



Palliative Care team redesign

**Canberra Hospital
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Key Problem

- The relationship between Hospital Palliative Care and Community Palliative Care services in the ACT is tenuous as they are run by different organisations. We were receiving distress calls from patients who were waiting up to 5 weeks post discharge to see palliative care in the community for follow up post discharge.

Aim of this innovation

- We wanted to ensure that patients who had the potential to deteriorate steadily had appropriate follow up and did not “fall through the cracks” within our limited ability to influence the community palliative care sector.

Baseline Data

- It is normal practise when we discharge someone to give a card for future contact as the medical teams are so reluctant to ask patients if they are known to palliative care teams. We were receiving approximately 1-2 calls a week from very distressed patients to ask when someone would be contacting them from the community team, unfortunately we did not officially collect this as solid data

Key Changes Implemented

- As the palliative care consult team is situated in the newly built Capital Region Cancer Centre, we managed to negotiate a clinic space 1 day per week for the Nurse Practitioner to run a weekly review clinic. All patients who have an intermediate decline prediction, are now referred to this clinic as well as Community Palliative Care. The Nurse Practitioner will continue to follow them until such time as they are reviewed by the community team
- Follow up may be conducted in person, by phone or by email. The clinic is very patient focused and even the follow up letters are written to the patient rather than the GP/ specialist and emailed to the patient to give to their DR when they next see them.

Outcomes so far

- The palliative care Nurse Practitioner review clinic is now quite busy with around 4 booked patients each week along with a number of “walk-ins” and follow up phone calls and emails. Anne has managed to capture some of the patients she would have normally seen in places like XRT/CTX suites and incorporate them in to this clinic easing the burden of time management for her along with the wait times for patients

	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
OOS	116	78	126	174	52	133	137	169
UOS	4695 min 78.25 hrs	2865 min 47.75 hrs	5015 min 83.58 hrs	6320 min 105.33 hrs	1800 min 30 hrs	4425 min 73.75 hrs	5720 min 95.33 hrs	6705 min 111.75 hrs

Lessons Learnt

- If you come up with a great idea that is win/win for both the patient and the organisation it is very easy to sell.

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