The challenge of being a drop in the ocean when we aspire to be a wave – How do we evaluate the impact of palliative care education in aged residential care?

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Arohanui Hospice
Outline

• Future need for palliative care in aged residential care (ARC)
• Education Interface with ARC
• Evaluation
  – Resource Network Group (RNG)
  – Other forms of evaluation
• Are we making a difference?
Palliative Care in Aged Residential Care
Changing Landscape

• Older people are living longer
• Increased number of older people
• Living longer with multiple co-morbidities
• Up to 38% of older people will die in ARC with 50% of this population being over 85 years
• Increased need for a palliative approach
• Palliative care education is essential
Over the period of 22 years, deaths in residential care are projected to increase from 34.2% to 42.6% of total deaths.

Source: National Model of the Need for Palliative Care
The need for palliative care is projected to increase by **37.5%** in public hospitals and **84.2%** in residential care by 2038.

**Source:** National Model of the Need for Palliative Care
ARC Education Interface

2003
- Education role established
- Formal engagement with ARC – Resource Group

2004
- Integrated with the Liverpool Care Pathway role (pilot)
- Terms of Reference and Roles and Responsibilities redefined

Ongoing
- Strong relationships continue to develop
- Networking opportunities and growth in education
- Study days and National programmes
- Resource Network Group
The need for palliative care is projected to increase by 37.5% in public hospitals and 84.2% in residential care by 2038.

### Education Provided

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 episodes</td>
<td>2014</td>
<td>2076</td>
<td>2193</td>
</tr>
</tbody>
</table>

- Individual Facility Education (36 facilities)
- Palliative Care Partnership with General Practice Teams
- HNZ Fundamentals of Palliative Care
- HNZ Syringe Driver Competency
- Last Days of Life
- Symptom Management
- Themed Study Days
- Loss and Grief
- Bereavement
- Resource Network Group
## Engagement with the Resource Network Group

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNG Members ARC</td>
<td>80</td>
<td>83</td>
<td>72</td>
<td>64</td>
</tr>
<tr>
<td>Meetings per year</td>
<td>4 meetings 1 study day</td>
<td>4 meetings 1 study day</td>
<td>4 meetings 1 study day</td>
<td>3 meetings 1 study day</td>
</tr>
<tr>
<td>Average Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palmerston North -13</td>
<td>24 (15-33)</td>
<td>19 (16-22)</td>
<td>13 (5-15)</td>
<td>12 (6-22)</td>
</tr>
<tr>
<td>Horowhenua - 8</td>
<td>10 (0-13)</td>
<td>8 (3-10)</td>
<td>4 (2-6)</td>
<td>5 (2-7)</td>
</tr>
<tr>
<td>Tararua - 3</td>
<td>6 (5-7)</td>
<td>6 (3-9)</td>
<td>3 (0-6)</td>
<td>3 (0-6)</td>
</tr>
<tr>
<td>Study Day Attendance</td>
<td>58 (73%)</td>
<td>57 (69%)</td>
<td>38 (53%)</td>
<td>39 (61%)</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>43</td>
<td>40</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Enrolled Nurses</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Health Care Assistants</td>
<td>13</td>
<td>10</td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>
RNG Survey 2013-2015

Members responses:
• RNG valuable/extremely valuable: 93-98%
• Organisational support for the role: 94-79%

• Enablers to fulfilling the role:
  – Good managerial/organisational support
  – Planned release time/rostering
  – Rostering days off to be able to attend
  – Attending in own time
### Barriers to fulfilling the role

- These were consistent across the 3 years:

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Communication</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Funding – cost of backfill</td>
<td>• RNG meeting content not shared with staff members</td>
<td>• Low staff numbers</td>
</tr>
<tr>
<td>• RNG low priority</td>
<td>• Conflict of schedules</td>
<td>• No cover</td>
</tr>
<tr>
<td>• Staffing</td>
<td>• Roster schedules</td>
<td>• No release time provided</td>
</tr>
<tr>
<td>• Skill mix</td>
<td>• Care givers sharing is limited</td>
<td>• High workload</td>
</tr>
<tr>
<td>• No time to share education</td>
<td></td>
<td>• Responsibilities of the RN’s is increasing</td>
</tr>
<tr>
<td>• New managers unaware of the role</td>
<td></td>
<td>• Daily acuity</td>
</tr>
<tr>
<td>• Only 1 RN/shift</td>
<td></td>
<td>• Priorities on the day</td>
</tr>
</tbody>
</table>
How will the learning be applied?

- Group discussions
- Sharing with others
- Educate others
- Role model
- Communicate
- Handovers
- Update resources
- 1:1 with staff
- RN/team meetings
- Listen more
Facility Managers Perception of the Role of the RNG Members

Positive comments:
Nurses well informed
Share and support others
Absolutely makes a difference
Role model
Improved EOL care
Better able to talk to residents & families
Makes a huge difference
Manage the resources
Any education makes a difference
Facility Managers Perception of the Role of the RNG Members

Constraints:
Members don’t feedback
Hard to find time to share information with staff
Some managers unaware of the role
Depends on the nurse
Difficulty attending the meetings
One facility, no members as experienced nurses
Staff turnover
Managers from 2 facilities said it made no difference
Other Forms of Evaluation of Education
ARC Staff Perceptions and Impact of Education

Focus Groups:
• Predominantly positive responses
• Education important
  – Reduce suffering
  – Anticipate needs
• Increase in knowledge and confidence including communication
• Improved confidence in talking with GP’s and families
• Improved clinical assessment
• Increased awareness of symptom management
• Evaluation of care?
Areas for Consideration in Relation to Education

- Repetition of content
- Identifying dying and the need for palliative care
- Family expectations
- Staff lack confidence
- Financial issues
Additional Evaluations

- Programme specific education sessions
- Individual education sessions
- ARC facility Surveys
- Annual HNZ post-training audit
Enablers to Participation in Education

- Organisational support for the role
- Provision of release time
- Education as a priority
- Forward planning
- Space to perform the role
- Funding
Constraints

- Staffing
- Skill mix
- Communication
- Release time Workload
- Acuity on the day
- No cover
- Low priority in facility
- Inability to share information
SEQUAL Project: Integrative Supportive Education and Quality Palliative Care

- CNS’s working alongside ARC staff
- Ensure quality palliative & end-of-life care
- Empower and support staff (education and care planning)
- Strengthen integration and coordination
- Facilitate implementation of a quality framework
Summary

- Considerable education resource is provided to ARC staff
- Evaluations provide positive commentary
- Enablers require organisational support and priority
- Barriers/constraints predominantly focus on workload and staffing issues
- Anecdotal evidence supports an improvement in care of the residents
- No formal evaluation of the impact of palliative care education on the quality of palliative care for residents in ARC.
- SEQUAL Project may provide some evidence through measures used to implement the quality framework
We don’t need to be a tsunami

We just want to be a wave
References


