Palliative Care Discharge Planning Project

Care Planning Sub-Program
National Workshop
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Researchers

- Assoc Prof Geoff Mitchell – DGP, UQ
- Dr Carol Douglas – Director Palliative Care Service, RBWH
- Prof Patsy Yates – Acting Director CPCRE; QUT
- Ms Lorna O’Doherty – Melb Univ

Outline

- Aims
- Evaluation
- Findings to date
- Proposed strategies for change
- Resources
- Challenges for our project

Setting Royal Brisbane and Women's Hospital

- 1000+ beds
- Tertiary hospital – major oncology services
- Consultative palliative care services
  - No beds

Services northern half of Brisbane and most regional areas

Aim

Develop and evaluate a discharge planning process for patients referred to the palliative care service at RBWH aimed at improving communication between health care providers

Study Design

- Collect pre-intervention data
  - Systematic Literature Review
  - Collection of baseline data from patients, carers, health professionals
- Develop the intervention
  - Informed by the data

Study Design

- Implement intervention
- Evaluate
- Recommendations
- Spread the word

Evaluating

Assessing the pre-intervention discharge process to identify problems and possible solutions

- Patient and carer questionnaires
- Focus groups – hospital & community health professionals (allied health, nursing)
- GP surveys – discharge process, after hours availability, palliative care management
- Patient chart audit – method and timeliness of discharge documents

Evaluating

Evaluating the efficacy of the intervention by analyzing cohort 1 & 2 data

- Satisfaction with the discharge process
- Feedback on the PHR; CC
- Quality of life and function (week 1, week 8)
- Service utilization
  - Hospital readmissions data
  - Medicare data

Findings to Date

Identifying the problems

Key issues

- Resource constraints
- Varying degrees of experience of health professionals in palliative care
- Inadequate acknowledgment of palliative care status of patient
- Role definition

Discharge planning process

- **Inadequate Discharge Planning processes**
  - often rushed, delayed referrals to PC, inadequate information and wrong sort
- **Incomplete Discharge Summaries**
  - Often crucial information re palliative care omitted
  - Inadequate medication information
  - ⇨ Creates constant need to supplement information
- **Delayed communication of discharge summaries**

Community services

General Practitioner

- Not always notified prior to discharge
- Hesitant to act without medical discharge summary
- Often introduced at late stage – no time for trust to develop
- Variable experience in palliative care

❖ Community nurse not always viewed as member of the palliative care team

- Patient/Carer
  - Pressing issues not addressed
  - Information overload
  - Inadequate medications information
  - Frustrated at re-telling the story
  - Carers often underestimate the challenges

Proposed Strategies for change

Proposed Strategies for Change

Objectives

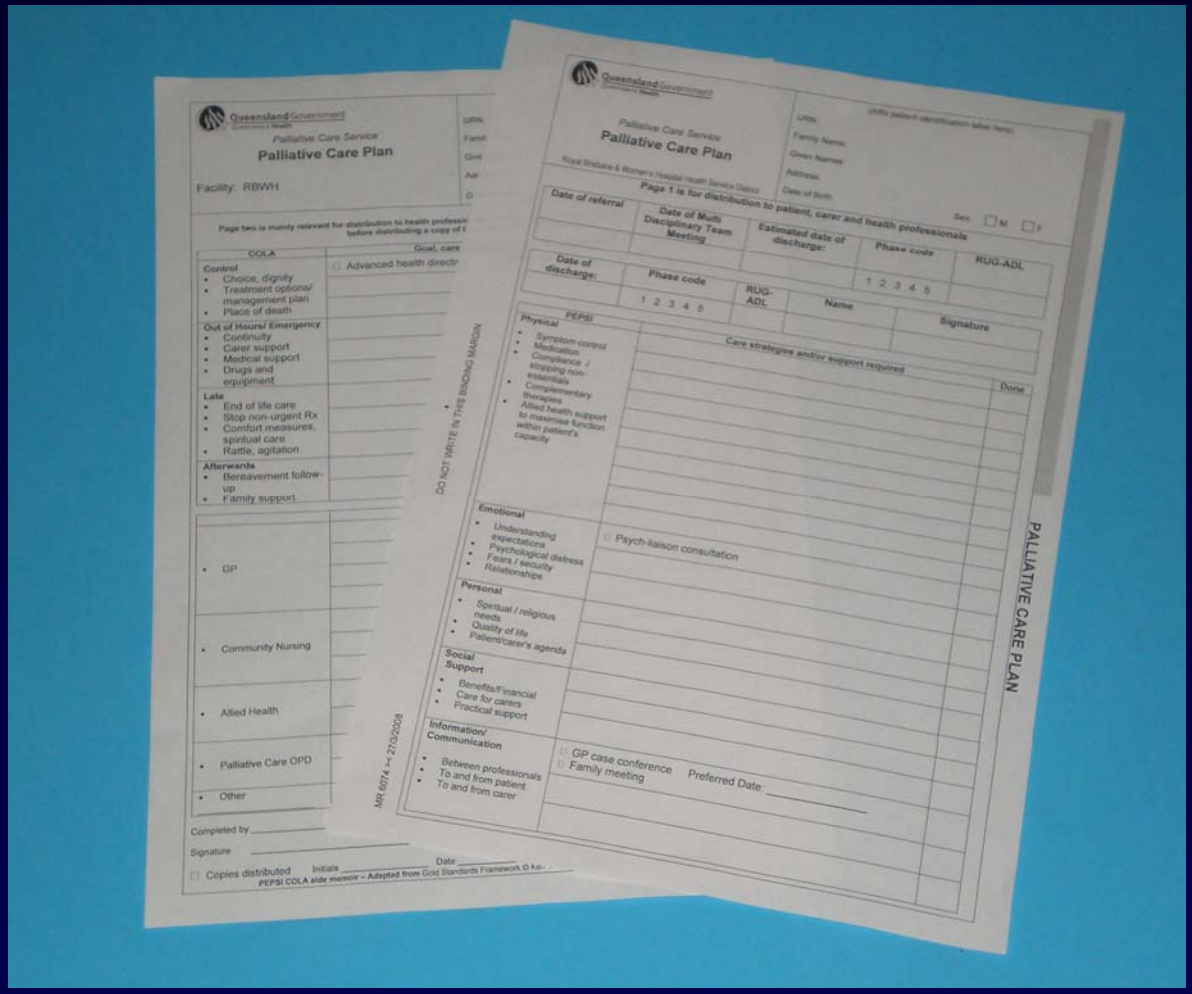
- Encourage relationship building between patient, family and PCS early
- Plan discharge early. Set date
- Prioritise palliative medical discharge summaries
- Timely pharmacy consultation
- 24 hr care plan to reassure carers

Resources

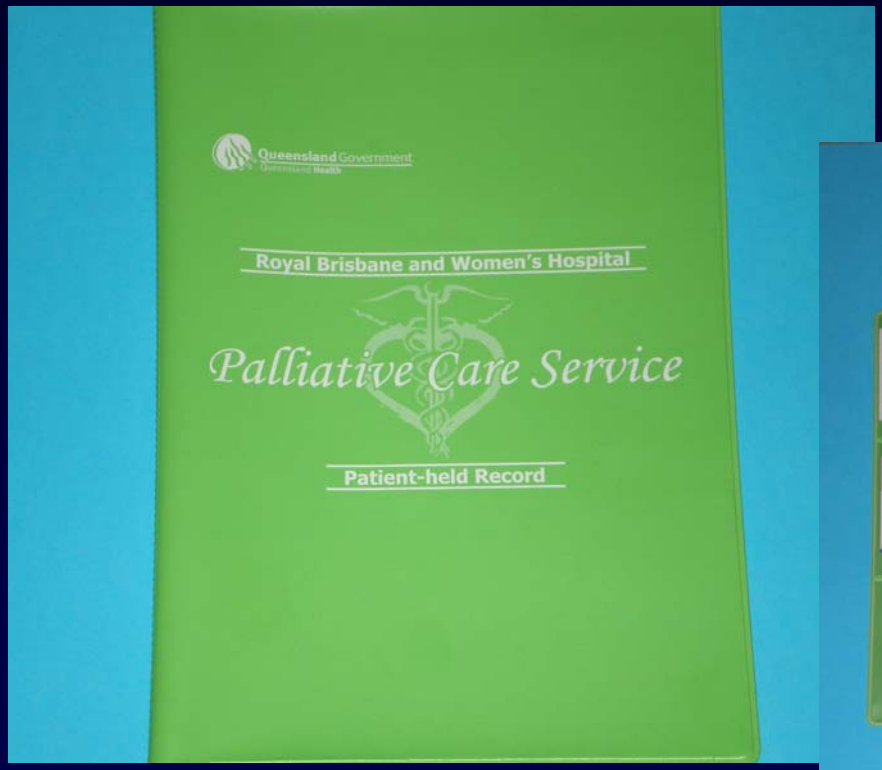
To incorporate the proposed strategies for change we developed:

1. Palliative Care Plan
2. Case Conference protocol & procedures
3. Patient-Held Record

Palliative Care Plan



Patient-Held Record



PHR - Structure

Three components

- Clinical Information Envelope
- Communication Booklet
- Wallet

Case Conference

- Multi-disciplinary teleconference
- Billable service
- Admin load reduced
- Participants provided with documentation

Challenges for our project

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- PC service is consultative- has no “control” of their patient population
- Therefore no control over when patients actually discharged
- Staff stretched and stressed
- Normal high attrition rate

Challenges for the project

- Patient tracking can be difficult
- Patients don’t always have a GP and/or community nurse
- Difficulty obtaining information about pt death prior to contacting carer for 8 week follow-up

Some Solutions

Challenges for the project
~ Solutions ~

Working with RBWH

- MOU with RBWH
- Clearly document project procedures
- Checklists
- Monitor, analyse project activities
- Modify and clarify project procedures

Challenges for the project
~ Solutions ~

- Recruiting – increased the pool
  - Broadened the territory:
    - Brisbane metro → and beyond
    - Oncology ward only → plus medical
  - Analysed ineligibility data
  - Calling on assistance from the carer

Challenges for the project

Solutions ~ working with the staff

- Learn their ways
- Maintain a presence
- Regular communication
- Show of support
- Encouragement & positive feedback – PCS & ward staff

The long term

Sustainability

Embed the process into normal care

Ensure records compatible with RBWH records

Benefits of the Intervention