



Supportive Hospice and Residential Care Exchange (SHARE)

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Key Problems

- New Zealand has the highest number of reported deaths in ARC with 38% and ranks higher than any other country.
- Over 37% of residents discharged from an acute hospitalisation to high needs had died within the first six months after ARC admission.
- Previous research has indicated however that staff in ARC are often unprepared for their role in palliative care provision.
- There is evidence that HCAs feel inadequately supported in coping with the multiple bereavement experiences they have when residents die.

Key Problem

- Increasing amount of palliative care is provided in residential aged care settings
- A skilled workforce improves resident outcomes
- Ongoing challenges in translating palliative care educational interventions to the real-life setting of residential aged care which is attributed to:
 - Negative impact of burnout on education uptake
 - Lack of consideration of organizational factors (such as times pressures, low staffing levels) which influence sustainable change and create barriers to application of knowledge

Aim of this innovation

- To enhance the delivery of palliative care through collaboration and integration between aged residential care providers and hospices.
- The SHARE model of education delivery addresses:
 - the psychological stressors inherent in providing palliative and end of life care in residential care settings
 - facilitates the application of new learning, a vital component of sustained learning transfer into practice

Intervention

Review and assessment of goals of care for all residents: systematic assessment of palliative care need and on-going monitoring of need

Gerontology education for specialist palliative care hospice nurses

Clinical coaching by a specialist palliative care nurse (SPN) through direct (for complex needs) and indirect (not so complex needs) patient consultation

Role modelling of Advance Care Planning (ACP) conversations (including documentation with residents, families and GP's)

Debriefing amongst all ARC staff following a resident's death

Reflective Data Cycling: an auditing of deaths as they occur to provide guidance and a framework for practice.

Outcomes so far (2 pilot sites)

- Intervention overall is seen as a success, especially in relation to advanced care planning documentation.
- Relationships between hospice and facility staff, and consequently facility staff and patients are seen as the key to the success of the project.
- Staff survey results indicated increased confidence in palliative care delivery and decreased depression and burnout.

Lessons Learnt

- Be prepared for shared, reciprocal learning
 - Partnership with key stakeholders is essential
 - University, hospice and hospital
 - Take an action research approach (learn as you go)
 - Start small before implementing more widely
 - Robust evaluation gives the project credibility but is expensive
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