



Excellence in Palliative Care : A New Approach to Support Aged Residential Care (ARC) Facilities

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Nurse Maude

Leading the way in community care.

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Overview

- Briefly discuss the research and background to the introduction the of palliative care aged residential care (PARC) Service in Canterbury
- Outline how & why this new model of palliative care support to ARC was developed
- Explain how the PARC service & collaborative model works
- Discuss the findings of the evaluation of PARC to date and where to from here

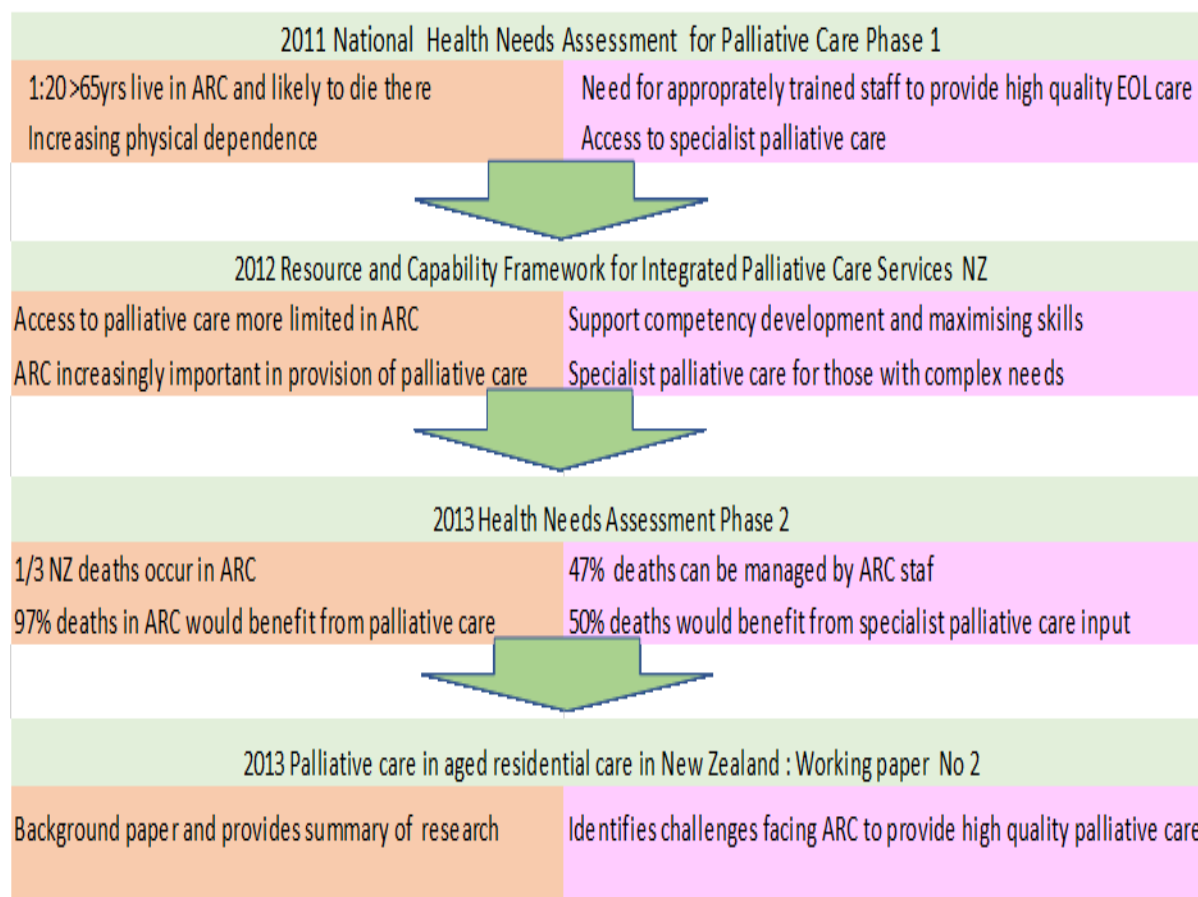


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Background

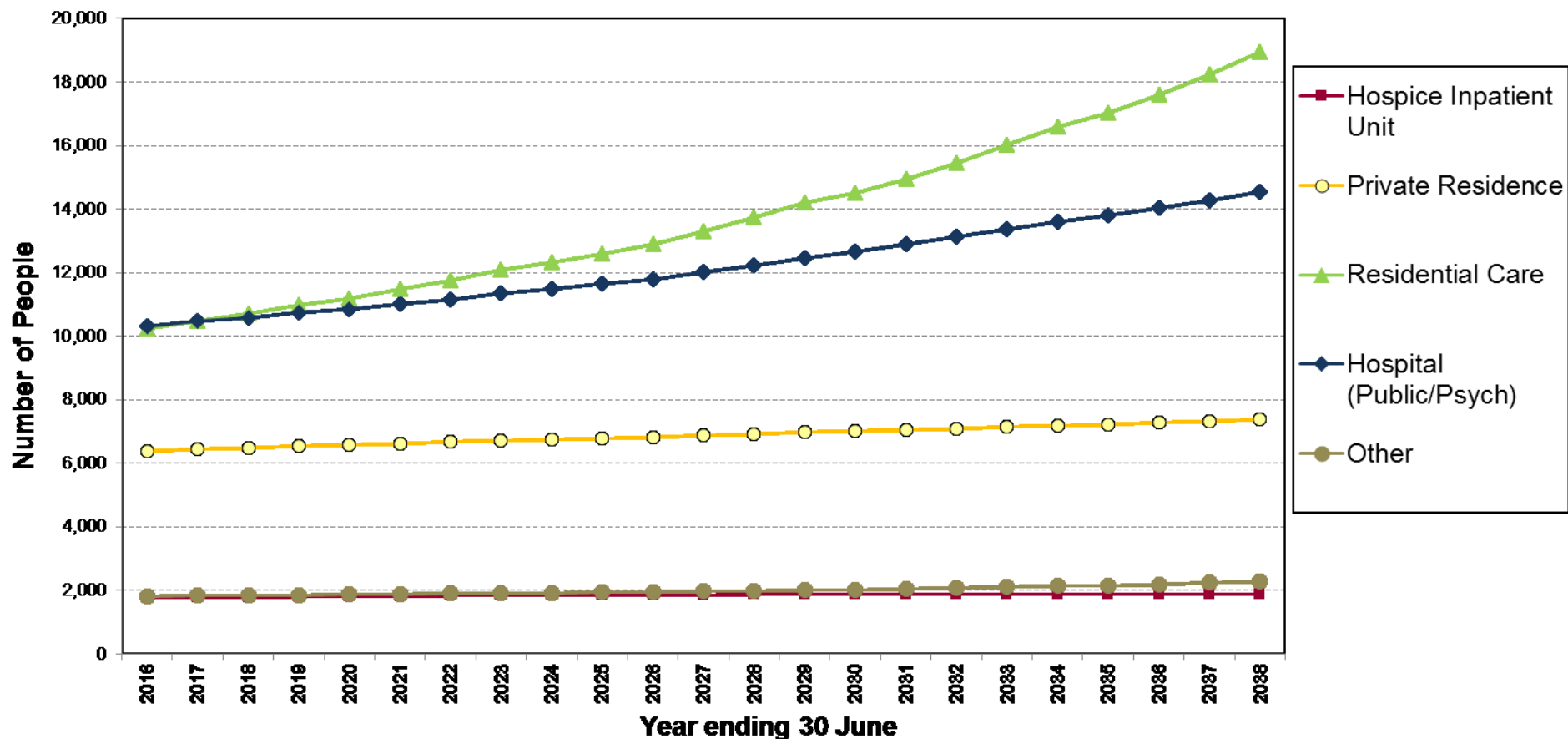
- Ageing population
- Increasing pressure on ARC due to increasing age & frailty on admission
- Complexity of care requirements are escalating
- By 2038 number of deaths in ARC will have increased by 42%
- Projected that more people will die at an older age - largest increase is in 85+yrs
- Need for palliative care in ARC care is projected to increase 84.2% by 2038 (MOH, 2017)

Strategic Background



Projected Place of Deaths 2016-2038

(March 2016 - 2016)



Projected need for Palliative Care (McLeod, 2016)

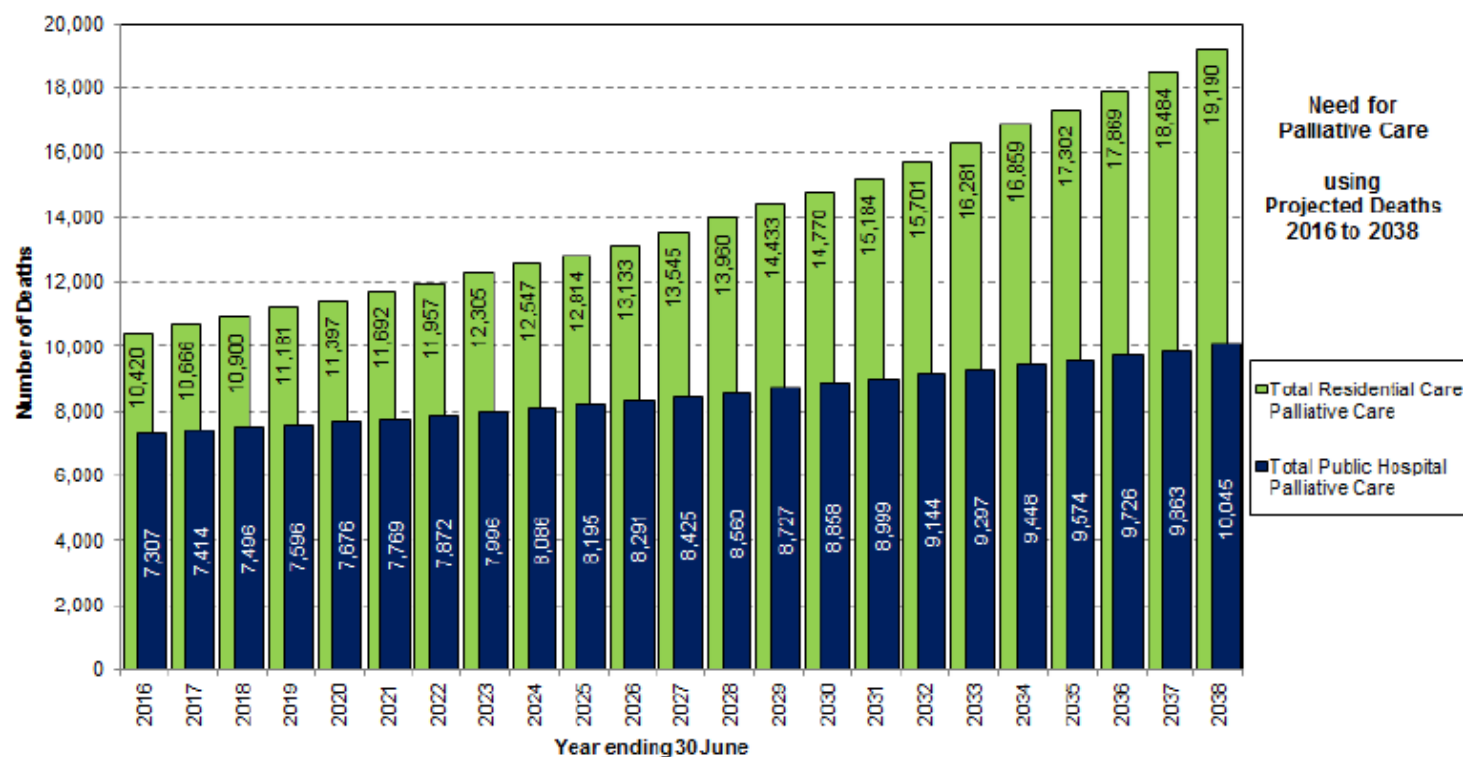


Figure 64: Projected Need for Palliative Care in Hospitals and Residential Care, 2016 to 2038

Local Context



- Canterbury has the largest population of the ‘oldest old” in NZ
- Previous model of community palliative care CNSs supporting ARC not sustainable
 - “Fix-it” model did not build capacity within ARC staff
 - Poor referral rates
 - Relationship with ARC
 - High turnover of ARC staff

Designing PARC

- Key Stakeholder Engagement
 - More dedicated specialist palliative care input into ARC
 - 7 days a week
 - Equity of access for rural areas
 - After Hours Support
 - Partnership with primary care providers
 - Education
 - A non-referral based service

PARC Team

- **P**artnership
- **A**daptability & Approachability
- **R**esponsive & Reflective
- **C**ontinuity & capability



Providing education -
both formal and
informal.

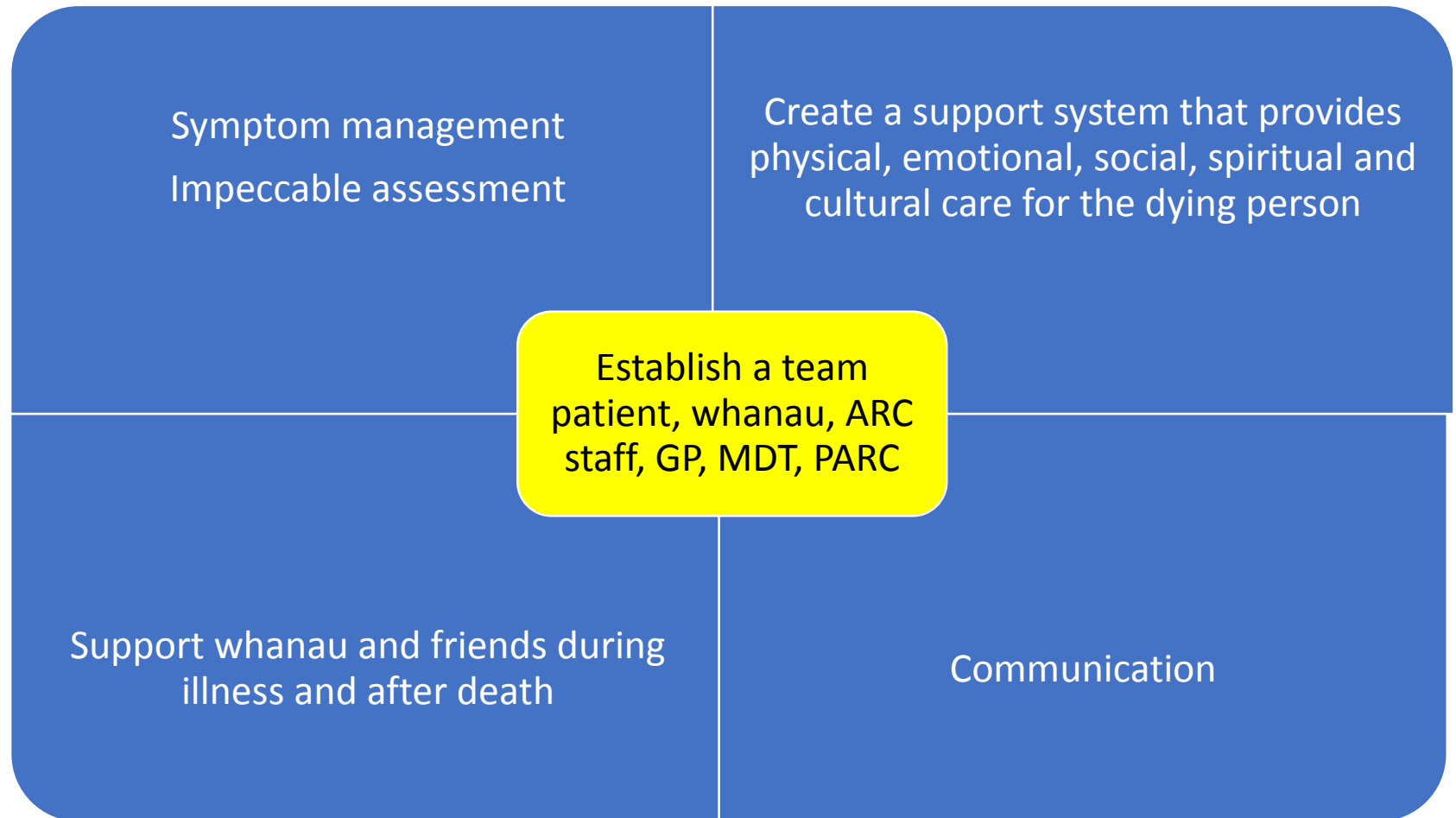
Coaching and
empowering all staff
in palliative care.

Building capability to
establish sustainable
expertise and care.

Providing support in
complex palliative
case management.


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Palliative care



How are we Doing?

- Data from a number of sources both qualitative & quantitative
- 95%-100% ARC facilities contact each month
- 50% reduction in after hours phone calls
- 97% facilities received Fundamentals of Palliative Care education



Our nurses feel it has given them an extra layer of support when providing care for our end of life residents

Provides staff with good opportunities to discuss clinical concerns with an expert

Appreciate the team coming in and out regularly

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How are we doing?

- Hours spent at each facility increasing
- Appropriate complex referrals & involvement of palliative care wider MDT
- Te Ara Whakapiri Education held at 76% of facilities

'It has definitely helped the staff manage the needs of residents at the end of life..... We have fewer hospital admissions' ARC RN

'A good opportunity to reflect and debrief with different RNs and Carers within the team on our attitudes, values and beliefs all to improve the comfort care of the patient's journey to death', RN.

What's next ?

- Essential it remains a dynamic service responsive to need
- ARC have requested increase education in spiritual and cultural aspects of care
- Continuing evaluation of service to ensure we are meeting the needs of ARC and residents with complex palliative care needs?
- Are we meeting the needs of whanau & friends ?
- Evaluation of PARC reflective practice

Questions



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References

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