

Effectiveness of a Specialist Palliative Care Nurse-Led Education Program Within Residential Aged Care

Mika Musgrave-Takeda^{1,2}, Esther Wen², Dr Neil Robinson^{2,3}, Dr Rachel Everitt^{2,3}, Isabella Hall^{2,4}, Dr Laura Bird^{2,3}, Emmy Trinh^{2,3}, Dr Scott Reeves^{2,3}, Tanya Dale⁵, Dr Catriona Parker⁴, Associate Professor Peter Poon^{2,3}

¹ Holmesglen Institute, Moorabbin, Australia,

² Supportive and Palliative Care Unit, Monash Health, Clayton, Australia,

³ School of Clinical Sciences, Monash University, Clayton, Australia,

⁴ School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia,

⁵ Regis Healthcare Limited, Australia



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Acknowledgement of Country

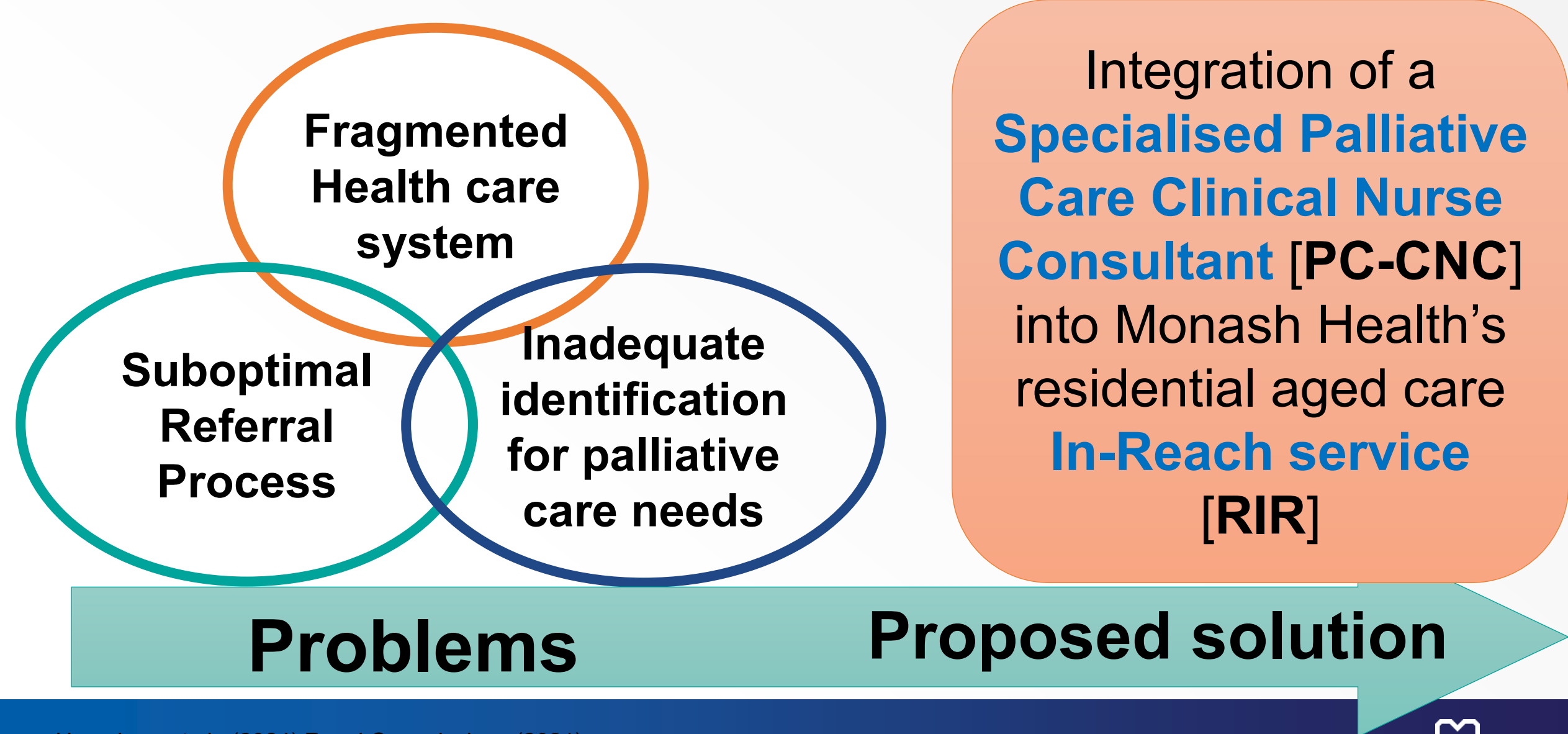
I begin today by acknowledging the Kaurna people as the custodians of the greater Adelaide region on which we meet today and pay my respects to their Elders past and present.

I extend that respect to Aboriginal and Torres Strait Islander peoples here today



Image 1

Background



Background

Consolidated Framework for Implementation

(Damschroder et al., 2022)

Pre-Implementation survey



**PC-CNC role development
(co-design)**



Steering committee

PC-CNC Role

- **Patient care and management**
- **Palliative care advisory**
- **Coordination of palliative care services**
- **Educating staff, patients/residents and family**

FTE 0.6

RIR referral -> PC-CNC

Face-to-Face or Telehealth

Collaborate with RAPID team

Aim

Develop and deliver a specialist palliative care CNC-led education model to healthcare professionals and identify acceptability and effectiveness in RACFs



Associate Prof. Peter Poon
Monash University
Director of Supportive and
Palliative Care Research,
Monash Health



Esther Wen
PC-CNC
Supportive and Palliative
Care Unit, Monash Health

Methods

Topics and delivery modes determined with managers and educators

Topic:

- **Recognising Deterioration & Challenging conversation**
- **Delirium & Symptom Management**
- **Syringe Driver**



Public RACFs

Facility A: 27 Nurses
Facility B: 106 Nurses

One day educational session

Private RACF

30 Nurses
100 AINs

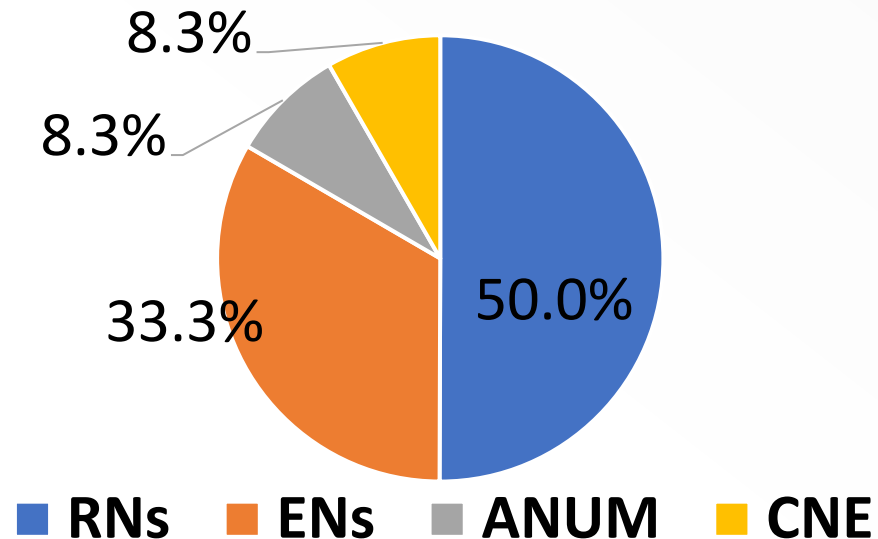
**1hr educational session during working hours
x 3**



Results: Public RACFs

5-hour, single day educational session with palliative medicine registrar

Occupational Distribution (n=12)



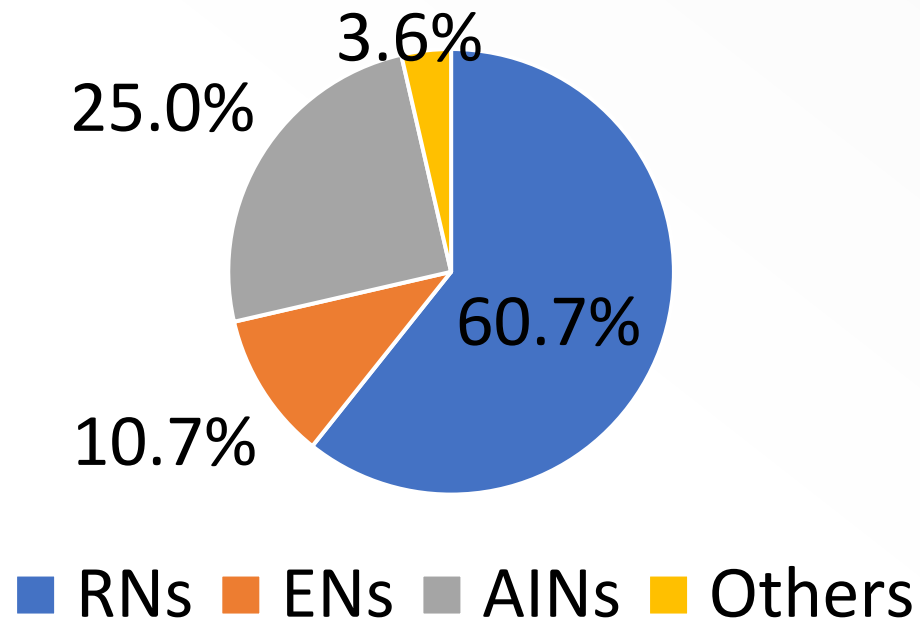
- **91.7% of the participants were satisfied**
- All participants highlighted the **ability to ask questions**
- Further educational sessions: **application & case studies**



Results: Private RACFs

3 x 1 hour/session During the working hours when the time was permitted

Occupational Distribution (n=28)



- **91.3% of the participants were satisfied**
- Most of the participants highlighted the **ability to ask questions**
- 44% of ENs & AINs
 - Feel irrelevant to their roles
- **Shorter** educational sessions due to time constraints
- Further educational sessions: **application & case studies**

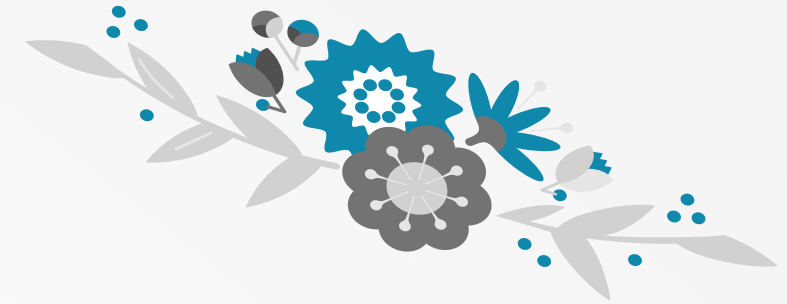


Application of NPT to Evaluate Implementation

Reflexive monitoring

Communal appraisal

- Well-received educational sessions



Future implications:

- Require focusing on more **practical skills** and case studies
 - **Time constraints** remain a key barrier
 - Roles differ across disciplines and RACFs
- ➡ Tailored education required for **individual disciplines**



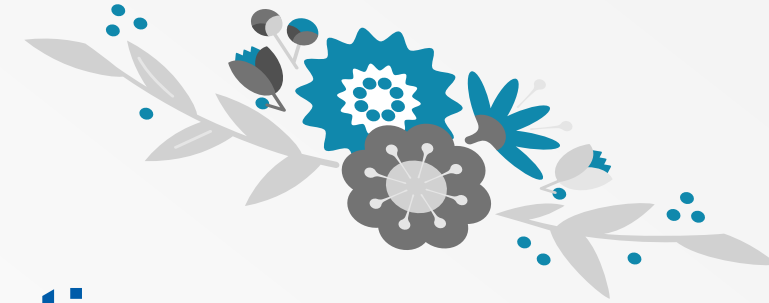
Application of NPT to Evaluate Implementation

Reflexive monitoring

Individual appraisal & Reconfiguration

Themes from PC-CNC interview

- Effectiveness of **relationship focused education**
- **Rapport** driven improvements in efficiency and quality care
- **Enhancing trust** for comprehensive and collaborative care



Application of NPT to Evaluate Implementation

Reflexive monitoring

Systematisation

Themes from PC-CNC interview

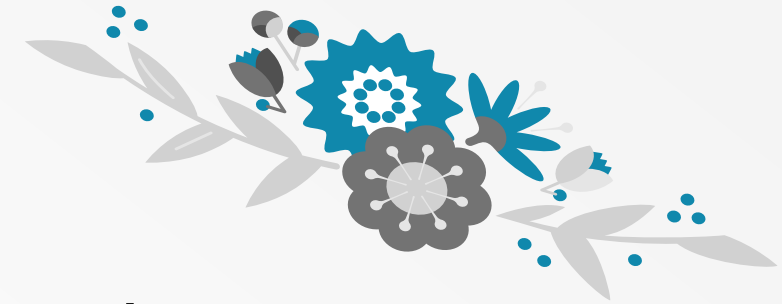
- Balancing increased expectation and workload
- Promotion of role for integrated care

Preliminary results:

317 clinical encounters to 172 patients in eight months

A total of 76 facilities were serviced (Currently 84 facilities)

Further educational sessions are requested



Conclusion

Rapport-building and **relationship focused education** are essential

Action plan

- Developing an end point of service criteria
- Promote awareness of the PC-CNC service
- Support ongoing follow-up educational sessions
- Strengthen relationships between PC-CNC and RACF staff



Thank you so much



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