



Regional Social  
Development Group Inc.



GREATER SOUTHERN  
AREA HEALTH SERVICE  
NSW HEALTH



# Rural Community Palliative Care Packages & Education

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# What did the project do?

- Provided case management to 71 clients/families
- Partnership between 3 organisations not previously geared to work together in palliative care
- Integrated (MDT) care planning, care packaged approach
- Promoted early identification of patients and de-clinicalised death
- Trialed home held notes
- Used flexible brokerage of equipment and services
- Provided end of life education



# Main Activity 1: Packages

- Family Centered, Strength's based Case Management (clinical and psychosocial)
- Multidisciplinary Case Coordination (MDT) with Care Planning
- Carer Education, information and support
- Patient Held Records (partially achieved)
- Flexible brokerage of equipment and services (respite and home help)
- Coordination of carer respite and referral to support services
- Additional nursing support after hours
- 24/7 carer support



# Main Activity 2: Education

- 3 approaches:
  - Awareness Raising strategies (communication strategy, 1800, 65 group presentations)
  - Education for health professionals & service providers (CPD, Cert 3 & 4 sourced)
  - Resource Development (carer packs, info packs, booklets, brochures)



# Evaluation Methodology

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- Action research
- Strategies included: toolkit for baseline data, semi-structured telephone interviews, informal focus groups, questionnaire, survey, case file review
- Participants: patients, carers, GPs, community nurses, steering committee, stakeholders



# Main Objectives of Evaluation:

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- Determine whether true partnerships and collaboration existed
- Determine whether the education and community awareness strategy was informative
- Determine if flexible model of care packages and brokerage of equipment and services was useful



# Results:

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- 71 patients provided packages (40)
- Both main objectives achieved
  - Roll out packages
  - Implement education and community awareness
- Supporting objectives achieved:
  - Collaboration, MDC, Case Management, flexible brokerage, carer information and support.
  - Partly achieved: patient held records



# Palliative Care Packages Results

## 1. Case Management:

- Carers ranked most important component, CN ranked 2<sup>nd</sup> to brokerage of equipment
- CN wanted to be more involved in decisions related to case management/ and coordination of services
- CN were threatened by use of language around death and dying.
- Source of referral: CN 45%, RCCC 32%, GP7%, self and all others < 3%each.

## 2. MDT and care plans:

- Professions most involved in MDT were CN, GP, Case Manager, OT, RCCC
- Confusion around role with families and those involved – turf issues, role delineation
- Communication, resources and distance are barriers to effective MDT
- Care plans were not well received
- CN overall felt the social support, brokerage, equipment and coordination undertaken through case management improved care for client
- CN who did not like brokerage did support carer respite and support services





# Carer and patient findings

- Carer information and support was a key factor in empowering the carers in their caring role
- CN and GP's found care of patient improved as a result of project, without it there would be no equipment, more deaths at hospital
- Families felt more prepared for death and able to cope with the dying process, due to end of life education
- Carers felt more involved in decision making
- Advanced care planning was recorded in all pt files
- Demographics: twice as many male pts, mainly in 56-75 year age group
- CN felt patients were not informed early enough they were palliative
- Often carer required more support than the patient



# What have we learnt?

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- Partnership role delineation and benefit of specific positions
- Constant awareness raising and communication process that work at each individual community level
- Empowering the family
- MDT's are the way to go!
- Death is difficult to talk about
- Home notes provide better and more holistic information
- Equipment assists to extend end stage of life



# What the model has achieved

The Rural Communities Palliative Care Project has addressed principles of:

- Early referral
- Holistic, systems based assessment
- Timely patient and family focused intervention and referral
- Capacity building – for the patient, carer, family, community
- Developing collaborative partnerships within communities



# Where to next?

- AGPN funding
- New model of care
- More case management
- Role delineation
- Change of steering committee membership
- More buy-in i.e: AHS after hours care, pt notes,



# Live Until You Die.....

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*Providing a Palliative Care service is not easy, but is very rewarding*

*Helping people prepare for death and assisting families with their caring roles and their grieving as well as with their bereavement is a privilege and teaches us many of life's lessons in strength, capacity, love, sacrifice, relationships*

*It makes you believe in miracles*

