

Grampians Regional Palliative Care Research Centre

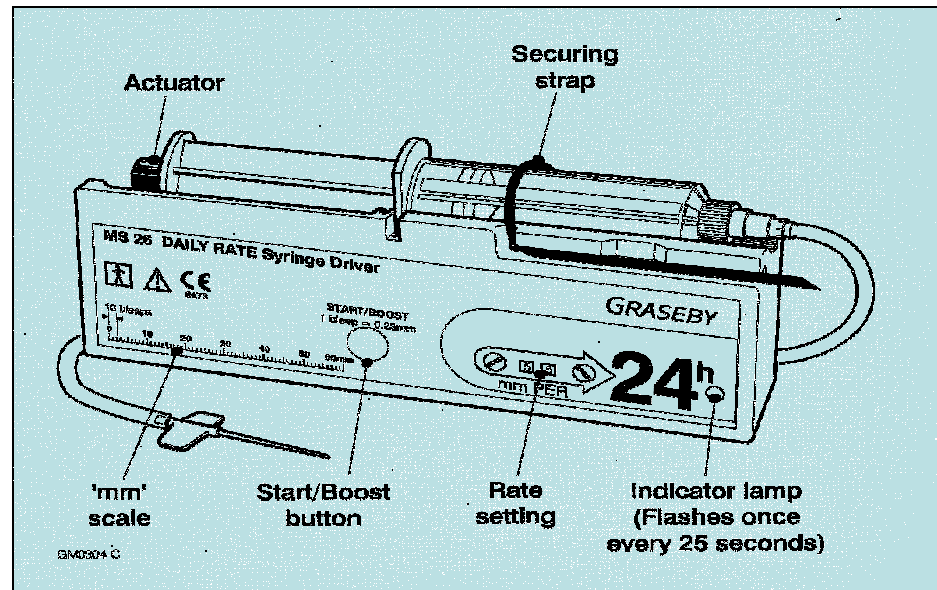
- **Director** : Dr David Brumley
- **Research Manager**: Dr John Fisher
- **Consultant**: Professor Michael Ashby

The William Buckland Foundation made a very generous grant of nearly \$300,000 to facilitate rural palliative care research in Victoria.

All the projects being done have very practical goals and outcomes, based on perceived needs expressed by doctors, nurses and personal care workers looking after palliative care patients in the Grampians Health Region.

The principles and practical benefits derived from these research projects are being actively disseminated in publications, professional meetings and continuing staff education throughout the region and beyond.

Conducting and evaluating an educational intervention on the use of Graseby Syringe drivers for rural nonspecialist nurses



Who was involved?

- **Investigators**

Dr David Brumley (PC physician, Gandarra, GRPCS)

Ms Anne Hayes (Clinical Nurse Consultant, Wimmera Hospice Care)

Professor Michael Ashby (Palliative medicine, MU)

Dr John Fisher (Project Manager, GRPCS)

- **Research Nurses** – Education sessions

Mary Wade

Lawrence Habegger

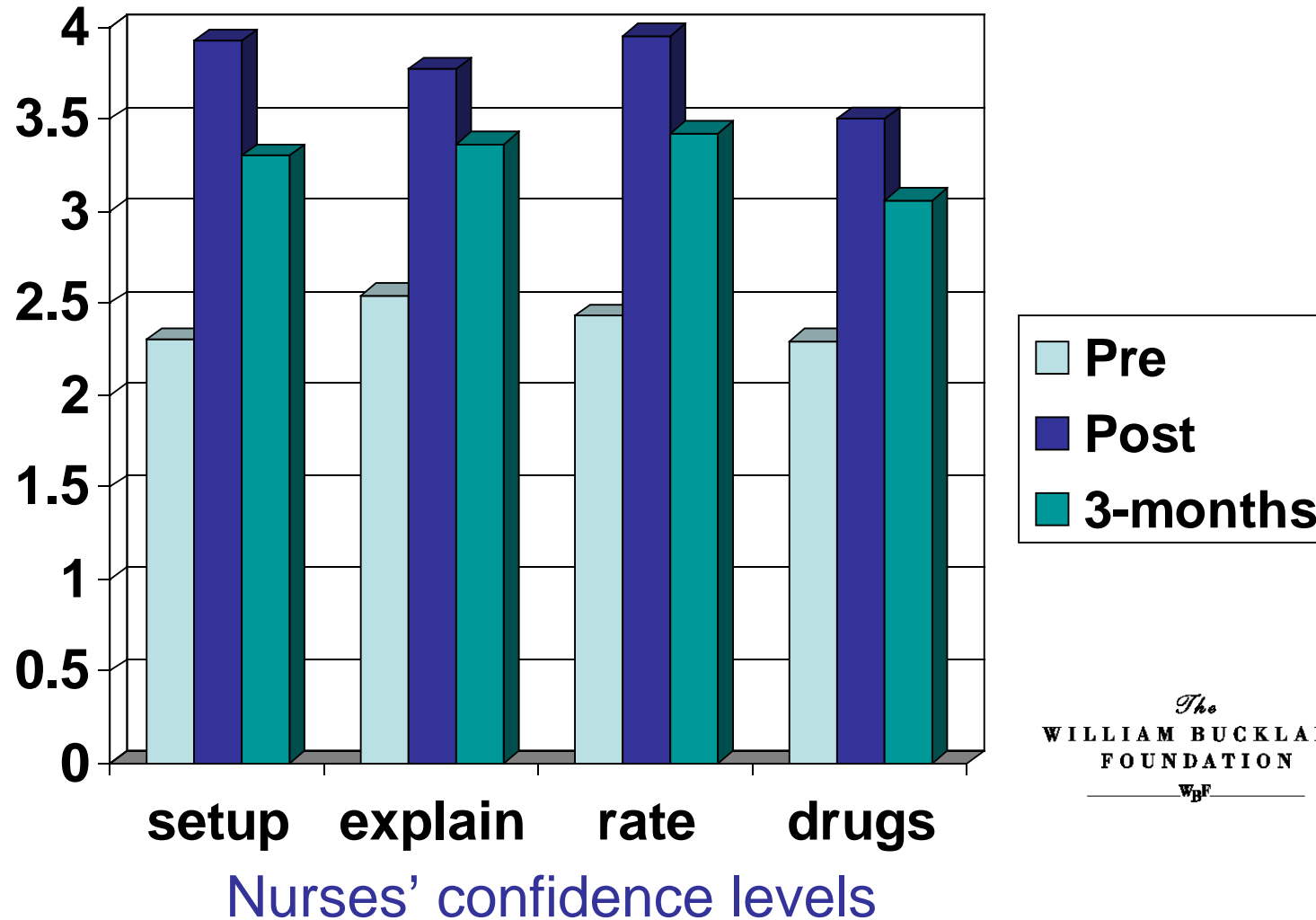
- **Funding**

William Buckland Foundation – multiple pc projects

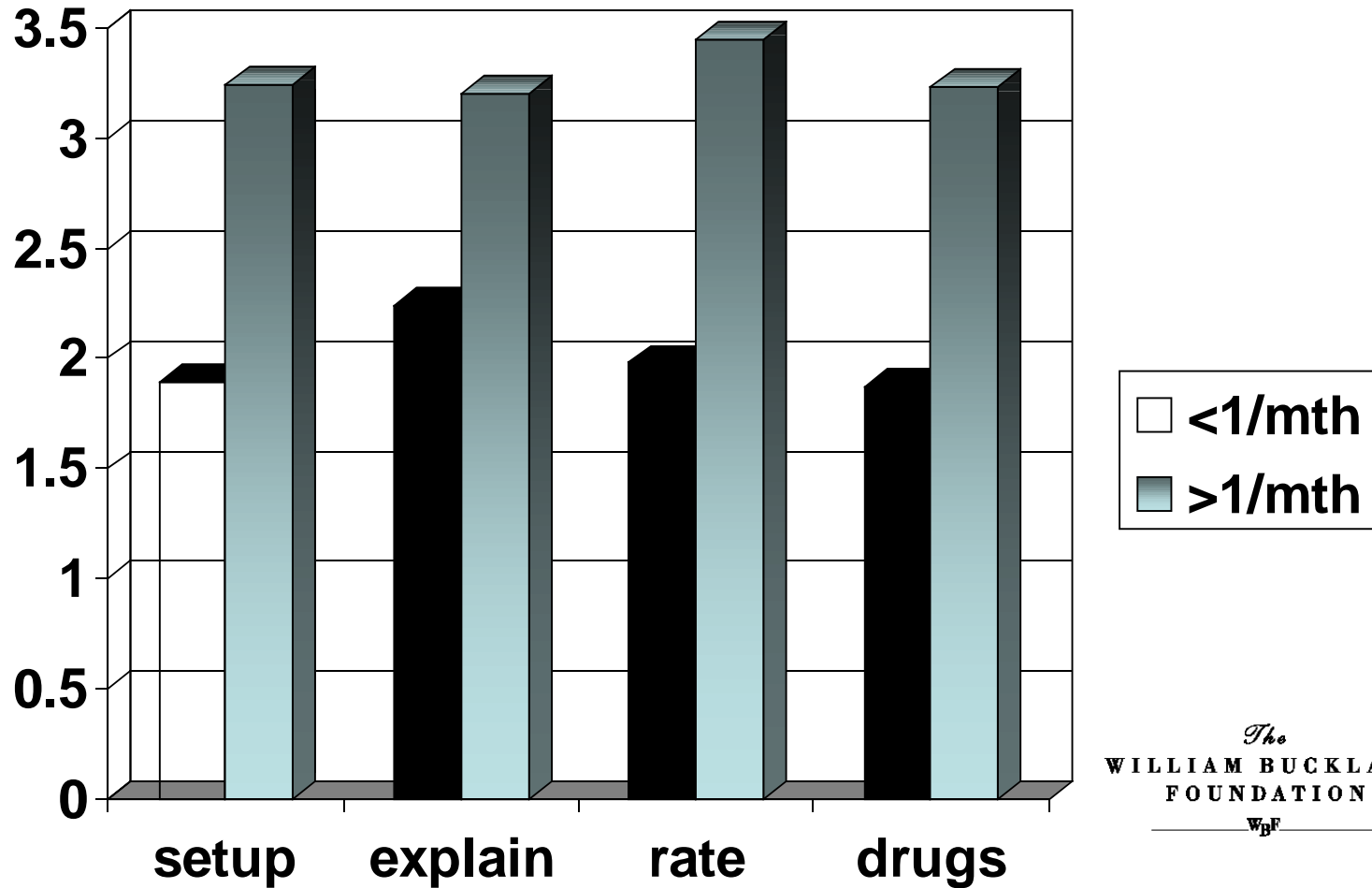
Why did we do this?

- Some unsafe practices -> **deaths**.
Drivers OK, human error or tampering?
- Several non-fatal incidents in this region
- Recent Coroner's cases
- **Standardise procedures** -> safe use of **MS 26**
- Improve **drug knowledge** for **SD** use
- Improve **cannulation site management**
- Provide ongoing **support** & resource **contacts**

Graseby SD Training

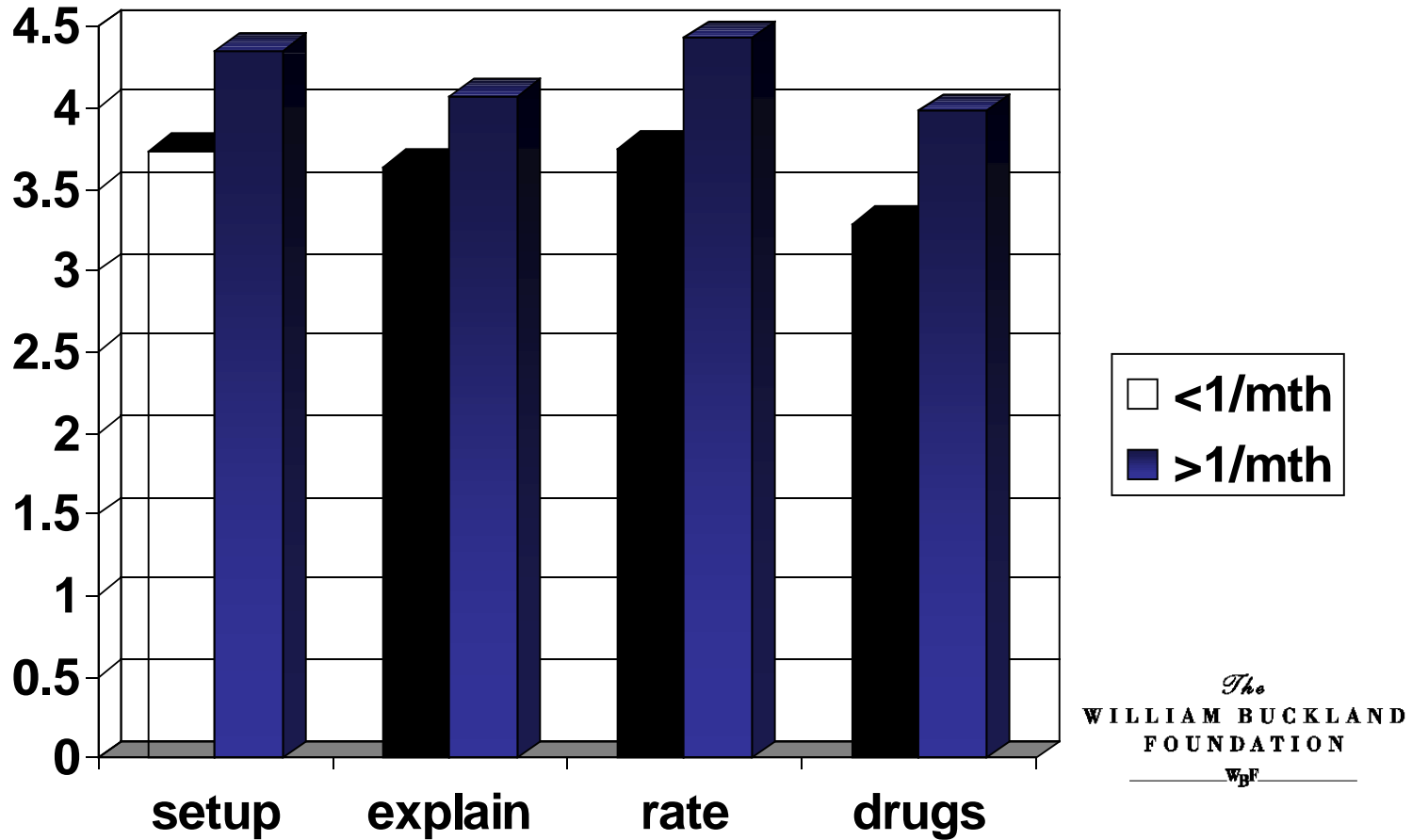


Confidence pre- x use of SD



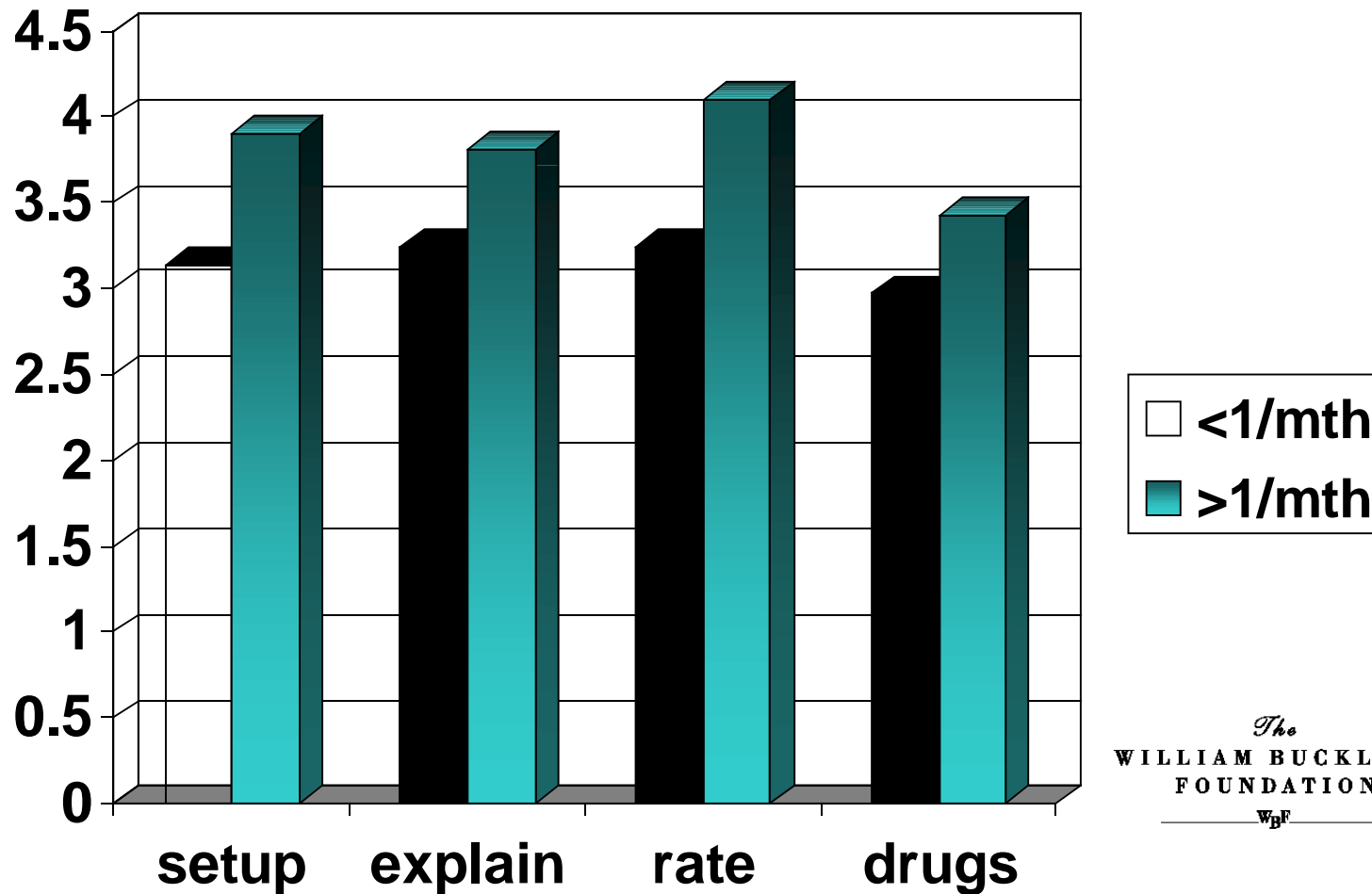
Nurses' confidence levels

Confidence post- x use of SD



Nurses' confidence levels

Confidence 3-months x use of SD



Nurses' confidence levels

Recommendations

Use it (GSD) or lose it (confidence, that is)

1. Read the training manual **monthly**
2. Work through **drugs' information** & exercises
3. **Practice** with a GSD
4. **Annual** face-to-face **update on drugs**

For a copy of the PowerPoint training presentation using GSD ,

E-mail: johnfi@bhs.org.au.

This research was presented as a paper at the Palliative Care Victoria Conference at Monash University, Gippsland Campus, in November 2004 and as part of a continuing professional development seminar for nurses in the Grampians Health Region in November 2004.

Participants in these sessions were given a copy of the nurses' handbook, developed for the half-day training program, and it is also being distributed where needed by the regional palliative care nurse in the Grampians Health Region.

A paper entitled, 'Evaluation of training on the use of Graseby syringe drivers for rural nonspecialist nurses' was published in the *International Journal of Palliative Nursing* in February 2005. This article has drawn responses from England, Wales, New Zealand and South Australia.

A presentation was also made on this research at the International Hospice Conference in Seoul in March 2005.

**The Acceptability and Usefulness of the
Medical Treatment Act 1988 (Vic)
for
Palliative Care
in the *Grampians Health Region*
*Victoria***

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Investigators

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Ms Margaret Brown

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Mrs Jan Milliken

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Palliative Medicine, University of Melbourne

Consultant, University of SA

Project Manager, GRPCS

PCNC, Ballarat Hospice Care

Background

The Medical Treatment Act (**MTA**) **provides** individuals with the **legal right to refuse medical treatment in advance of incompetence**.

Schedule 1 - *Refusal of treatment certificate*

Schedule 2 – *Enduring Power of Attorney (medical treatment)*.

However **few** people **know** about this legislation.

Aim

To **explore** the usefulness and acceptability of **the MTA** 1988 (Vic) for **palliative care** in a rural region of Victoria.

Participants

All competent adult patients at Ballarat and Wimmera Hospices July-December 2004 were invited to participate.

Method

Palliative Care patients were **given material** explaining the MTA Schedules **and opportunity to discuss** them.

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Findings

1. *Timing is crucial*

Nearly **half** the palliative care **patients** (47%) in Ballarat and Horsham were **too sick** to comprehend /discuss information in the pack. **22%** were **not interested**; **31%** were able to be **interviewed**.

2. *Understanding of the Medical Treatment Act*

78% had **not heard of the** Medical Treatment **Act**.

71% **knew** of their **right to refuse** medical treatment.

Only **39%** **knew** the **difference** between Enduring Power of Attorney and Medical Power of Attorney after reading the material.

3. *Acceptability of the MTA*

Rate of interest in the forms:

Schedule 1 – Refusal of medical treatment certificate - competent patient

Schedule 2 - Enduring Power of Attorney (Medical Treatment)

	Schedule 1 only	Schedule 2 only	Both 1 & 2	total
none				
5 18%	4 14%	11 39%	8 29%	28

How worthwhile was the process?

Most **patients** were very **positive about** the process of **discussing the forms**. **89%** said it would give **more peace of mind**.

PCNCs reported that the introducing this information to the patients engaged them in a different way and created opportunities to discuss issues which otherwise might have been more difficult to discuss.

4. Patients need a guide to work through the MTA

Many participants stated that their **concentration** span has been **reduced** by illness and/or medication. Some felt overwhelmed by the need to read the forms and book at such a critical time in their lives.

Even though the **MTA Information Pack** was **considered easy** enough to read, many of the participants believe:

*It **should be explained** by people who can communicate well with older people.*

5. Medical and nursing staff need training:

to **understand** the intricacies of **the Act**.

to **explain** it **in simple language**.

to **present** it **at an appropriate time** for pc patients.

When this project was reported in a poster presentation at the Palliative Care Victoria Conference at Monash University, Gippsland Campus, in November 2004 and as part of a continuing professional development seminar for nurses in the Grampians Health Region in November 2004, it showed just how unaware the nurses were of the details in the Medical Treatment Act. A presentation was made at the Palliative Care Australia Conference in Sydney August 2005.

A paper entitled, 'Advance directives in action in a regional palliative care service: "Road testing" the provisions of the Medical Treatment Act 1988(Vic)' was published in the *Journal of Law and Medicine*, November 2005.

Improving Access to Clinical Information in After Hours Palliative Care

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Investigators

Dr David Brumley
Prof Michael Ashby
Dr John Fisher
Ms Heather Robinson

Director, Grampians Regional PC Service
Palliative medicine, University of Melbourne
Project Manager, GRPCS
Executive Officer, Ballarat Hospice Care

Background

Most pc **patients prefer to be at home** and to die at home.

Need support of GP and PC nurses.

Current **information sharing** between carers is **incomplete**.

Difficulty providing optimum continuity of **care After Hours**.

Hypothesis

Provision of clinical information to nurses and doctors providing After Hours care to pc patients will result in improved patient, nurse and doctor satisfaction and/or reduce the rate of unwanted hospital admissions for terminal care.

Participants

All adult patients in Ballarat Hospice Care June - August 2004.

Method

Essential medical data relating to the history and current condition of any unstable patients was sent by **fax each week day to doctors** responsible for patients' After Hours care & on **Palm Pilot for nurses** 'on call'.

- **'AFTER HOURS' INFO SHEET**

UR No.:

- **Name:** **Address:** **Phone:**

DOB:

- **Carer Name:** **Relationship:**

Phone:

- **GP Name:** **Phone:**

Fax:

- **NOK:** **Phone:**

- **Specialist:**

- **Brief History:**

- **Primary Diagnosis:**

- **Secondary Diagnosis:**

- **Current Clinical Condition:**

- Stable Unstable Deteriorating Terminal

- **Current treatment:**

- **Symptoms:** Severity 1 -10

- Pain 1 Pain 2 Nausea / Vomiting Drowsiness

- Dyspnoea Mobility Anxiety Depression

- Appetite Constipation Restlessness/ agitation Fatigue

- **Current medications:** **Allergies:**

- Drug Name Dosage / Route Recent changes/Problems

- **Expectations of Care:**

- Preferred Place of Care Preferred place of dying Treatment options

 Patient

 Carer

- Last updated:

Findings

1. **Predicting unstable patients:**

- a. **Difficult to predict call-outs** -> patients who had sheets faxed did not have call-outs, others did.

- e. Feedback from **GPs indicated** that **material** was **useful** when needed.

2. **Benefits for Nurses:**

- h. Updating Information **Sheets** daily **aided** nurses' **reporting**, especially Expectations of Care. Very specific comments were noted.

- j. After initial concerns, nurses found the **forms** (**MS Word** documents) and **computers easy to use** and very beneficial to practice.

- c. **Nurses' confidence markedly increased**, because of immediate access to each patient's:
 - i. full medical history
 - ii. treatments
 - iii. current status
 - iv. up-to-date meds list
 - v. progress notes
 - vi. risks and problems
 - vii. symptom control
 - viii. contact information
 - ix. Doctors' letters

- a. Nurses **saved time** not having to go to the office to collect patients' notes.
- c. **Nurses sounded informed** to patients and doctors, because they were **empowered by information** on the Palm Pilot.
- e. Nurses **respond to pager rapidly** and give accurate information for all patients, even those they have not previously seen.
Reduces worry about not knowing patients.
- g. **Patients do not** need to **repeat** their medical **history**.
- h. Nurses felt **more confident** with **assessments**, so **patients' outcomes** were **improved** due to increased knowledge of nurses.
eg, **reduced** chances of **error** when administering drugs.
- i. Nurses can **give** more **thorough information to GPs and A&E** when necessary, to help provide more sound medical treatment.
More professional practice.
Nurses can confidently tell Drs to 'Call back if more information is needed.'

When this project was reported in a poster presentation at the Palliative Care Victoria Conference at Monash University, Gippsland Campus, in November 2004 and as part of a continuing professional development seminar for nurses in the Grampians Health Region in November 2004, it drew considerable attention when the nurses saw how simple, yet effective the process was.

A paper was presented on it at the International Hospice Conference in Seoul in March 2005.

A poster presentation was made at the Palliative Care Australia Conference in Sydney August 2005.

A paper entitled, 'Improving access to clinical information in after hours community palliative care' was published in the *Australian Journal of Advanced Nursing*, September-November 2006.

Developing and using the Information Sheet about PC pts:

2. GPs and PC nurses' ideas led to key data on a ***single A4 sheet***.
2. Takes one hour to set up each new **patient's file** (as a **Word document**) on the Hospice computer. **Very simple & economical.**
3. **Each day**, PC nurses **update** nursing **notes** on Hospice computer.
4. PC nurses tried to predict which patients were unstable enough to possibly lead to callout After Hours. **Information sheets** for these patients were **faxed to** patients' home **GPs**.
5. The current **Information Sheet**, together with PCNC's initial assessment notes, any letters to GPs and/or referrer, specialist appointments, hospital discharges, etc scanned into files for all patients **on a Palm Pilot** for nurses **'on call' After Hours**.

New project

The After Hours project laid the foundation for an application to the Federal Department of Health & Ageing under the Local Palliative Care

Grants Program Funding Round Three – Care Planning.

The application was granted \$187,500 from July 2006- October 2008 for a project entitled 'Listen up! Hearing all the voices in caring for palliative patients in a regional/rural setting.'

This project aims to develop a process to allow sharing of patient information between all carers working with palliative patients, and to develop a process to address advanced care planning, which may involve crisis situations and advance directives.

***Phase I/II Trial
of Intranasal Sufentanil
for Breakthrough Cancer-associated Pain
(in patients at Gandarra Palliative Care
Unit, Ballarat Health Services)***

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WBF

Investigators

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Monash Medical Centre

Director, Grampians Regional PC Service

Palliative medicine, University of Melbourne

Project Manager, GRPCS

Aim:

That application of **intranasal Sufentanil** will be a simple, safe, effective and patient friendly method of **opioid breakthrough dosing** in palliative care **patients with cancer**.

Method:

Cancer patients who fit the inclusion criteria and have **opioid responsive pain**, are invited to trial the IN administration of Sufentanil (a morphine-like painkiller).

Two phases – *dose titration phase* and *ongoing phase* if/when an effective dose is reached.

The **Verbal Ratingpain Scale** is used to monitor all patients' pain levels, with additional questions on **patient acceptability** and **monitoring** to detect any **nasal adverse effects**.

Information from this study will help **improve patient treatments** in future and results in **better overall pain control** for the study patients.

Case study: 40+ yo woman with ca breast and bone metastases, was able to paint & garden; Pain 7->0 in 20 mins, 5->0 in <10 mins -> **improved quality of life** with IN Sufenta.

This project was reported in a presentation at the Palliative Care Victoria Conference at Monash University, Gippsland Campus, in November 2004 and as part of a continuing professional development seminar for nurses in the Grampians Health Region in November 2004.

A presentation was also made at the Palliative Care Australia Conference in Sydney August 2005.

Extension project.

Ethics approvals have been granted for IN sufenta to be used in a follow-up study of breakthrough pain associated with radiotherapy treatment at Ballarat-Austin Radiation Oncology Centre (BAROC).

Implementing a Palliative Approach in Residential Aged Care (PARAC)

Help is being provided for staff implementing a palliative approach in Residential Aged Care Facilities throughout the Grampians Health Region.

Based on needs' surveys done in 2005, two PCNCs have provided four Short train-the-trainer programs for RACF staff in the GHR, approximately one month apart. Topics included:

Introduction to PARAC	Quality of life
Medical Treatment Act – Advance Directives	End-of-life care
Spiritual issues in PC	Grief & bereavement
Communication	Self care
Family meetings	Liverpool Care Pathways
Pain management	

The results of the program are currently being analysed.

A preliminary report on this project was presented at the Palliative Care Victoria conference, La Trobe University Bendigo, July 2006.

Spiritual well-being among health service providers

Fisher's Spiritual Well-Being Questionnaire (SWBQ) is being used to investigate how the personal beliefs and experiences of health services' staff relate to their perceptions of help provided to clients for SWB (in Ballarat Health Services, St John Of God Healthcare and hospices).

Presentations have been made on this research at the Palliative Care Victoria conference, La Trobe University Bendigo, July 2006 and the Australian and New Zealand Society of Palliative Medicine biennial conference, Newcastle, October 2006.

For further details, please e-mail: johnfi@bhs.org.au.

Family Caregiver Education program

The education program for family members/carers, of patients registered with regional palliative care services, has been extended from a trial run at Ballarat Hospice last year and formally evaluated.

(This project was Funded by Bethlehem Griffiths Foundation, in conjunction with the Centre for Palliative Care, Melbourne)

Multidisciplinary Palliative Care Education

Our services were provided to evaluate the effectiveness of two-day workshops on 'Palliative Care: The Essentials' run in four Victorian centres (by the Centre for Palliative Care, Melbourne) in 2006.

(Funded by Australian DHA through Victorian DHS)

These workshops were well received by the 500 allied health workers, doctors, nurses and PCAs who participated in them. Calls for further, similar courses were made by those involved.