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Transforming End-of-Life Care: Nurses Leading Digital Change in Aged Care Homes

Presenter: Dr Priyanka Vandersman, RN, PhD

Senior Research Fellow, Flinders University

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Palliative care in residential aged care

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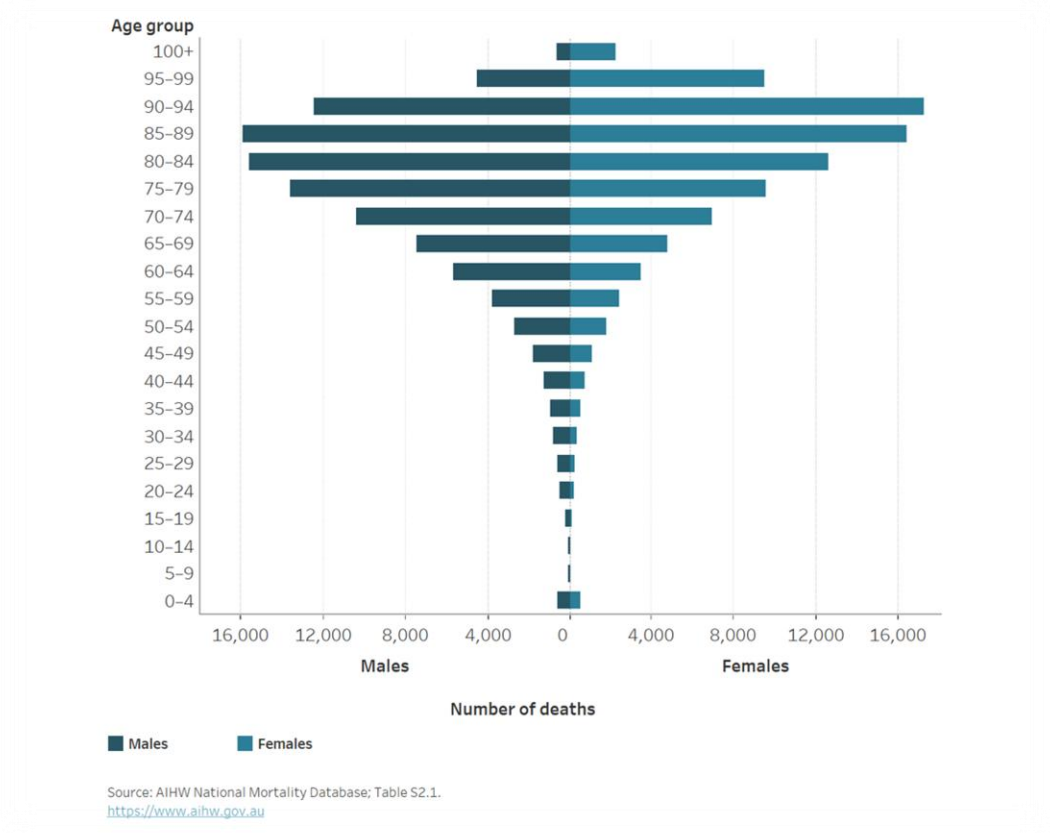
- Residential Aged Care (RAC) provides care and services to over 220,000 Australians.
    - For most residents, it is also where they die.



Context

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- Health and aged care are digitising rapidly
- Digital tools could support care

Challenges persist

The national direction

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Strategy on a page

VISION

To deliver the highest quality person-centred care for older people while driving a sustainable and productive care and support economy through data and digital innovation.

GUIDING PRINCIPLES

Person-centred · Tell us once · Diverse · Integrated · Care-focused · Trusted

OUTCOMES

OUTCOME 1
Older people and their support networks can navigate and actively participate in their care and wellbeing.

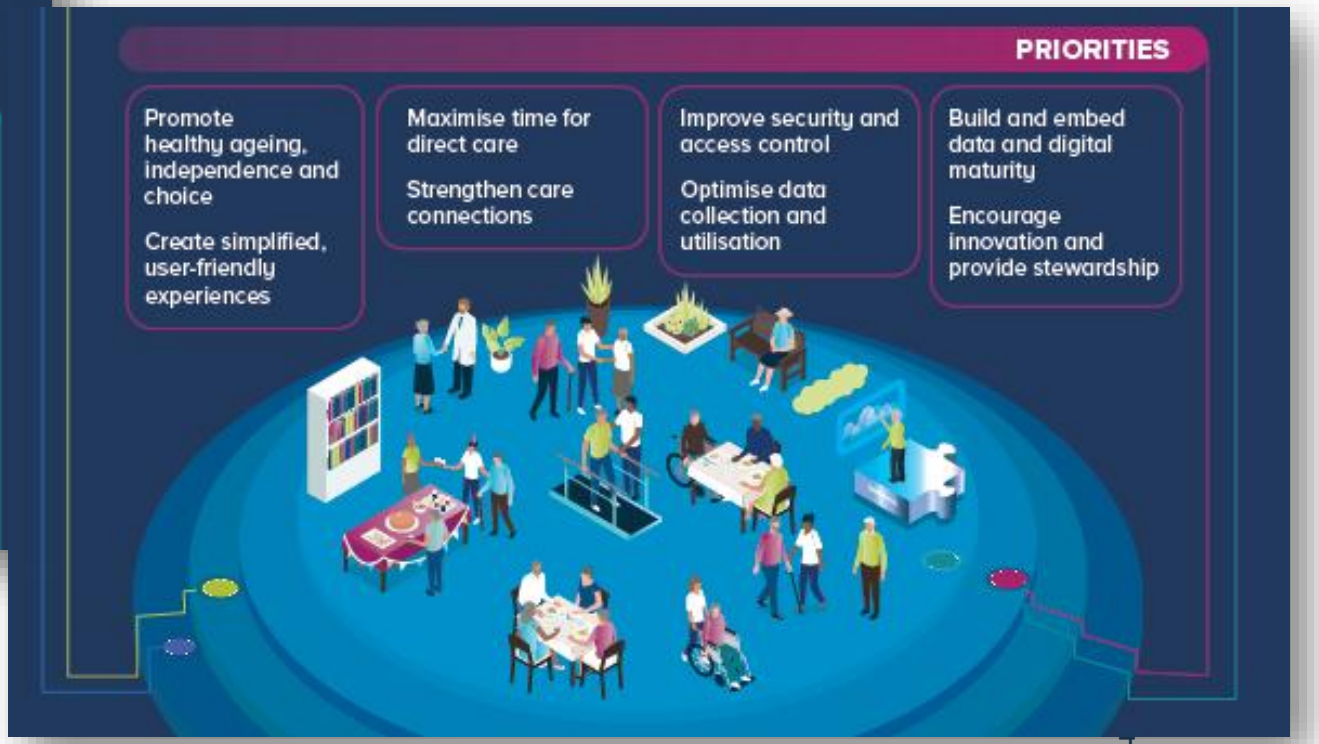
OUTCOME 2
Aged care workers, service providers and health professionals are digitally empowered to provide higher quality and better-connected care.

OUTCOME 3
Data is shared and reused securely to deliver a sustainable and continually improving aged care system.

OUTCOME 4
Modern data and digital foundations underpin a collaborative, standards-based care system.

PRIORITIES

- Promote healthy ageing, independence and choice
- Create simplified, user-friendly experiences
- Maximise time for direct care
- Strengthen care connections
- Improve security and access control
- Optimise data collection and utilisation
- Build and embed data and digital maturity
- Encourage innovation and provide stewardship



The gap

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We design technology for nurses. We rarely ask them.

What do nurses really think about technology in care at the end of life?

Aim, methodology and sample

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Study aim: This study explored the perspectives of nurses working in residential aged care on the use of technology to enhance end-of-life care.

Study design

64 participants across **14** residential aged care services located in **3** states: Queensland, Western Australia, and Tasmania

Semi-structured interviews and focus groups

Reflexive thematic analysis (NVivo)

Ethics approval by Flinders University Human Research Ethics Committee

What did we find out?

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Four themes

1. Nurses already use multiple digital systems
2. Ambivalence about technology, especially at the end of life
3. Real challenges and concerns about using it
4. Clear ideas about how technology should support care

The nursing voice

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Nurses are not technology naive

"We have **iCare** for all the [client care] information we compile on computers. We use **MedMobile**, for medications- through iPads and the **MedMobile app**. And then we've got **TechOne** for our incident reporting and payslips, and **Kronos** for docking in what time we finish."

Female, EEN

The nursing voice

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Ambivalence towards technology

"I definitely think technology in end-of-life care is very important. Technology makes it easier because you have everything readily available at your fingertips….It [technology] makes it **safer and easier** to access the information you need to be able to provide the care in the way that the resident wants."

Female, RN

"So, you take around a little tablet [device] when you are doing a person's cares, but then you are becoming **so task [oriented]**– as a nurse we are very task-oriented…I just think that **takes away from the personal**, the hands-on care, especially when someone is dying."

Female, EN

The nursing voice

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Challenges, concerns and opportunities

"Having all that [clinical data system] is difficult because it **relies on someone like me**, to actually upload it. So it is that physicality of having someone stand there and upload them all and then go to the computer and bring them across from our email to put it into **iCare**. It is a time-consuming process."

Female, RN

"One of the best things you could do for our situation is **training in technology** for the nurses to be able to access and to use all that programming [digital technology]."

Female, CSW

The nursing voice

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Challenges, concerns and opportunities

"… to have a **dashboard** that we can look at and have an overview- so you can see who is palliating in the building [service]. Because currently, we're doing it in a multidisciplinary team meeting, but we're scouring through layers of [paper notes]. …To be able to **see in one place**- where the resident is at, what families have been contacted, and what case review or conversations we have had. To have technology to say how the family are coping, and to be able to plan that care a little bit better, by alerting us into all the areas too."

Female, CM

What this means

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- **Nurses are ready.** They already work across multiple digital systems every day.
- **Technology must earn its place.** It should reduce the task burden and protect the relational heart of nursing.
- **A shared view of the data is the opportunity.** Data visualisation systems that can surface what already exists in the system can be value adding in the EOL caring context

Thank you