

Improving access to Specialist Palliative Care in Aged Care

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Background

- More Australians are dying in residential aged care (RAC)¹ with complex care needs²
- Specialist palliative care (SPC) supports people with life-limiting illnesses who have complex care needs by providing direct care and supporting other healthcare workers to deliver care³
- SPC is not a standard component of care in RAC facilities in Australia,⁴ with significant variation across the country⁵

Aim: To improve access to specialist palliative care in residential aged care in Queensland

Setting - Queensland

- Population 5.3 million over 1,852,642km²
- 15 Hospital & Health Services (HHSs), varied size, remoteness, workforce & available services
- 517 RAC facilities, ~36,270 residents⁶

Results

80% Of facilities engaged with SPACE in first year despite COVID lock downs, limited staffing & redeployment of SPACE teams

- All 15 HHSs developed & implemented services aligned with the core service principles
- Significant **improvement in RAC staff skills** to identify deterioration & bereavement risk, seek advice & support or locate quality information

Improved quality of life, including:



Residents & families feeling more prepared for end-of-life



82% of residents dying in their own facility



Over 75% of residents had advance care plans



Over 70% of residents had their needs & preferences fully addressed at end of life



Avoidance of unnecessary treatment & hospital admissions

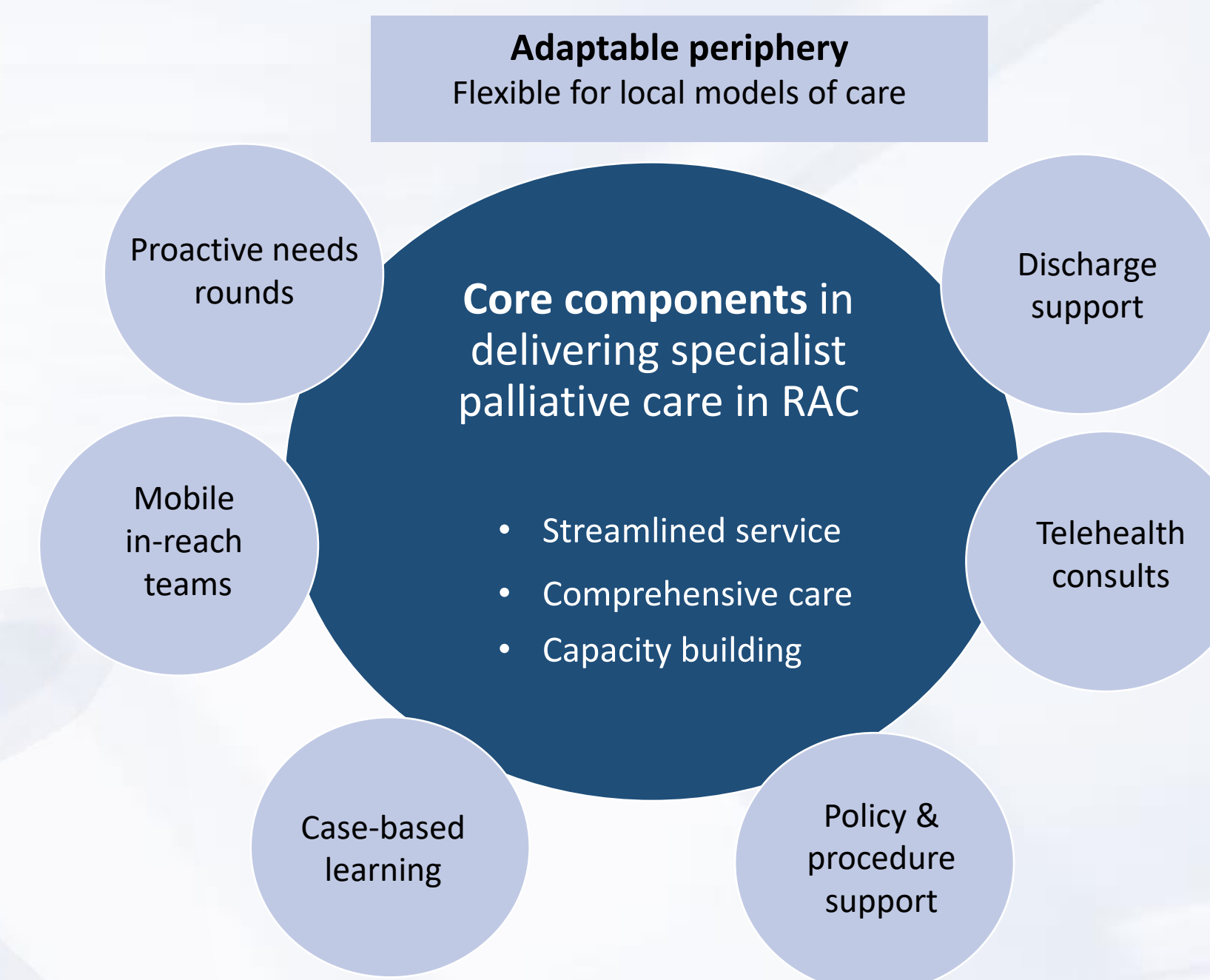


Increased family involvement, confidence & comfort

Methods

The intervention: SPACE

- Extensive stakeholder consultation & local needs analysis
- Multidisciplinary working groups codesigned core elements of the project
- Each health service supported to develop & implement contextually appropriate model of care
- Hybrid implementation-effectiveness evaluation



Conclusions

- SPACE successfully improved access to Specialist Palliative Care in RAC across Queensland
- Improved staff confidence and skills, quality of life for residents, and organisational-level changes
- Development of core components through extensive stakeholder engagement while allowing for adaption of models of care at each health service
- Model implemented in range of settings (metropolitan, rural, remote), and adaptable to other contexts

References

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