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Palliative and end of life model of care

Far West Local Health District

July 2023

END OF LIFE AND PALLIATIVE CARE NETWORK

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Contents

Far West Local Health District

Overview

The Far West Local Health District (FWLHD) provides healthcare to about 30,000 people, with close to 15% of those identifying as Aboriginal. The FWLHD is classified as remote, covering the western third of NSW (approximately 200,000sqkm) and bordering three states (Queensland, South Australia and Victoria).[1]

FWLHD specialist palliative care service

A specialist palliative care service has been operational in the FWLHD since 1989, based in Broken Hill and Buronga. The specialist palliative care teams provide regular face-to-face and virtual care appointments to communities across the Far West. The service provides 24-hour support to people living with a life-limiting illness and their families, whether at home, in hospital or in aged care. It partners with healthcare professionals across the district, including those working in hospital, primary health care, residential aged care facilities and community-based services,[3] to ensure that people can access palliative care support when and where they need it.[2]

Palliative care services can be provided by:

- palliative care nurses
- palliative care doctors
- Aboriginal health workers
- allied health providers, such as dieticians, occupational therapists, physiotherapists, social workers and bereavement counsellors
- volunteers.

No referral is required to access most palliative care services; however, a doctor's referral is required to see a palliative care doctor.

FWLHD palliative and end of life model of care

The FWLHD palliative and end of life model of care is an individualised, yet standardised, needs-based approach for the care of patients with life-limiting disease in the last year of life. The model includes evidence-based prognostic and clinical prompts for early identification of people who would benefit from a palliative approach. Earlier identification can change the course of care and quality of life. These prompts assist clinicians in identifying the need to initiate appropriate referrals and diagnose dying. The inclusion of these indicators and key palliative care processes, such as care planning and comfort care, also support the provision of evidence-based multidisciplinary care and support the transition of care for patients and their families within the five palliative care phases.[3]

Aims of the model

The model aims to provide a coordinated, consistent, quality, palliative approach to care for all residents in their place of choice. This can be achieved through:

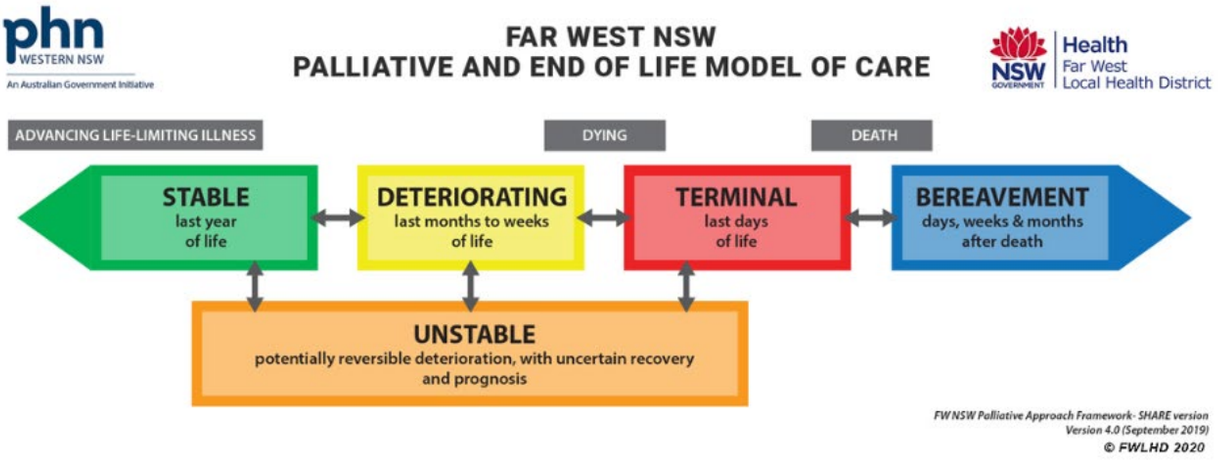
- enhancing the local provision of a palliative approach to care for patients, their families and carers
- improving clinical outcomes for people approaching the end of their lives through:
  - earlier identification of the need for a palliative approach
  - advance care planning
  - appropriate care in the last days of life
  - patient-centred care
- enabling communication, integration and collaboration between providers and care settings
- building and maintaining a skilled and confident workforce
- extending capacity of the local specialist palliative care service.

Adaptability and inclusiveness of the model

The model is both adaptable and inclusive, which makes it relevant and applicable to various health settings and medical conditions. The embedding of the model into practice enables the specialist palliative care service to support complex cases while supporting generalist providers to adopt a palliative approach to care.

A practical example of this is the application of standard medication guidelines. The adoption of the guidelines has ensured patients are prescribed appropriate palliative medications as needed. This has been achieved through using established relationships with local pharmacists and general practitioners to ensure timely and pre-emptive access to palliative medications.[3]

Figure 1. Far West NSW Palliative and End of Life Model of Care[4]



Benefits of the model

The needs-based model was designed to guide a palliative approach to care in the last year of life, through death and into bereavement, regardless of age, diagnosis, culture, location or provider. The model provides a framework for locally and contextually relevant components of a quality palliative approach to care to be implemented in consideration of a person's wishes.

More recently the model has been translated into an electronic resource, known as electronic Palliative Approach Framework (ePAF). This aims to assist carers and generalist healthcare professionals to assess, plan and care for patients with advancing life-limiting illness, and prompt referral to specialist palliative care services when needed. The ePAF includes the model with electronic links to current clinical and educational tools and resources. These resources enable access to shared information aiding the provision of timely, reliable, safe and appropriate palliative care that is consistent with patient wishes, by any clinician, at any time.

The implementation and use of the model is being independently evaluated. Early analyses from interviews with generalist providers suggest that the model has:

- improved outcomes for patients approaching the end of their lives, as well as for their families and carers
- enhanced communication, integration and collaboration between healthcare providers within and across remote communities in Far West NSW
- increased clinicians' knowledge, skill, and confidence to provide a quality palliative approach to care
- extended the capacity of the local specialist palliative care service for more complex care and support.

Useful tips

It is important to build relationships at all levels – without them the model would not succeed.

There are three elements services should consider before implementing the model in their own local context:

- Specialist palliative care service/team structure –with clear roles and responsibilities to drive the vision, build partnerships and provide ongoing education and training
- Access to care and resources – including financial support to fund required equipment, new staff positions and training opportunities
- Strategic leadership and governance – clear direction and support from a palliative and end of life steering committee that aids awareness and consistent application of the model.

References

1. Far West Local Health District: https://www.nsw.gov.au/health/fwlhd/services/palliative-care
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4. Western NSW Primary Health Network: https://www.wnswphn.org.au/epaf

Acknowledgements

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Appendix

Alignment with the Clinical Principles for End of Life and Palliative Care Guideline

Key Action area		Evidence
1. Screening and identification	✓	The model includes evidence-based prompts to support the early identification of people who would benefit from a palliative approach. Earlier identification can change the course of care and quality of life.
2. Triage	✓	The inclusion of prognostic indicators and clinical prompts assists clinicians in identifying the need to initiate appropriate referrals and diagnose dying.
3. Comprehensive assessment	✓	The prompts aim to assist carers and healthcare professionals to assess, plan and care for patients with advancing life-limiting illness. The model facilitates crossing clinical care boundaries and enhancing a palliative approach that is accessible to all. The model provides a framework for locally and contextually relevant components of a quality palliative approach to care, to be implemented considering a patient's wishes.
4. Care planning	✓	The inclusion of prognostic indicators, clinical prompts and key palliative care processes, such as care planning and comfort care, assist in provision of evidence-based multidisciplinary care and support transition of care for patients and families within the 5 palliative care phases.
5. Open and respectful communication	✓	The model enables communication, integration and collaboration between providers and care settings. The sharing of information aids provision of timely, reliable, safe and appropriate palliative care that is consistent with patient wishes, by any clinician, at any time.
6. Symptom management	✓	The application of standard medication guidelines has helped to ensure patients are prescribed appropriate palliative medications as needed. Building upon established relationships with local pharmacists and general practitioners helps to ensure timely and pre-emptive access to such medications.
7. 24/7 access to support	✓	The FWLHD specialist palliative care services provide 24-hour support to people living with a life-limiting illness and their families at home, in hospital or aged care.
8. Place of death	✓	The intention of the model is to provide coordinated, consistent, quality, palliative approach to care for all residents in their place of choice.
9. Grief and bereavement support	✓	The needs-based model was designed to guide a palliative approach to care in the last year of life, through death and into bereavement, regardless of age, diagnosis, culture, location or provider.