End Of Life Parliamentary Inquiry
2015
Background

- PDH is located in the Glenelg Shire.
- Portland has a population of 10,000 people.
- Glenelg Shire has a population of 19,000.
- 1.2 FTE CNC Palliative care supported by generalist community health/District Nurses.
- PDH has 1 palliative care inpatient bed.
- PDH is a member of the BSW Region Palliative Care Consortium.
Palliative Care Community

- **Actual Hours - Face to face**
  - Jul: 47.25
  - Aug: 43.33
  - Sep: 57.67
  - Oct: 68.34
  - Nov: 48.41
  - Dec: 70.76
  - Jan: 84.87
  - Feb: 72.26
  - Mar: 59.76
  - Apr: 45.5
  - May: 63.58
  - Jun: 60.4

- **No of Clients**
  - Jul: 12
  - Aug: 12
  - Sep: 12
  - Oct: 15
  - Nov: 16
  - Dec: 20
  - Jan: 25
  - Feb: 21
  - Mar: 18
  - Apr: 15
  - May: 18
  - Jun: 17

Total Hours: 722
Clients: 201
Advanced Care Planning

• PDH Policy – All Palliative Care Patients admitted under Palliative Care Program have ACP, Statement of Choices, & Enduring Power of Attorney and/or Financial Power of Attorney.
• ACPs are flagged on Trak data system and now scanned by HIS onto Trak Community – continuity of care
• Identification of Gap: – points of entry – having the discussion
• “Asking the Question” & documenting it
• Urgent Care Centre & Aged Care Services  e.g. HSL, BUPA, HRH
• Staff – ACP Practitioners across the Organisation- Pal Care, UCC, HARP, Counselling, AOD
CSNAT - Results

• PDH CPC implemented the Carer Support Needs Assessment Tool (CSNAT) as part of client admission from early 2014.
• An audit was conducted which included 55 CPC registrations over a 12 month period between 1/04/14 to 31/03/15.
• The purpose of the audit was to determine how many of the 55 CPC registrations were provided with the CSNAT and how many were returned completed; & data meaningful
• 55 registrations were determined by searching the following reports between 1/04/14-31/03/15:
  • 28 of the 55 registrations did not complete a CSNAT; of the 28, 6 did not have a carer, records could be found for 6 carers, 8 clients died within 2 weeks of registration and 8 clients were discharged to another health care provider within 2 weeks of registration.
  • The average number of days from the carer receiving the CSNAT and return to CPC was 18.8 days.
CSNAT Survey Results

![Bar Chart]

- No needs to be met
- Require additional support
Priority Areas as part of CQI

• Database PERM

• Reporting – requires refining as not capturing all data

• Preferred Place of Death 1/7/15-30/6/15
  – Home Total: 9 (n=23)
  – Inpatient Total: 9 (n=13)
  – Residential Aged Care Total: 1 (n=1)
  – Not Asked/Not Stated/Not Known Total: 38 (n=17)

(Report generated: 28/7/15, 10:23 hrs; Created by HIS – Modified by SWARH)
(Audit PERM Patient Review Page)
CSNAT Needs Analysis

Understanding your relative's illness
Having time for yourself in the day
Managing your relative's symptoms and medication
Financial and legal concerns
Providing palliative care for your relative
Dealing with feelings/worries
Knowing who to contact
Looking after your own health
Equipment
Practical help at home
Talking with relative about illness
Spiritual
Knowing what to expect in the future
Getting a break overnight
Anything else?
Palliative Care Volunteers

READY to help… (rear from left) Community palliative care coordinator of volunteers, Trish Rawlings; with volunteers Yvonne Donnell, Deanna Bird, Heather Burton, and Bev Turner; and community palliative care clinical nurse consultant Jo Spurge.
Front from left: Volunteers Lyn Newby, Kay Talbot, Heather Fitzgerald, and Tania Butcher.