Mount Druitt Palliative and Supportive Care
PCOC Presentation

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The palliative care unit is a 16 bed free standing unit located in the grounds of Mount Druitt Hospital in the Western Suburbs of Sydney.

It averages between 36 and 42 discharges a month with 87% occupancy.

Average length of episode (stay) is 9.4 median 7. in 2007 it was 10.2 and median of 8.

Referrals are received from community health, other hospitals, Emergency departments, other medical specialties, GPs and even patients themselves. Majority of patients admitted are already known to a Palliative Care Consultant.
Service continued

- Lung cancer and colorectal cancer have been the leading admission diagnoses since PCOC data started to be collected.
- The palliative and supportive care team consists of 3 Consultants, CNC, NUM, CNE, Occupational Therapist, Social Worker, Bereavement Counsellor, Registrar, Resident, RNs, ENs and AINs.
- There is access to Physiotherapists, Speech Pathologists and Wound CNC if required.
Mt Druitt PCU has been involved in PCOC since 2006.

The most significant improvements have been the identification of the phases and the understanding of the phases by the staff.

Patients are not admitted in a stable phase as some were in 2006.

Patients spend less time in an unstable phase as staff recognise the meaning of the phase.
PCOC Improvements

- Patients are moved in and out of phases appropriately. i.e. deaths in stable phase are reflective of events.
- The PCOC form is part of the admission process. It is purple and staff recognise it as the SNAP form. They also know that the CNC will review and oversee the process of completion and ongoing assessment of patient phases.
Benefits to staff and patients

- The phase of the patient is documented on ward handover sheets and in-patient boards thus the status of patients is known to staff before verbal handover or rounding begins.
- The reports and benchmarking are used to identify any issues that may need further education or intervention.
- It also assists in discharge planning and handovers to the community health staff.
- The language of PCOC is being utilised when handing over to staff or communicating with community health staff. i.e. patient now in terminal phase.
Pain Management

- Pain is assessed regularly, especially if patient is admitted with this symptom.
- Nursing staff ensure that stable patients are seen hourly and any patient requiring breakthrough medication is followed up in a timely manner post administration. Patients with symptoms are reviewed more often.
- The opioid chart has a pain assessment scale on the top of it which indicates site and severity.
- Subcutaneous medications are delivered via nikki pump or 4/24hrly then assessed. Patients frequently return home with a pump managed by the community. Once symptoms become stable a patient may return to oral medication if appropriate.
An example of medications used in PCU is displayed for after hours and new resident medical and nursing staff. This chart gives examples of indications and frequency. This aids education and expected knowledge of staff caring for patients in PCU.
Pain Management

- Registrar and resident (week days) review patients and their pain medication regularly. They review frequently if patients' pain escalates or breakthrough requirements increase. They also discuss with the admitting Consultant daily or more frequently if symptoms are troublesome. Consultants visit 3 times weekly with 2 of the Consultants holding outpatient clinics in the unit weekly. A Palliative Care Consultant is contactable at all times via phone. The on-call Consultant generally does rounds over the weekends.
Pain Management

- Symptoms are discussed at the ward MDT handover daily and a MDT case conference with community, all Consultants and PCU staff is conducted weekly to discuss ward and community patients.
- The CNC does patient rounds independently to assess symptoms and discuss with nursing and medical staff issues identified.
- Medical staff are very approachable and nursing staff discuss frequently patient symptoms if their assessment warrants an immediate medical review.
Why has PCOC data has improved?

- It is overseen and reviewed by the CNC.
- The CNC advises and educates staff on PCOC.
- An example form is displayed with simple and concise explanation of each section.
- Patient and family assessments are undertaken frequently.
- The palliative and supportive team are kept up to date with patients’ condition even prior to admission through frequent contact by the CNC with the community palliative nursing staff. This enables medical and nursing staff to consider a plan of care prior to admission.
Conclusion

- PCOC has developed over time. Having a person overseeing the documentation, assessments and education gives consistency.

- The PCU is privileged and unique in Western Sydney as it is a self contained unit that caters only for patients with a life limiting illness with staff that are palliative care trained.