: Reassess the capabilities of these eight services four years later, to investigate the effectiveness of the capability framework in describing the abilities of services, identifying areas for potential improvement, and developing a quality improvement plan for the region. Explore the potential benefits for the managers involved.

Setting/participants: A regional palliative care coordinator and 15 nurse managers and service directors from eight palliative care services across one region.

Methods: Interviews with managers to evaluate service capabilities, identify opportunities for improvement, and track changes over the last four years. Additionally, written post-interview feedback to assess participant perceptions of the process benefits.

Results: Interviews conducted between January and February 2023 revealed that one service reported all 27 capabilities (Level 6) and the other services reported between 7 to 11 capabilities (Level 2-3). There were no changes in service level, however, four of the eight services reported they had strengthened the services' capabilities since 2019. Across the network, three common areas for improvement emerged (bereavement, after-hours support, and assessment). Nurse managers valued the collaborative and supportive approach, particularly the identification of common areas for improvement in network plan.

Conclusion: The capability framework can be used by an individual service or by a network of services to evaluate strengths and gaps in service delivery. A coordinated and networked approach enabled the identification of shared improvement opportunities and proved valuable for harnessing the collective quality improvement efforts of nurse managers.

The power of the patient's perspective in driving safety, quality and dignity in care

A/Prof. Kim Devery[1,2,3], Dr Caroline Phelan[1,2,3]

[1]Flinders University, Bedford Park, Australia, [2]Research Centre for Palliative Care, Death, and Dying (RePaDD), Bedford Park, Australia, [3]End-of-Life Essentials, Australia

Biography:

Kim works in the field of end-of-life and palliative care. In her teaching Kim guides doctors, nurses and allied health professionals in post graduate studies, ultimately to strengthen their capacity in delivering health care services to patients who are at the end of life. Kim also leads a major national education and knowledge translation project End-of-Life Essentials, funded by the Commonwealth Government since 2015 that's free and evidence based, which aims to increase professionals' skill and confidence in end-of-life care in Australian acute hospitals.

Abstract:

Background: Health care professionals who work in Australian hospitals, where the majority of people die, are well prepared and trained to prolong life and restore health. However, these skills of restoring health can be a challenge when providing care to people at the end of life or those dealing with progressive serious illness. End-of-Life Essentials provides evidence based and peer reviewed education, practice change, and hospital accreditation resources is funded by the Australian Government Department of Health and Aged Care.

Aims: To create an authentic resource to showcase the importance of the patient's perspective.

Methods: Following extensive patient qualitative interviews, thematic analysis and working with script writers and animators we produced an animation.

Results: Our new animation 'The Patient's Perspective' is based on the story of a generous woman, who, when faced with her own serious and life limiting illness wanted her experience shared. She offers her experience so we can all learn how to be better professionals. What made things worse for her, was not being treated like a person, being stripped of her identity that was only replaced by a diagnosis or interventions which made her feel vulnerable, lost, and unsafe.

What helped her were professionals who took a few extra moments to ask about her, not about her illness, but about her as a person. To see the world through her eyes.

The animation fits well into the framework developed by Chochinov, the ABCD of Dignity in Care. This talk will provide examples and techniques that can be implemented in teaching others or improving one's own practice.

Conclusions: Our animation and Chochinov's work can be employed in various ways such as teaching, and practice change for individuals, clinical teams, and organisations.

The Residential Aged Care Facility Nurse’s Experience in End-of-Life Care Delivery

Ms Lili Gao[1], Ms Ruth Wei[2]

[1]Aegis Aged Care Group Shoalwater Aged Care, Rockingham, Australia, [2]Murdoch University, Murdoch, Australia

Biography:

Lili Gao is a clinical nurse with 12 years of working experience in aged care in Western Australia. She also works in Murdoch University tutoring nursing research unit. Lili Gao found passion in palliative care in aged care at the very early stage of her nursing career. She leads her clinical team with focus of improving quality of life for residents receiving palliative care as well as their families and relatives.

In 2022, Lili Gao completed her Research Master with Training in Murdoch University, and she would like to present her the project she did for her master’s study.

Abstract:

Background: Literature suggests a lack of skills and knowledge in end-of-life care among nurses working in residential aged care facilities globally, which can potentially have a negative impact on the quality of end-of-life care received by residents and their families.

Aim: This study aimed to explore aged care nurses’ lived experience of providing end-of-life care to residents living in residential aged care and their families in Western Australia, focusing on end-of-life conversations and Advanced Care Planning implementation.

Methodology: The qualitative method of interpretative phenomenology was used. Eight nurses, including five registered nurses and three enrolled nurses from 26 residential aged care facilities in Western Australia were recruited using purposive sampling. Semi-structured one-on-one interviews were audio recorded and transcribed verbatim for manual data analysis, guided by interpretative phenomenological analysis framework.

Results: Four themes were generated from the data analysis describing nurses’ experiences of End-of-life care provision, End-of-life communication, Support in end-of-life care provision, and Education and future expectations. Nurses revealed that providing comfort was the priority goal of end-of-life care. Although feeling unprepared and potentially lacking confidence and skills in communication about end-of-life care and advanced care planning, providing care to residents and families at this time had personal meaning and value.

Conclusion: This study suggests that although nurses working in residential aged care facilities employed innovative, compassionate, and holistic end-of-life care to residents and families, challenges in end-of-life care provision were prominent, including nurses’ insufficient skills in recognising impending death and their lack of confidence in end-of-life communication and advanced care planning. Also, care quality would benefit from more focused and ongoing end-of-life education and support.

Training in chronic conditions and clearer rural pathways required in palliative care – mixed-methods study

A/Prof. Rebecca Disler[1], Dr Helen Hickson[1], Miss Lena Ly[1], Dr Amy Pascoe[1], Dr Kristen Glenister[2], Mrs Catherine Buchan[1], Prof Julian Wright[2,3], Dr Sivakumar Subramaniam[3], Prof Doranne Donesky[4], Prof Natasha Smallwood[1,2], Prof Jennifer Philip[5]

[1]Monash University, Melbourne, Australia, [2]Department of Rural Health, The University of Melbourne, Shepparton, Australia, [3]Goulburn Valley Health, Shepparton, Australia, [4]Department of Physiological Nursing, University of California San Francisco, San Francisco, USA, [5]Department of Respiratory and Sleep Medicine, The Alfred Hospital, Melbourne, Australia, [6]St Vincent's Hospital, Melbourne, Australia

Biography:

Assoc/Prof Disler is an Australian Research Council Discovery DECRA Fellow from Monash University. Through her research, she leads improvement in access to care and models of care for people living with advanced chronic disease, particularly in rural settings. Rebecca is funded by a prestigious ARC Fellowship to address end-stage chronic disease in rural Australia. As Fellow of the American and ANZ Thoracic Societies, Convenor of the Symptom Support and Palliative Care group for ANZ Thoracic Society, and as a Cochrane review author, her work has been included in several international and national guidelines, including NICE UK and global GOLD strategies.

Abstract:

Background: One in three Australian deaths are due to cardiopulmonary disease, with higher prevalence in rural populations.

Aim: This study aimed to understand current training in chronic disease and ongoing learning needs for specialist palliative care clinicians, and rural models of palliative care.

Methods: Mixed-methods study of specialist palliative care physicians and nurses, recruited through Australian palliative care organisations and snowballing strategy, Nov 2022 – Feb 2023. Online survey captured current skills and ongoing training needs regarding chronic conditions and respiratory therapies, via: 12 nominal; 1 short-response; and 3 free-text questions. Semi-structured follow-up interviews explored models of, and barriers to, chronic disease care in rural palliative care. Quantitative data were described, free-text analysed through content analysis, and interviews analysed thematically.

Results: Seventy-one palliative care clinicians responded (47 physicians and 23 nurses). Most were female (n= 56, 78.9%), 37.7% (n=26) were rurally based. Most physicians had >10yrs experience, and nurses 5-10 years. Completion of a chronic disease specific course was infrequent (21.3% physicians, 30.4% nurses), with generalised training in diseases of specific organs (ranging 60.9-83.0%) and age-related decline (43.5-59.6.5%) more frequent. While clinicians commonly managed varied respiratory therapies (23.9%-42.3%) and supported chronic breathlessness (n=36, 54.9%), few reported adequate training for these skills. Content analysis (n=64) similarly highlighted training gaps in respiratory specific skills, and the ongoing need for training in management of operational challenges such as those experienced during Covid-19. Interviews (n=7) extrapolated 3 themes in rural chronic disease, consistent with national and international data: 1) absence of specialised pathways for chronic disease; 2) unpredictable disease trajectories; and 3) patient misconceptions about palliative care.

Conclusions: Gaps are evident in chronic disease training for specialist palliative care physicians and nurses, including chronic breathlessness and respiratory therapies. Future research should target workforce training and palliative care referral pathways to support chronic disease populations.

Understanding Palliative Care Experiences Among Chinese Migrants in Australia

Dr Ruth Wei[1], Professor Catherine Fetherston[1]

[1]Murdoch University, Perth/South Street, Australia

Biography:

Dr Ruth Wei has 35 years' experience in nursing practice, education and research. She is a Senior Lecturer in the School of Nursing at Murdoch University. Ruth's research and education interests and activities lie in palliative and end-of-life care, advanced care planning and quality improvement in healthcare. More specifically, her research and activities include the provision of equitable healthcare, death education, ACP and end-of-life decision-making, strategies to support carers, friends and loved ones of migrant family members with life-limiting illnesses, and training related to the provision of cultural appropriate care to migrants. Ruth works closely with Chinese communities in WA.

Abstract:

Background: Australia is one of the most culturally and linguistically diverse societies in the world, in which Chinese migrants have become the third largest migrant community, comprising 2.3% of Australia's total population. Ensuring cultural competence in palliative care (PC) for this growing migrant population in Australia is essential to the provision of optimal quality care and services in the PC domain. However, providing high-quality PC for culturally diverse migrants is a challenging and complex matter for the health system.

Aims: This project aims to provide insights into the challenges of delivering culturally competent palliative care for the Chinese migrant community in Australia.

Methods: A qualitative design with interpretative phenomenological analysis was used to provide detailed examinations of participants' lived experiences. This study used in-depth semi-structured interviews to explore the experiences of Chinese migrants in Australia who had either personally accessed palliative care or cared for a family member receiving PC. Snowball and purposeful sampling were used to recruit 11 participants to reach data saturation.

Results: Six key themes emerged from the findings: 1) understanding PC; 2) tailored care planning; 3) Cross-cultural communication; 4) cultural continuity; 5) family care strain and 6) navigating the healthcare system. Due to the lack of support for families and relatives, the physical and mental burden on the family caregivers becomes a primary concern. Language discrepancy was also identified as a risk factor that might result in suboptimal care, increasing psychological stress and family burden.

Conclusion: This study advocates inter-sectorial collaboration to establish a needs-oriented, linguistically, and culturally appropriate palliative care service for non-Western migrants and families. Enhancements can be achieved through healthcare professionals' cultural competence training, individualised cultural care plans, assisting patient and family navigation of PC services, and family carer training.

Use of Smart Glass in Community Palliative Care

Mrs Hephzibha Rajan[1], Ms Kamia Sehgal[1]

[1]Silver Chain Group, Seven Hills, Australia

Biography:

Hephzibha Rajan is working as CNC in Silver Chain Group, Western Sydney community specialist palliative care service in NSW. Has nearly 18 years of experience working in Oncology, Haematology and palliative care doing various roles. Involved in pilot study as a co-investigator in orientating new staff and providing clinical support using smart glasses. Have completed Grad. Cert in Palliative Care and commencing Masters in Palliative Nursing.

Abstract:

Background: Smart glasses provide a heads-up display giving users a natural view of their surroundings with a digital overlay. Silverchain community specialist palliative service initially piloted smart glasses during early COVID to minimize contact and exposure between staff and clients. Silverchain have now progressed to using smart glasses in everyday practice.

Aims:
- Limit the number of staff required in client homes for infection control purposes.
- Decrease the time taken to complete targeted competencies for new staff to work independently.
- Improve confidence levels of new staff when working autonomously.
- Provide timely support to new and existing staff and minimizing the need for joint visits.
- Increase productivity and improve time management by one senior staff supporting multiple staff in the community.

Methods: The pilot study involved a literature review, data collection through control and intervention group and focus group interviews.

Work instructions and education modules were developed, and the technology was implemented. Weekly meetings continued to monitor usage and productivity, trouble shoot, revise education and work instructions.

Results: The pilot study showed:
- Efficiency with completing competencies.
- Staff feeling well supported with professional expertise in complex clinical situations from senior clinicians.
- Increased trust and confidence of patients and families knowing that team are supported.
- Anecdotal results for the ongoing use of the smart glasses include,
- More timely reviews
- Improvement in productivity.
- Frequent usage of smart glasses seen during daytime.
- More education and training required for afterhours nurses.

Conclusion: Smart glasses have been significant for healthcare, yet there has been little research into their acceptance and societal implications in healthcare. They are used in a variety of educational contexts where they support nurses’ knowledge, decision-making in complex situations. Ongoing technical support will encourage staff in achieving maximum benefit from smart glasses.

What works well? Adopting a strengths-based approach to improving rural palliative care

Ms Marylouise Freeman[1], Dr Kate Gunn[1], Dr Gemma Skackowski[1], Dr Jason Mills[2]

[1]Dept of Rural Health, Allied Health and Human Performance, University of South Australia, Adelaide, Australia, [2]Research Centre for Palliative Care, Death, and Dying (RePaDD), College of Nursing and Health Sciences, Flinders University, Adelaide, Australia

Biography:

Marylouise is a registered nurse with over 25 years' experience working in aged care, disability and community settings. Her breadth of experience ranges from clinical service delivery, quality, project and operational management. She is a passionate advocate for safe and quality care to support everyone to live their best life. Throughout her career, Marylouise has had the opportunity to contribute and support the delivery of palliative care services for patients, their family and staff. She is passionate about exploring strengths-based approaches in health research to create innovative solutions that establish partnerships and capacity building for service providers and care recipients.

Abstract:

Background: People living in rural communities negotiate numerous challenges accessing palliative care services. Whilst much research highlights these problems and deficits, far less focuses on the strengths these communities bring to end of life care provision. In the last decade there has been increasing interest in using strengths-based approaches (SBAs) in research and practice. However, the extent and ways in which SBAs have been applied to rural health research, is currently unknown.

Aim: This review explores the purpose and contexts that SBAs have been applied in rural health research. It describes the extent and ways in which they have been used and informs how SBAs can be employed in rural palliative care to discover what works well.

Method: A systematic search of academic databases including CINAHL, MEDLINE, and PsychINFO and grey literature informing a scoping review following the Joanna Briggs Institute methodology and relevant reporting guidelines. Literature sources include peer-reviewed publications, quality improvement projects, government documents and websites.

Results: Published research on the health of people living in rural locations around the world typically identifies problems and the need to 'fix' the issues, an approach that historically involves doing things 'to' rather than 'with' communities. This focus on deficit tends to overlook a deep understanding of the existing strengths inherent in rural communities, their adaptive models of care and their potential for innovation. Alternatives to a deficit approach are SBAs which hinge on the premise that communities are experts in their own experiences, with the capabilities and motivation to make necessary change.

Conclusion: Innovative solutions are required to address the unique palliative care needs of rural communities. Employing SBAs in research design provides unique opportunities to seek out positive aspects of existing palliative care provision that could be scaled to further improve palliative nursing in rural communities more broadly.