



Supporting palliative care practice: the impact of a multi-faceted palliative care intervention on end-of-life care provided in residential aged care facilities.

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The research team gratefully acknowledge the generous participation of the nine local residential aged care facilities.

Funded by the Commonwealth Department of Health and Ageing: National Rural Palliative Care Project

Introduction

Internationally, residential aged care facilities are becoming more common care settings for older people in the last phases of a life limiting illness. As part of the needs assessment undertaken by the Mid North Coast Rural Palliative Care Project it was identified that local aged care providers wanted to enhance the delivery of a palliative approach to care within their facilities.

Action research was employed to facilitate this process with all residential aged care facilities (RACF) (n=9) in a regional community in Australia. A multi-faceted intervention aimed at addressing these identified local needs was developed. This intervention involved four discrete but inter-related elements:

- i) Establishment of a "link nurse" position based on one nurse per fifty residents. The role of the link nurse is to act as an on-site resource within each residential aged care facility to assist other nurses to develop greater palliative care competencies.
- ii) Implementation of a targeted learning and development strategy for link nurses, other nurses, care assistants and general practitioners.
- iii) Implementation of a process that facilitated the general practitioner, aged care nurses and the specialist palliative care team participating in multi-disciplinary team meetings to collaboratively plan care for residents with complex care needs.
- iv) Access to specialist palliative care consultation.

Focus group data collected 10 months into the multi-faceted intervention revealed that aged care staff perceived that this was impacting positively on care delivery as they now had enhanced competencies and confidence to negotiate evidence based palliative care for residents. In order to verify these findings and inform subsequent improvements, a focused chart audit on the end-of-life care provided to residents before and after the intervention was undertaken.

Aim

To assess the impact of a multi-faceted palliative care learning and development intervention using action research principles for residential aged care nurses and care assistants on end-of-life care.

Method

A retrospective chart audit of deceased resident's medical records was undertaken using a modified audit tool developed by Ellershaw and colleagues to determine the level and type of end-of-life care provided. This audit examined the end-of-life care provided at two time points: immediately prior (2003) and eighteen months following the implementation of the multi-faceted palliative care intervention (2005).

Data were entered into the Statistical Package for Social Science (SPSS) Version 14.0 to derive frequency estimates. Chi-square tests were used to compare percentages from the baseline (2003) and intervention groups (2005), with $p < 0.05$ being taken to indicate statistical significance.

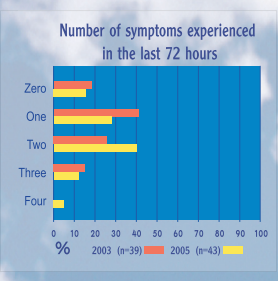
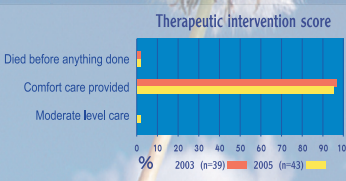
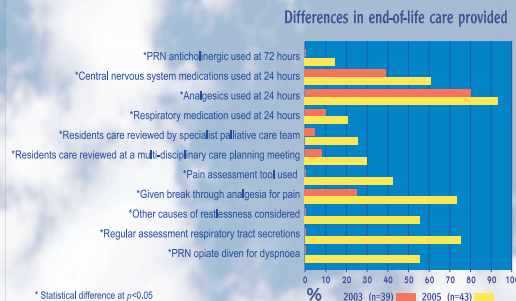
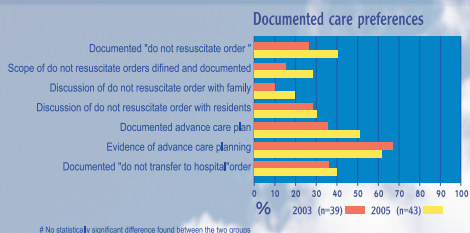
Results

Eighty-two deceased residents' medical records were reviewed: 39 before (2003) and 43 after the intervention (2005). There were significant differences ($p < 0.05$) in the end-of-life care provided to residents at the two points in time, indicating that the intervention had impacted on care.

Demographic data and diagnoses of residents at time of death

Sample	2003 (n=39)	2005 (n=43)
Mean age	84 years	87 years
* Male	39%	23%
* Female	62%	77%
Primary Diagnosis		
* Malignancy	15%	21%
* Cognitive impairment	15%	14%
* Cardiovascular disease	31%	23%
* Respiratory disease	5%	12%
* Neurological condition	3%	5%
* Other/fragility	29%	26%
Secondary Diagnosis		
* Malignancy	8%	21%
* Cognitive impairment	54%	51%
* Cardiovascular disease	59%	61%
* Respiratory disease	21%	16%
* Neurological condition	46%	47%
* Fragility	67%	79%
* Musculoskeletal conditions	31%	30%
* Other	56%	65%

*Total responses >100% indicate more than one secondary diagnosis
No statistically significant difference found between the two groups



Conclusion

This audit has demonstrated a reduced symptom burden for people dying in residential aged care than previously reported studies. The majority of resident deaths were due to non-malignant conditions and the high rate of cognitive impairment impacted on assessment and management strategies. An improvement of end-of-life care in symptom management and specialist referral for assistance with complex symptom control signify the success of the collaborative intervention. Issues surrounding documentation of advance care plans and do-not-resuscitate orders remain challenging and require further investigation.

Limitations

We acknowledge the limitations of using retrospective chart audits as the methodology for this study as it may have lead to some bias as the method depends on the quality of the documentation in the residents' notes and much of the documentation appears to be driven by the residential classification scale (a funding instrument) as opposed to the residents assessed needs. In spite of these limitations this study has several strengths. It describes the clinical and demographic characteristics of people dying in Australian residential aged care facilities which is poorly characterised and it demonstrates the ability of collaborative action research to drive clinical improvements. Importantly, these data will be useful to power further intervention studies. Our findings further underscore the importance of increasing the evidence base for palliative care in non-malignant conditions, such as advanced cardiovascular disease, and highlight the complexity of palliative care strategies for those who are cognitively impaired.

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