Palliative Care Discharge Planning Project

Care Planning Sub-Program
National Workshop
28 – 29 July 2008
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
Challenges for the project

- 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

- Patient Held Record
  - Patient involved in care
- Case Conferences
  - Improved Communication
  - Role Clarity

Coordinated Approach to Patient Care