McKenna House
Inpatient Palliative Care
Northern Health
About our Service

- Northern Health - 5 campuses 15-45 KM North West of Melbourne
- Northern Health - located in Melbourne's most significant growth corridor, local population is expected to grow by 64% by 2031
- McKenna House - located in Broadmeadows, 25 km from CBD
- Northern Health offer an Integrated Palliative Care Service Model
  - Palliative Care Consultancy
  - Inpatient Unit
About our Service
McKenna House – Inpatient Palliative Unit

- 24 Bed Inpatient Unit

- 2013/14 FY Activity: 472 Separations
  15.4 Day LOS (40% have LOS 1-7 days)
  76% Terminal Care

- Referral Base: 59% via Public Hospital – predominantly NH
  35% via Community Palliative Care

- Principal Diagnosis: 72% Malignant - Lung, GIT prominent
  28% Non Malignant - ESRF, ESRD prominent
About our Service

McKenna House - Inpatient Palliative Care

- Average Age: 75 - 84 Bracket
- Multi-cultural
- Low Socio Economic profile
- Admission for:
  - Symptom Management
  - Respite
  - End of Life Care

- Ability to support moderate to longer length of stay
About our Service

McKenna House – Inpatient Palliative Care

Our Team:

- 35 Nursing Staff
- Rotational Consultants
- 1 Full time Registrar, 1 Full time Resident Medical Officer
- 1 Full time Social Worker
- 1 Part time Pastoral Care worker + Voluntary Pastoral Care network
- Physiotherapy – 2 days per week + referral based
- Other Allied Health - referral based
- Volunteers – includes Pet Therapy
- Massage Therapy
- Student Placements – Art Therapy / Music Therapy
About PCOC in or Service

- Commenced in 2009
- Detailed induction training
- Nursing staff attend refresher training
- PCOC Assessments replaced previous care plans
- Cornerstone of care delivery

**What's Changed? How is PCOC embedded into routine practice?**
- Everyone speaks the same language, internal and external
- Prominent on handover document
- Discussed at handover
- Discussed in Case Conference
- Assessment occurs on each shift
- Validation of assessments
Benefits for Patients

- Patients are asked to rate their own symptoms
- Patients feel valued and listened to
- Carers feel valued and listened to
- Early recognition and response to symptoms
- Staff focus on individual
How are reports and benchmarking information used to improve the care provided?

- Review of reports with PCOC representative
- Review of reports by staff, discussion at team meetings
- Presentation of Data to Quality Meetings and Board – NH.
- Opportunities for improvement –
  - i.e. box to indicate who has rated SAS, patient, carer, staff
- Definitions added to back of assessment sheet
- Added a Confusion Rating Scale
- Audit for correlation between symptoms with mod/severe ratings and entries in progress notes
Pain Management in our Service
Assessment and Monitoring

- Use of validated pain scales – NRS, Abbey
- Use of Pain Assessment Chart on admission
- Use of Pain Management Chart during admission
- Regular assessment and documentation, minimum 3 times per day
- Use of Multi language pain assessment material
- Use of Interpreting Services via NH TALS
- Use of Multi lingual Nursing and Medical staff
Strategies to Manage Pain

- Early recognition and response to symptoms via regular assessment
- Regular and experienced nursing staff
- Good collaboration between nursing and medical staff
- Medical staff appointments / work arrangements
- Prescribing and availability of medications
- Pharmacy
- Availability of multi disciplinary team / volunteers