

# Palliative Care Support Programme for Aged Residential Care: Partnership in action

## Project Team Members

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## Background

This programme originated from a recognition that increasing numbers of people are dying in aged residential care (ARC) with projections showing these numbers are expected to increase dramatically by 2068; residents are also being admitted to ARC later in life and with increasingly complex needs (Boyd 2009, Connolly et al. 2014, McLeod, 2018).

As palliative care providers, ARC and Nelson Tasman Hospice (NTH) needed an innovative way to work together to provide best practice palliative care for the residents of ARC.

## Approach

A dedicated hospice ARC team with the support of allied health, work alongside staff in the ARC facilities to provide another layer of support in their care of residents nearing the end of their life. By working in partnership with the staff, sustainable practices are embedded in ARC and the hospice ARC team have an increased knowledge of the care of the older person.

## Project Reach

- The uncomplicated dying and their whānau are being identified as having palliative needs earlier in their stage of life creating an opportunity to talk about what is important to them and their goals of care.
- Residents of ARC with heart disease, respiratory failure or dementia who, though having a life limiting illness were not traditionally identified as palliative.
- RNs and caregivers feel supported and empowered in their care of residents nearing the end of their life.
- Reciprocity of ideas and knowledge has helped build resilience in both the hospice team and ARC.

## Results

Relationships have strengthened between ARC and the hospice as well as the wider healthcare team.

**Communication with other health care professionals has improved with more clarity around expectations and goals of care.**

Jenny Kane, Nurse Practitioner Older Adults, Stoke Medical Centre.

**The palliative liaison nurse ensures inclusive care.**

**Whanau feel supported.**

**Residents feel taken care of.**

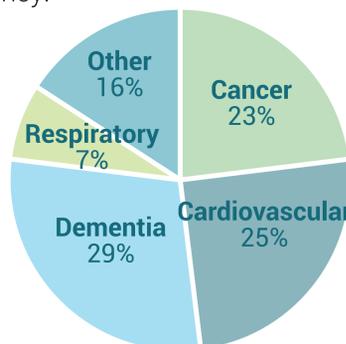
**Staff have opportunities to learn 1:1.**

Katrina Strickett, Clinical Manager - The Wood Retirement Village.

**Increased equity:** more residents are being recognised as having palliative needs rather than the traditional focus on residents with a terminal malignancy.

### Primary Diagnosis of Deceased

July 2017 - 18



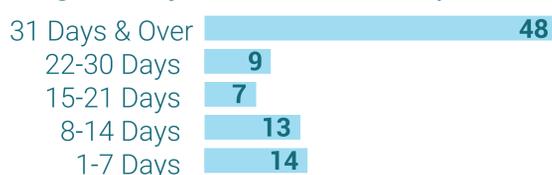
**Very positive innovation, many patients with dementia lose out on terminal care planning and the hospice ARC team's regular visits have helped patients to have a more comfortable decline – often easing relatives' concerns as well. The team is also a tremendous resource for educating the staff in palliative care.**

Dr Bryony Hildick – Smith, Stoke Medical Centre

### Earlier recognition of palliative needs:

A retrospective review of patients on the hospice service who died in ARC in a 12 month period (July 2014 – June 2015) showed that 50% of residents died within 3 days of referral.

### Length of Days on ARC Service July 17 - 18



**Future Planning:** Over the two years of the programme running, the language in ARC has slowly changed so that now it is common to talk about “goals of care” and a “documented plan in case of deterioration”.

**The most successful part of the partnership here at Flaxmore has been the introduction of conversations with families and GPs to establish goals of care. It is facilitating earlier pain assessments and has resulted in an increase in use of analgesia when changes in behaviour present and a reduction in antipsychotic use.**

**We have avoided hospital admissions by ensuring GP/family and the resident are clear about goals of care and in event of acute decline we have been able to ensure comfort at end of life.**

**This is just a snapshot of what the partnership with Hospice has done for resident care at Flaxmore. The support and education is invaluable!**

Sheree Lavender, Clinical Nurse Leader - Flaxmore Lifecare.

### Empowerment of staff:

**RNs in Aged Care have noticeably increased confidence to have end of life conversations with residents and family/whanau.**

Jenny Kane, Nurse Practitioner Older Adults, Stoke Medical Centre.

**This has been a wonderful opportunity to work alongside staff in ARC and learn from their wealth of knowledge and experience of the complexity of caring for the older person.**

Dominica Cresswell, Hospice ARC Team

## What next?

Development of palliative champions in each facility.

Work with Hospice New Zealand Aged Residential Care Network to look at more innovative ways to improve the quality of and access to palliative care in ARC.

Further developing an understanding of a shared language, recognising a common goal and ensuring that no matter where people are, they have quality palliative care.

## References

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