

# PEPA

**Program of Experience in  
the Palliative Approach**

Funded by the Australian Government  
Department of Health and Ageing

THE NATIONAL  
PALLIATIVE CARE  
PROGRAM

Developing the Primary Care Workforce in  
Palliative Care: Outcomes from the PEPA initiative.

Linda Barrett

Queensland University of Technology/

Centre for Palliative Care Research and Education

# Acknowledgements

- All personnel at palliative care facilities who have mentored PEPA participants
- Professor Patsy Yates
- Project Officers at the Department of Health and Ageing
- State and Territory PEPA Managers
- Chris Knight – Research Assistant, QUT

# Program of Experience in the Palliative Approach PEPA

- Funded by the Australian Government Department of Health and Ageing under the National Palliative Care Program
- Offered in partnership with state and territory health departments.

THE NATIONAL  
PALLIATIVE  CARE  
PROGRAM

# Aims and Objectives of PEPA

- Build the capacity of primary health care practitioners to provide a palliative approach to care for people with life-limiting illness and their families
  - Enhance the skills and experience of primary health care personnel in providing care for people who have a life-limiting illness
  - Increase the networks and links between primary health and palliative care settings

# Three Components

- Clinical placements (up to ten days) at a specialist palliative care service
- Undertaking an activity in their own workplace following the placement
- Foster ongoing networks between primary health and specialist palliative care settings

## 2004 - 2006

- Nurses
- Allied Health Practitioners
  - Primary Health Settings eg:
    - Aged Care Facilities
    - Community Health / Domiciliary Services
    - General Practice – Practice nurses
    - Staff from rural hospitals

## 2005 - 2006

- General Practitioners and other medical practitioners from rural and remote communities
- Specialist palliative care staff

# PEPA Evaluation

- Three levels of the Caring Communities Programs
  - Consumers
    - PEPA participants and their employers
  - Providers
    - Host sites
  - Systems / Demographic data
    - Number, discipline, setting, geographical location

# PEPA Consumers

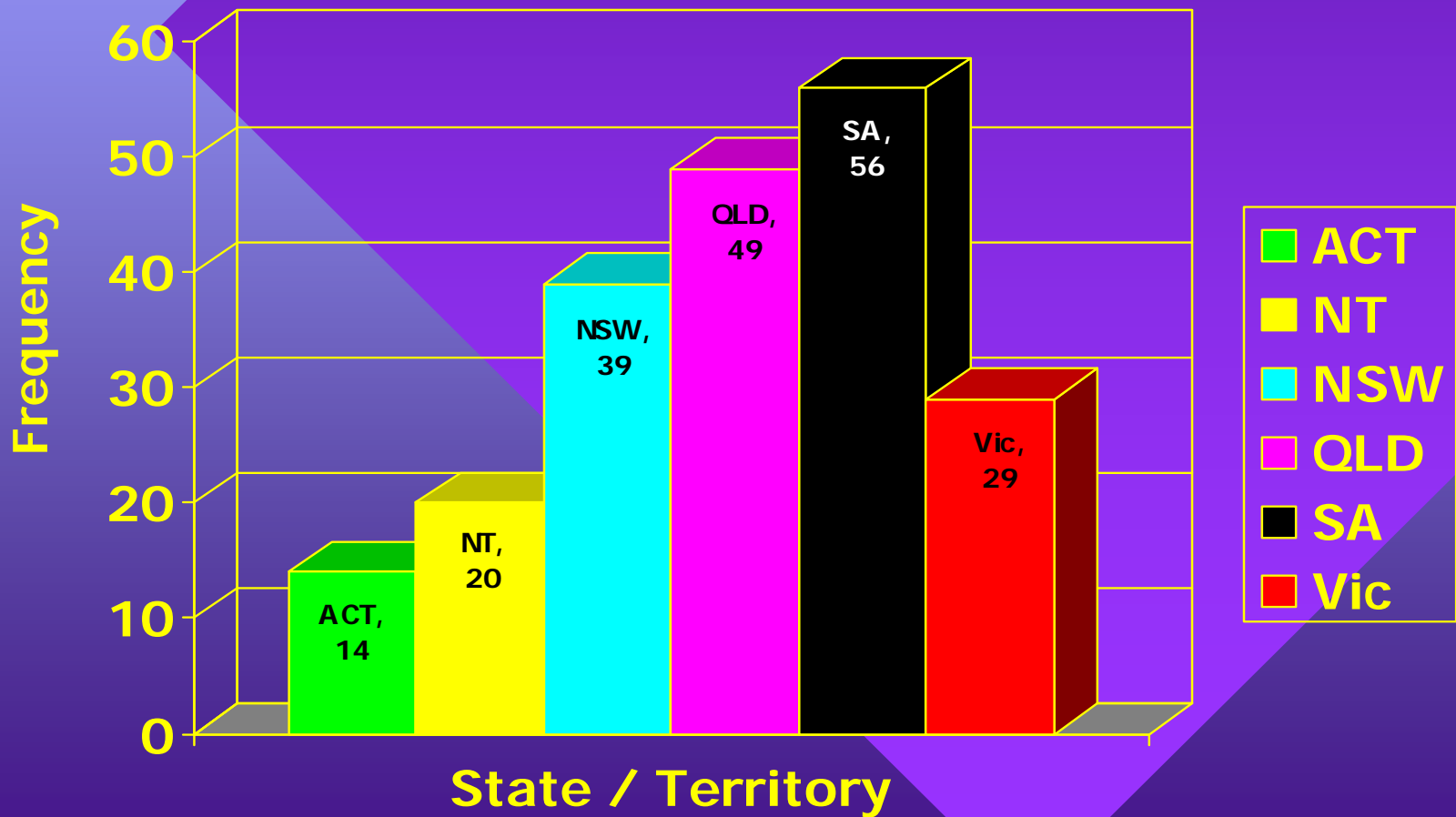
- Participants
  - Pre-placement survey
  - Post-placement survey distributed three months following completion of their placement
- Employers
  - Survey distributed three months following completion of their employee's placement

Surveys have items with fixed-choice responses and open-ended questions

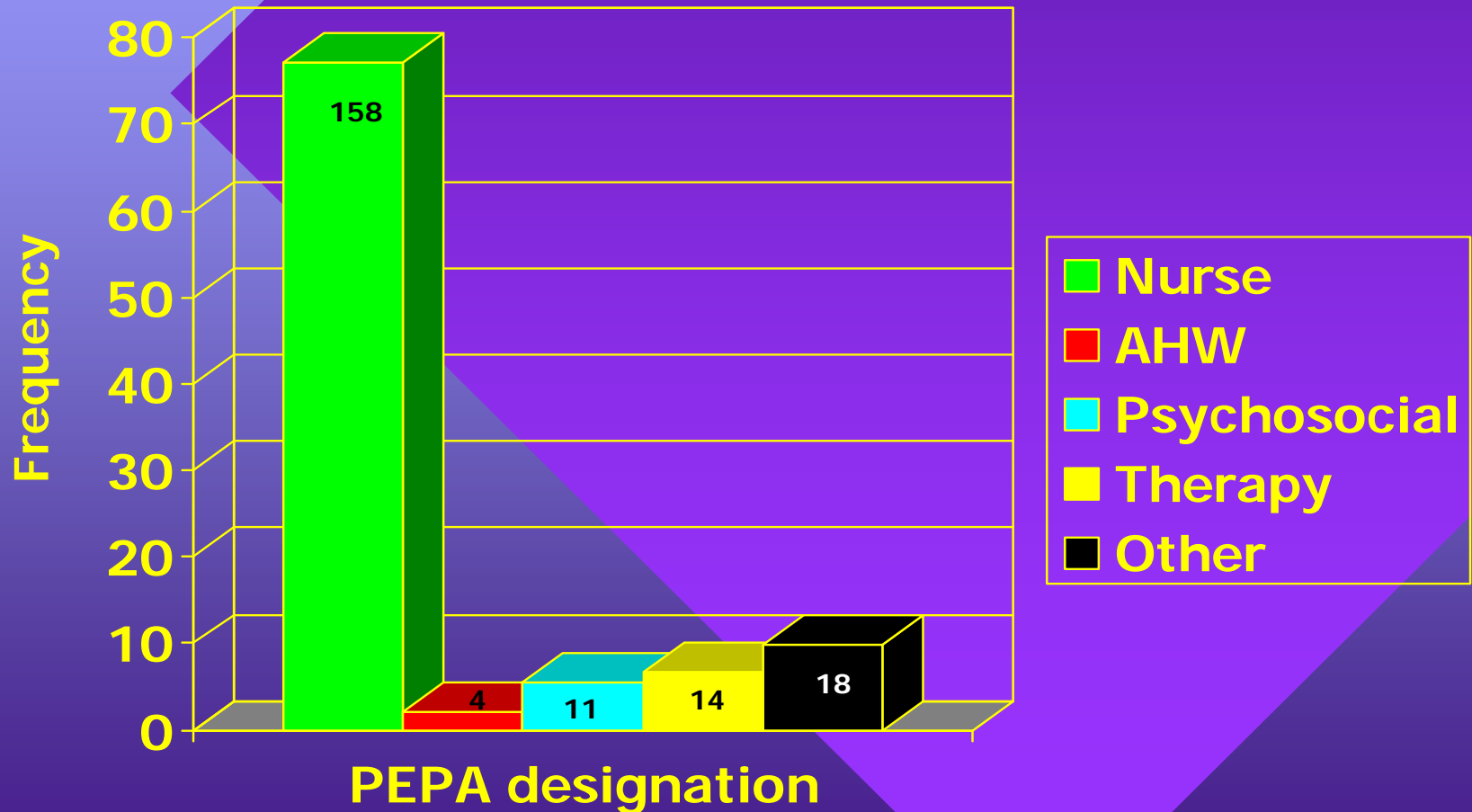
# PEPA Providers

- Host sites
  - Survey distributed within one month of the placement

# Demographic Data: 207 participants who have completed pre-placement survey.



# Designation of participants



# Practice setting of the participants (n=204)

	Frequency	Percent
Community	61	29.9
Aged Care	81	39.7
Hospital	62	30.4

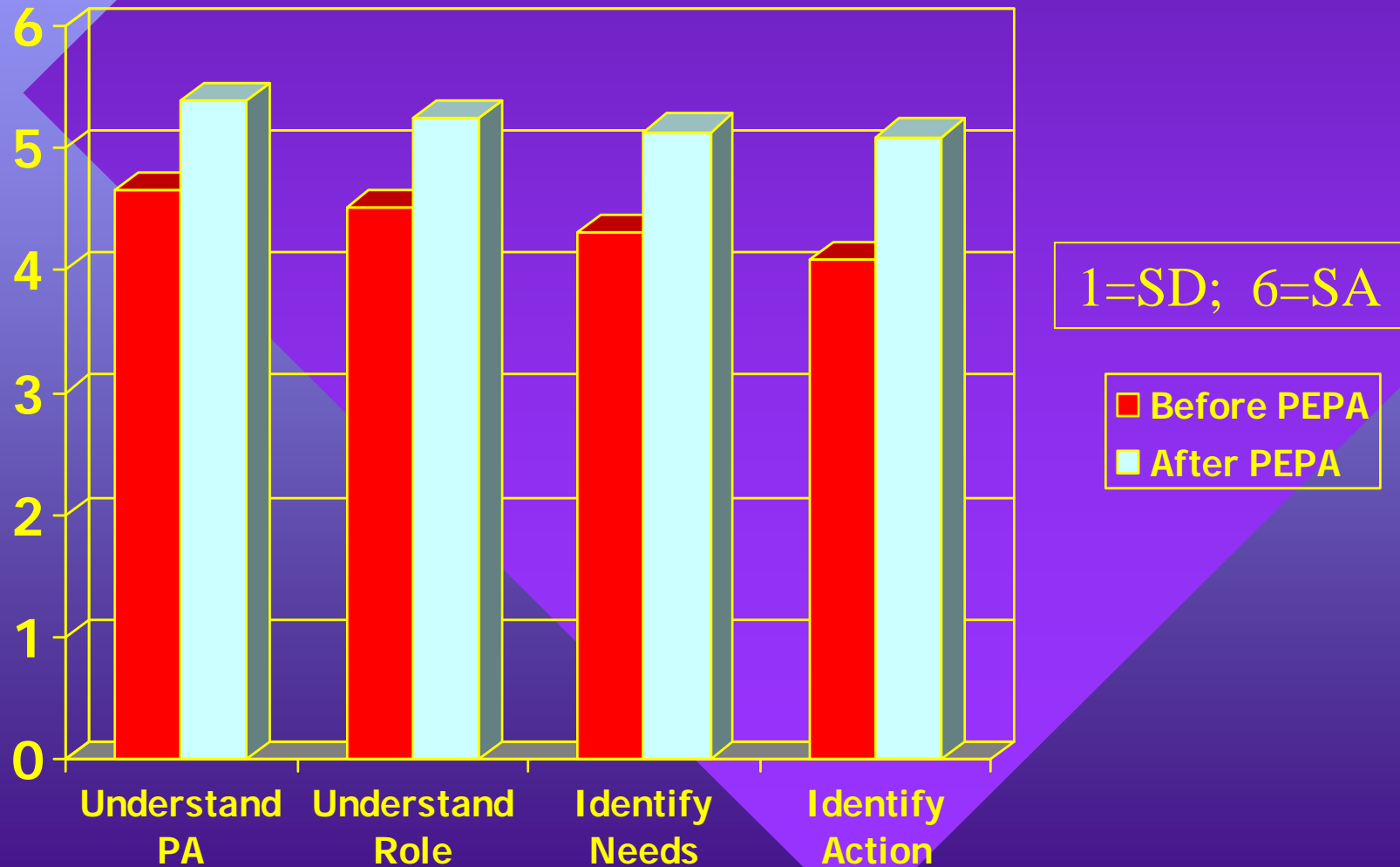
# Geographical location of the participant (n=205)

ARIA Code	Frequency	Percent
Highly Accessible	90	43.9
Accessible	47	22.9
Moderately Accessible	39	19.0
Remote	15	7.3
Very Remote	14	6.8

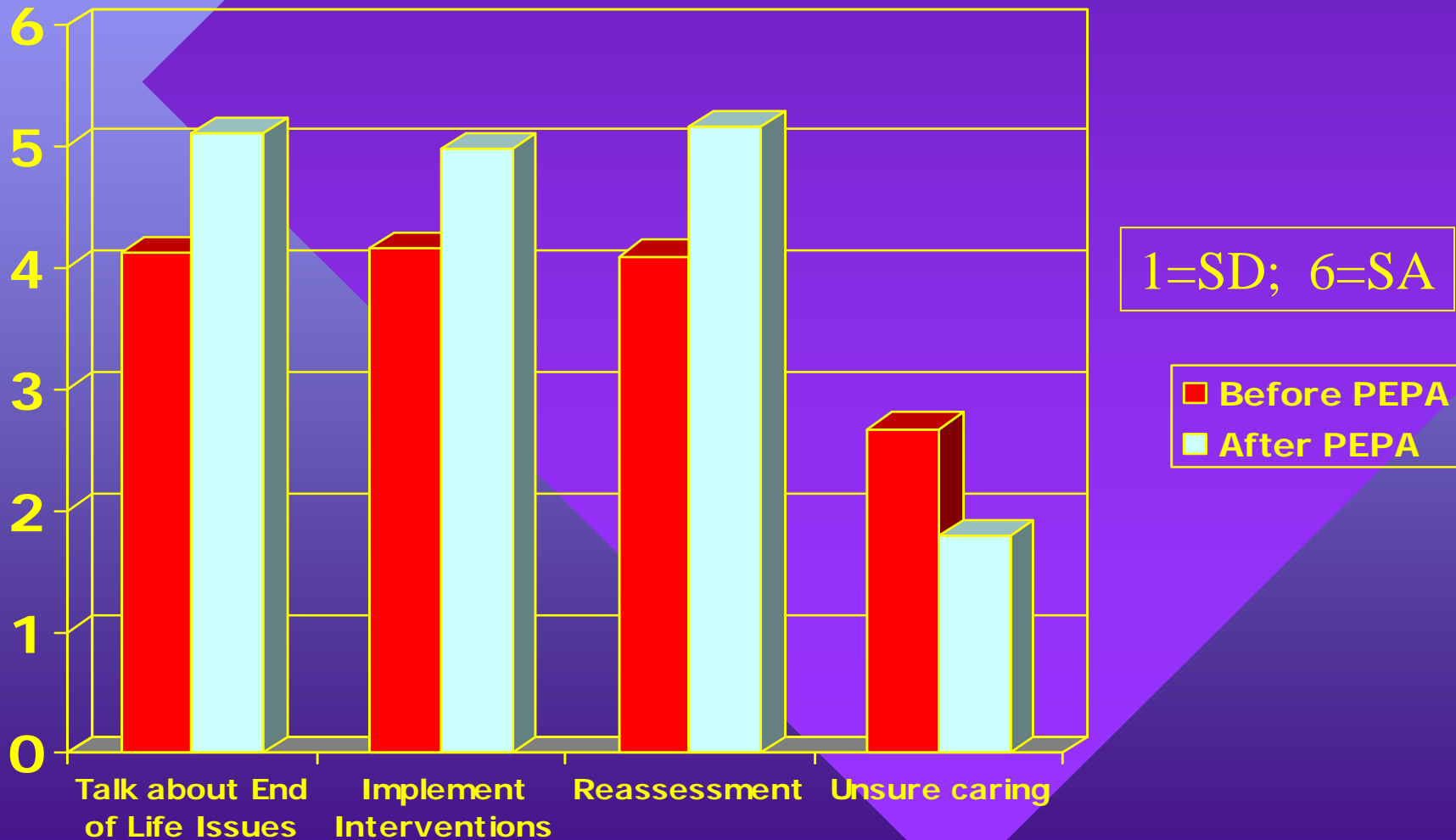
# Preliminary results

- Early in the evaluation of PEPA
- 66 PEPA participants have completed pre and post- placement surveys
-

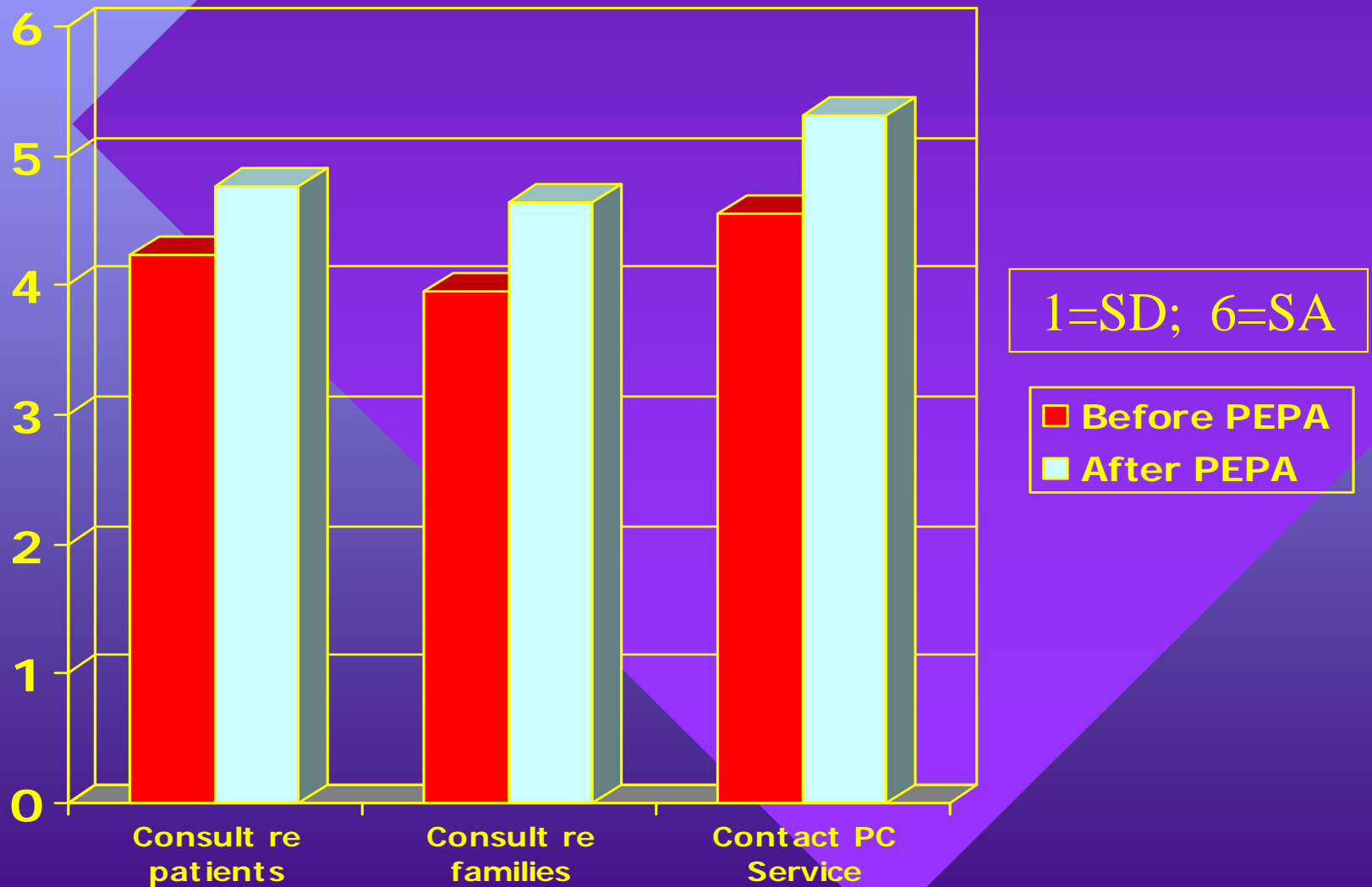
# Understanding & Confidence assessing needs



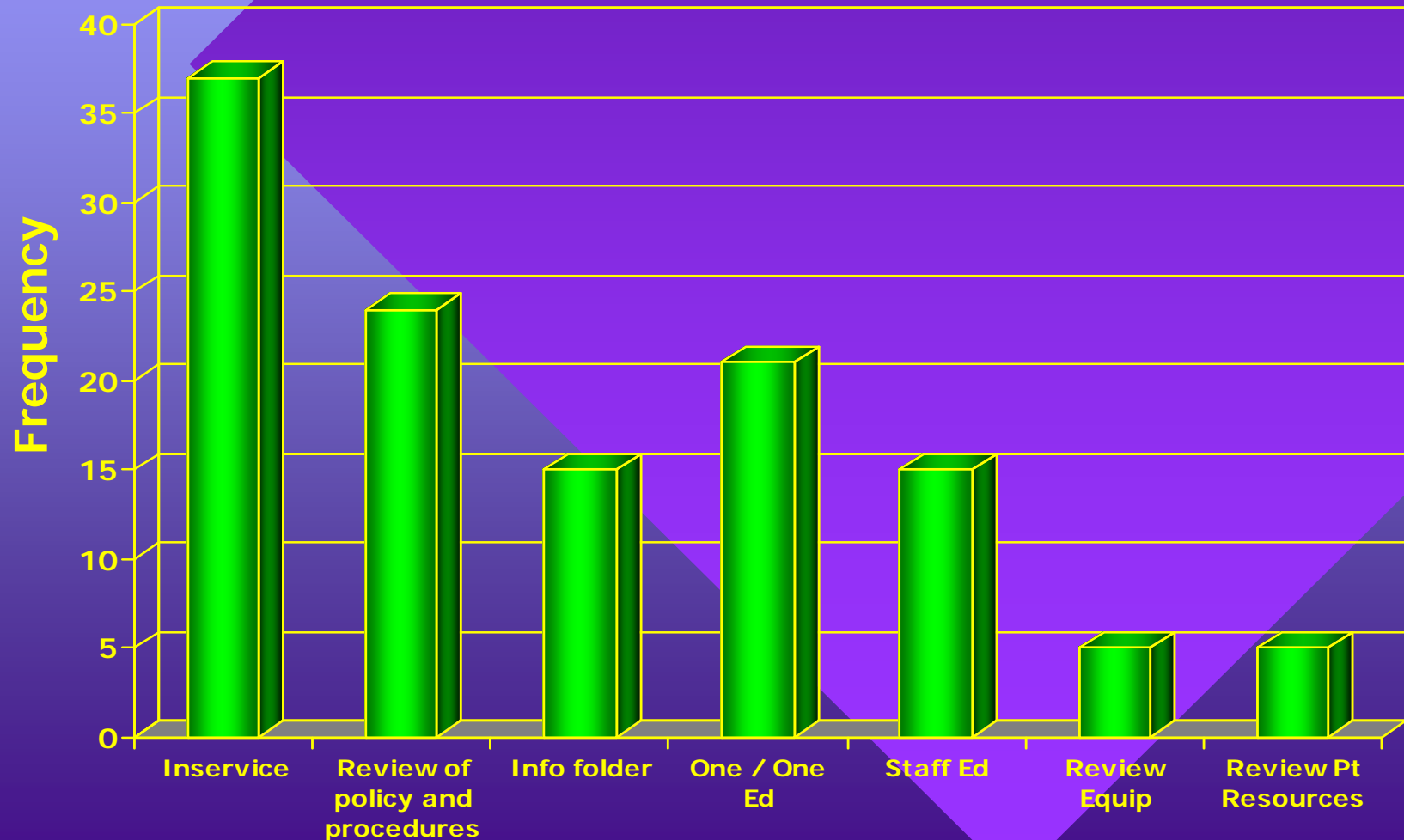
# Confidence providing care



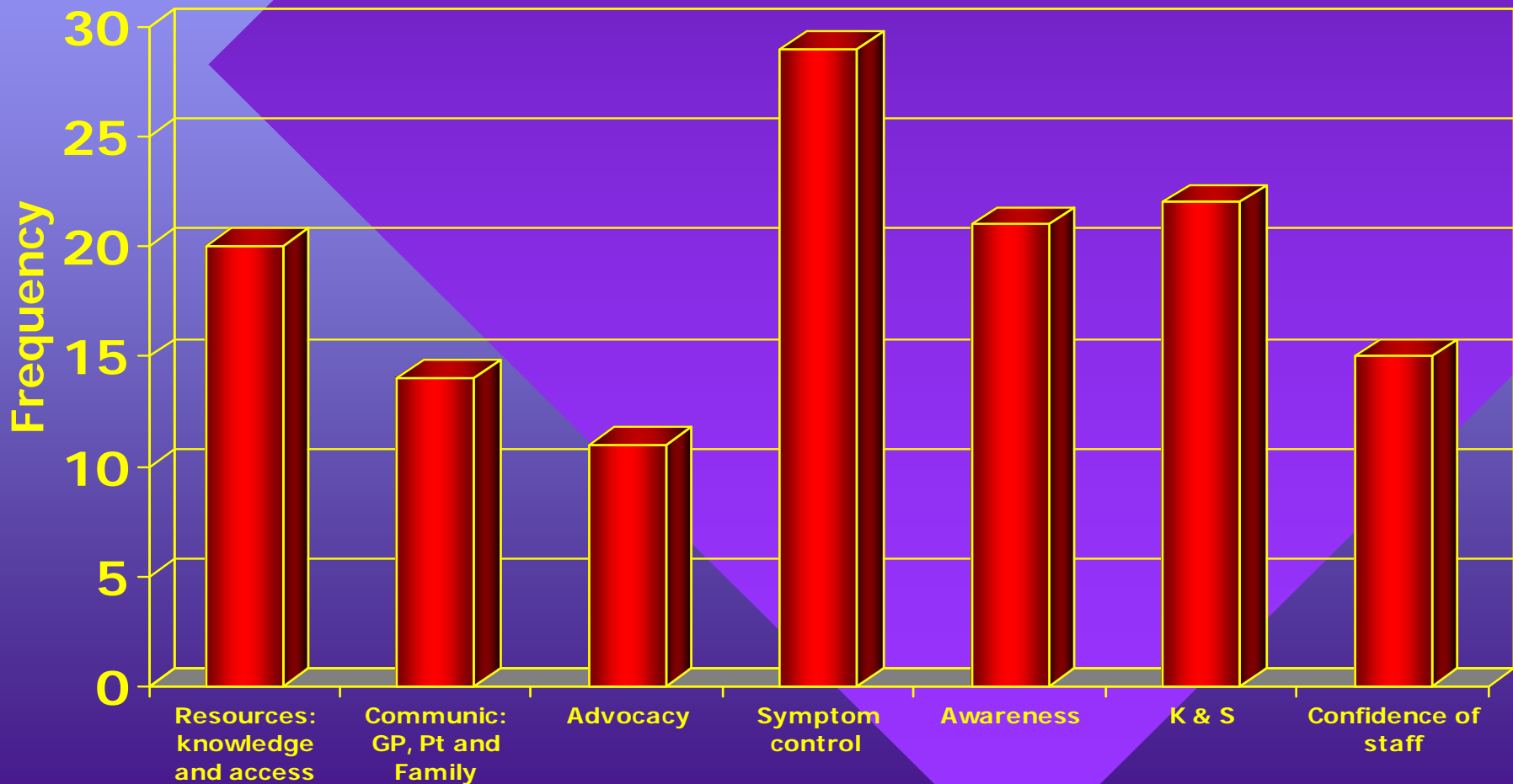
# Consulting with other services



# Activities undertaken in Primary Health setting following PEPA (n=72)



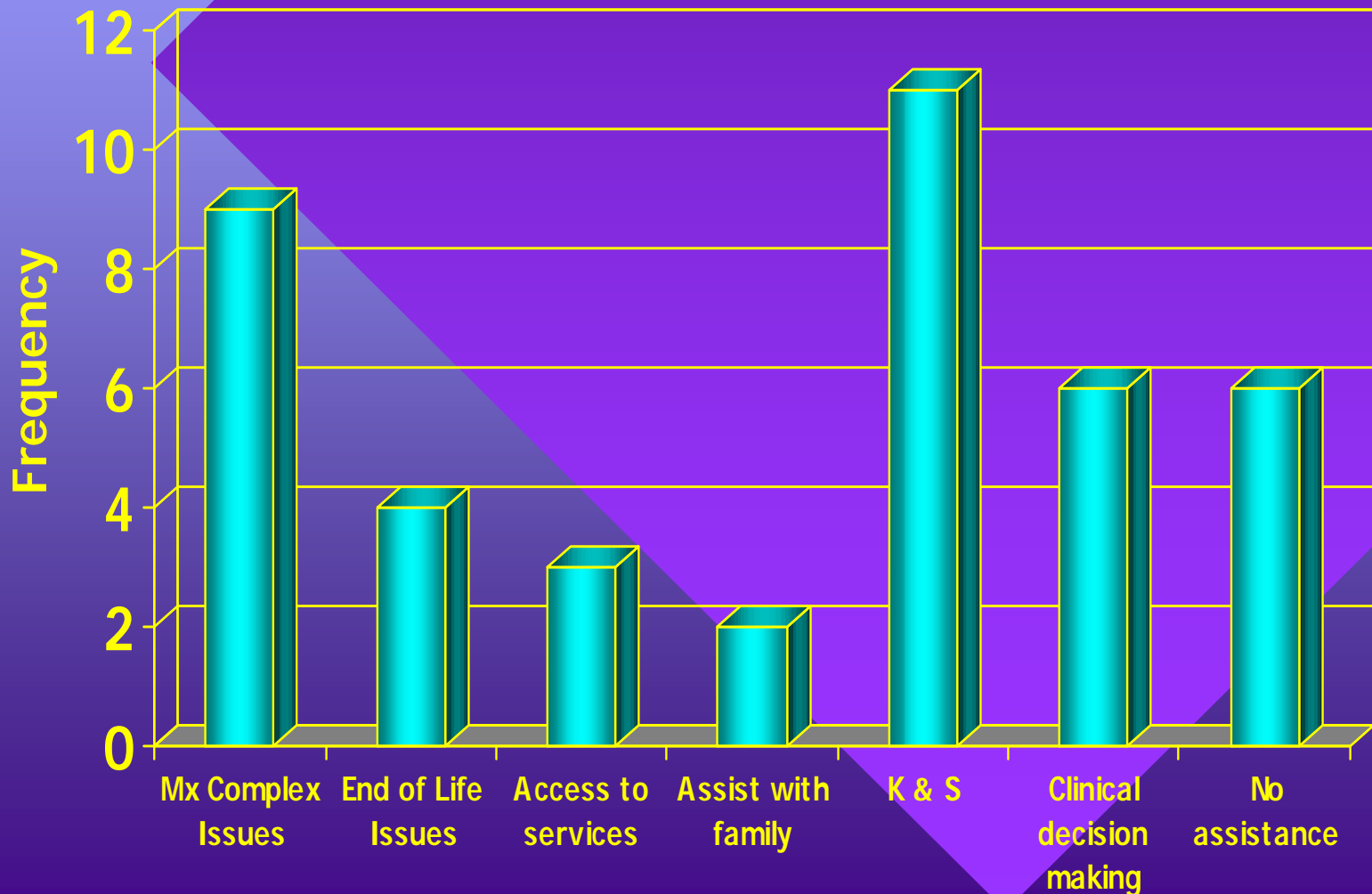
# How has post PEPA activity influenced the care? (n=69)



# Contact with Palliative Care host site following placement

- 77 post-placement responses
- 35 participants have maintained contact with their host site

# How has post-placement contact assisted your practice? (n=35)



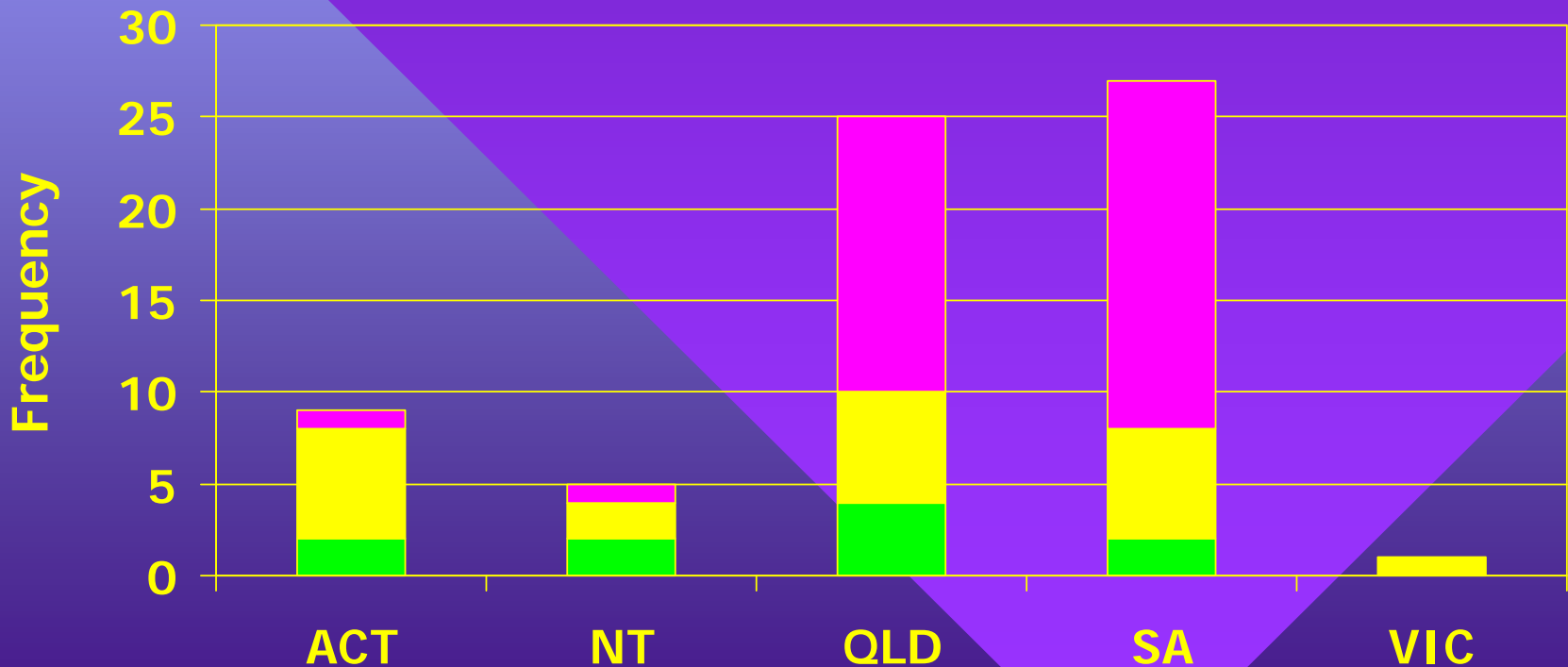
*I have confidently approached a person with life limiting illness, discussed with her about her pain management, got through to the family, GP and care was implemented smoothly. (A5)*

*Confidence and knowledge for early recognition (of symptoms) and management of end of life care....confidence to ring the GPs. (A1)*

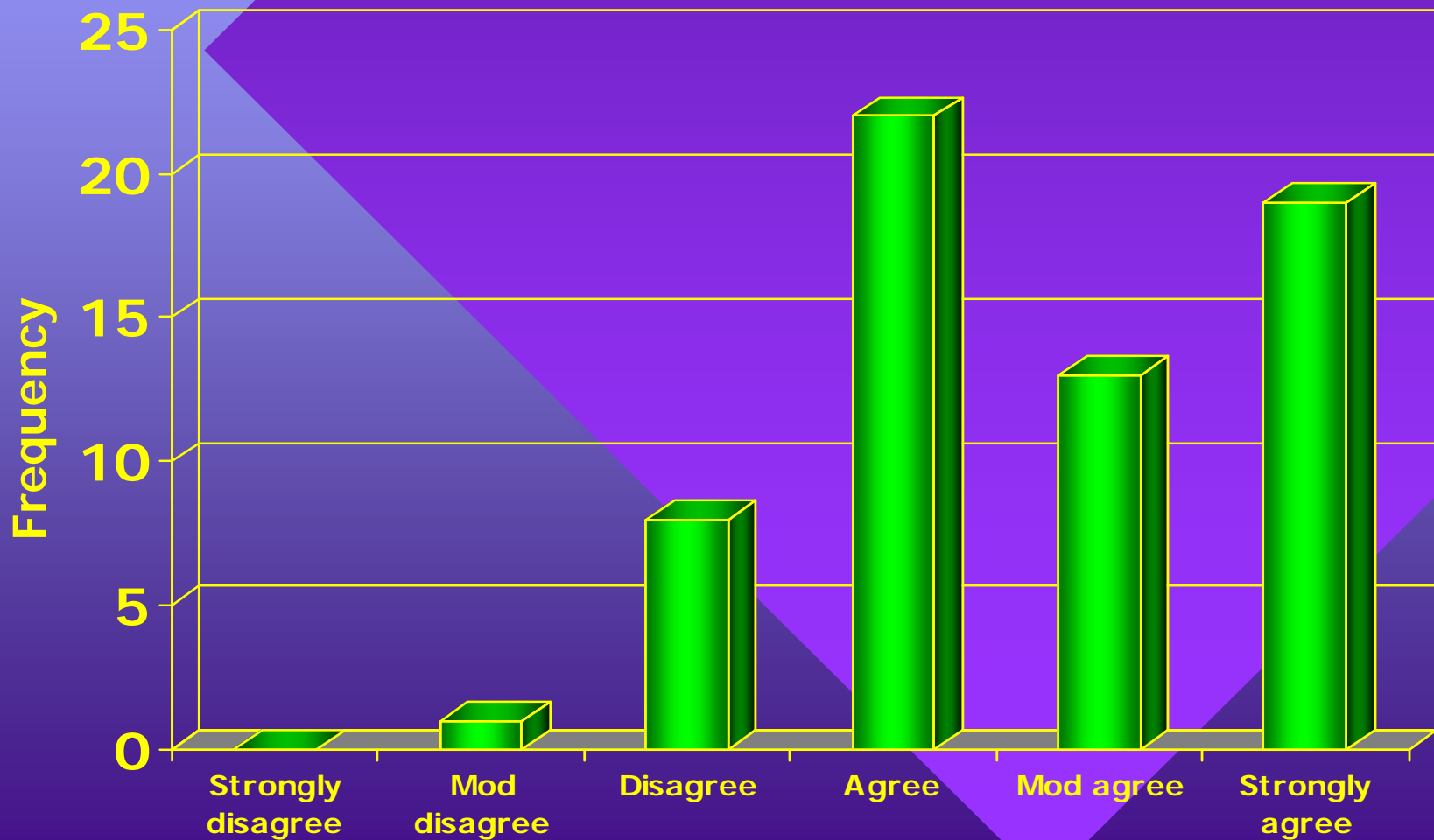
*More assertive in advocating for patients and following up regarding their care. (S9)*

# Employer practice setting (n=67)

Community Aged Care Hospital



# Increased capacity for supporting people with life-limiting illness (n=63)

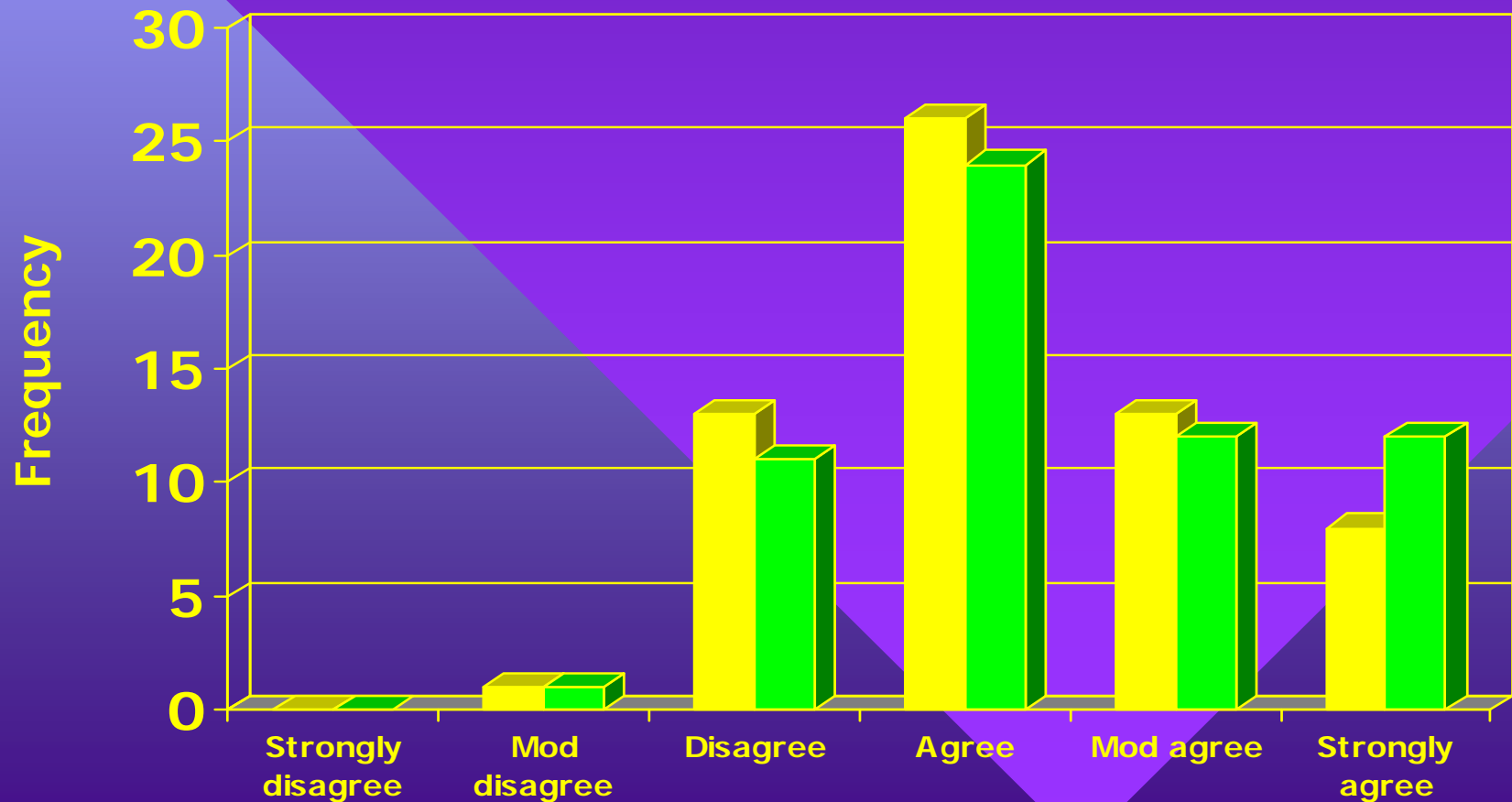


# Examples of Organisations' Increased Capacity (n=49)

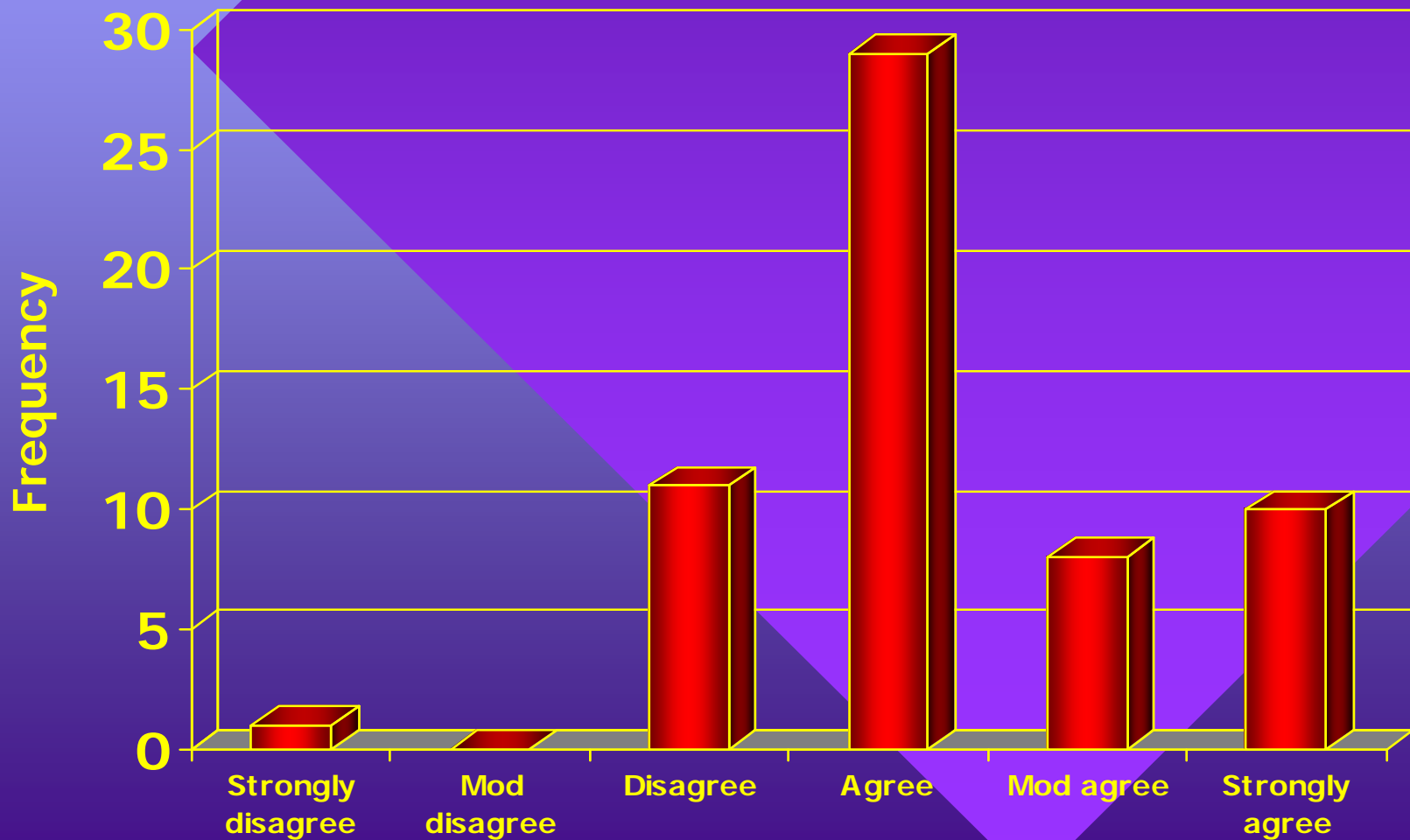
- **Increased Knowledge and skills - 27**
- **Review of procedures and implementation of change – 14**
- **Improved access to resources – 16**
- **Increased communication with other service providers – 13**
- **Review of service and resources - 10**
- **Increased awareness of palliative approach - 12**
- **Improved team approach to care – 4**
- **Increased confidence – 5**
- **Improved client care - 7**

# Communication and partnerships strengthened between organisation and specialist palliative care workforce since PEPA placement

■ Increased Communication ■ Stronger partnerships



# Increased communication with other health care disciplines in local community (n=59)



# Employers' comments

*Developing networks has been an exceedingly important component of the program - thank you for the opportunity. (S)*

*In supporting staff to gain additional skills there may be the opportunity for people to remain and be supported in the community for longer (D)*

# Employers' comments

*Having two staff members participate in this program has instilled a renewed interest and enthusiasm in other staff which has resulted in changes in practice and increased interest in evidence-based practice relating to palliative care. I have other staff who are interested in upskilling in this area as a result of hearing about PEPA from the two participants. (S)*

*Staff have increased knowledge to better care for these people - XX has been a resource person (Q)*

# Challenges

## For Participants

- Maintaining momentum at their workplace

*'Continuing ..... to improve the culture of our organisation towards a palliative approach'*

- Changing attitudes

*'Nurses' attitudes hard to change in workplace'*

## For Host Sites

- Offering ongoing support and assistance for the primary health setting

## For PEPA Management

- Promoting ongoing participation from host sites
- Promoting sustainability

# Program Challenges

To promote

- quality learning activities for the primary health care staff who undertake PEPA.
- quality activities in the workplace following PEPA
- the 'buy in' from other staff in the primary health workplace to support palliative approach

To recruit allied health staff and Aboriginal health workers into the program

To support palliative care providers

To enhance the networks and links between the primary health setting and the specialist palliative care community

# Overall -

- PEPA has been well supported by palliative care providers and the primary health setting
- Preliminary results suggest that PEPA may increase the capacity of the primary health setting to provide a palliative approach to care