

Palliative Care Discharge Planning Project

CPCRE

7th Annual Research Conference

18th April 2008

Researchers

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Background

Inadequate transfer of information to GPs & other relevant community-based personnel compromises the quality of care provided to patients, potentially undermining quality of life.

Background

Care planning, mobilised through patient-held records and case conferences, represents a means by which these difficulties may be addressed.

Project Aims

1. Develop a discharge planning process for palliative patients at RBWH aimed at improving communication between health care providers. This process will include:
 - a patient - held record
 - as - required case conferences
2. Test the effect of the intervention on patient and carer quality of life & function

Study Design

Five Phases

1. Systematic review of literature *and*

Data Collection - baseline

Patients, carers, hospital/community health professionals

2. Develop Intervention

Study Design

3. Pilot Intervention
4. Formal Data Collection
5. Process Evaluation *and*
Dissemination

Outcomes to Date

1. Data on discharge planning process to date
2. Identified the required content of the Patient-Held Record (PHR)
3. PHR developed
4. Case Conference proforma developed

Issues

- Inadequate information in the discharge summary. Acquiring information very time consuming but *verbal handover seems highly effective*
- Written medical summaries often late. Community provider visits “blind”

Issues

- Palliative care status often difficult to establish
- Considerable practical information but a lack of information about reaction to prognosis/diagnosis and patient's stage of acceptance
- Overwhelmed with information
- Information transfer not always co-ordinated. Often have to "repeat the story"

Intervention ~ Development

The Patient-Held Record aims to:

- Inform and involve patients in their care
- Facilitate communication between health professionals
- Avoid retelling the story
- Avoid duplication of information recording
- Provide an aide memoire for patients and carers

Requested PHR Content

- Discharge medications
- Discharge summaries
- Storage of pamphlets
- Contingency plans
- Patient's personal wishes

Requested PHR Content

- Health provider contact details
- Section for health professionals communication
- Patient's legal wishes
- Equipment information
- GP appointments

PHR - Structure

Three components

- Clinical Information Envelope
- Communication Booklet
- Wallet

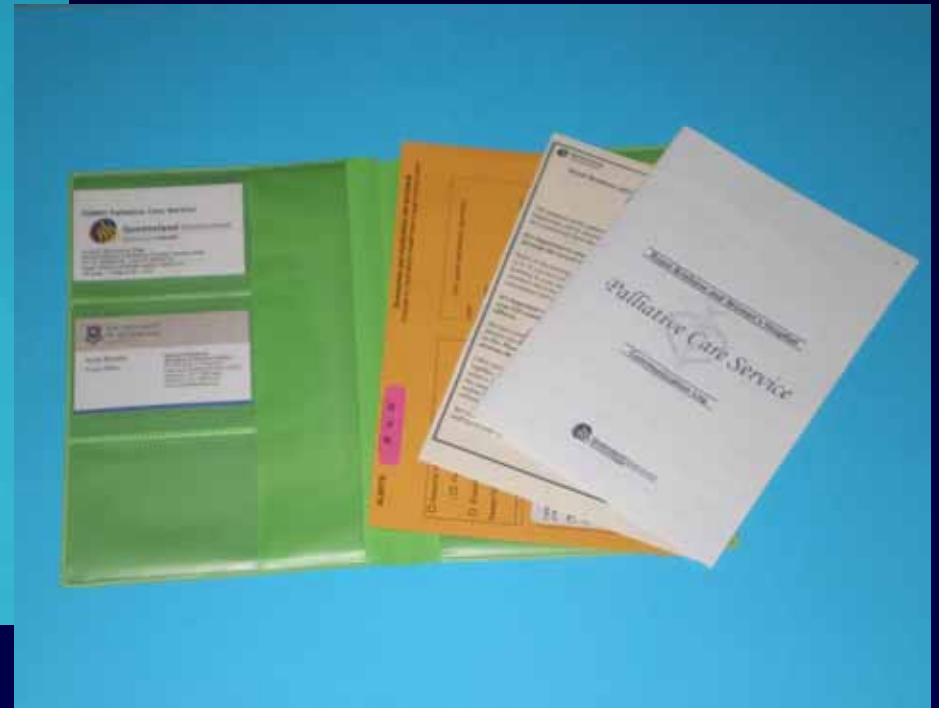
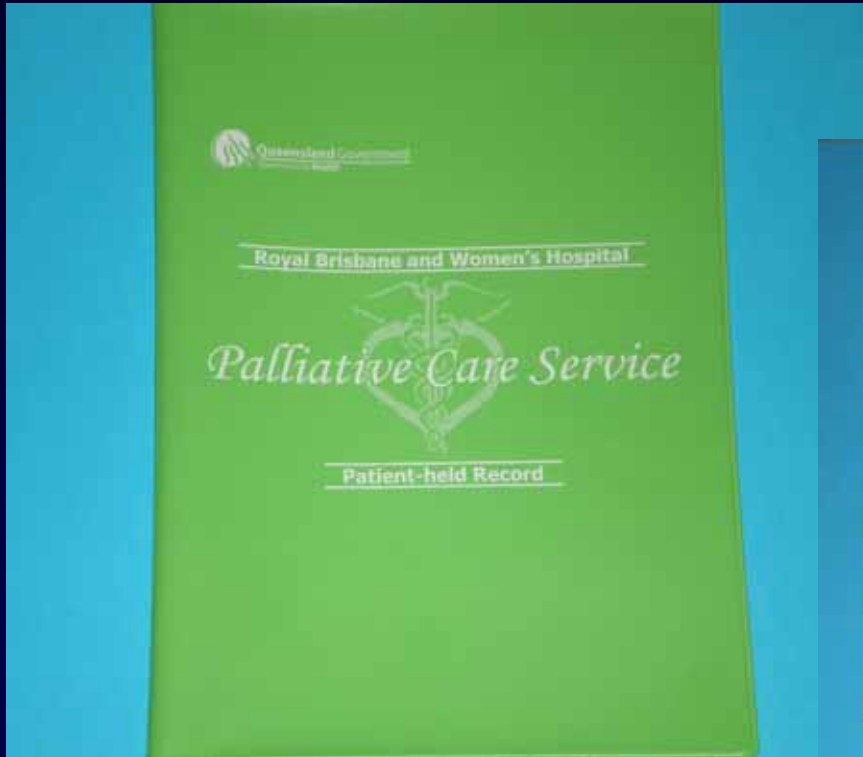
PHR Organization

Content	Envelope	Communication Booklet	Wallet
Discharge medications	✓		
Pamphlets Storage			✓
Contingency plans		✓	
Pt personal wishes	✓	✓	

PHR Organization

Content	Envelope	Communication Booklet	Wallet
Section for health professionals		✓	
Health provider contact details		✓	
Pt legal wishes	✓		
GP appointments		✓	

Patient-Held Record



Clinical Information Envelope

- Patient alerts – as appropriate
- Patient's legal wishes
- Palliative Care Plan
- Discharge Summaries
- Medications List (eLMS)

Communication Log

- Contact Details
- Actions Page
- Appointments and reminders
- Patient and carer queries page
- Health professionals communications

Case Conference

- Links the GP with the hospital team
- Conducted for complex cases
- Proforma developed
- Based on Gold Standards Framework

Intervention ~ Implementation

Lessons from cohort 1

- Recruitment
- Modifying data collection

Target wards

- Oncology ward
- Medical wards

Intervention ~ Implementation

Getting ready to go involves:

1. Informing staff

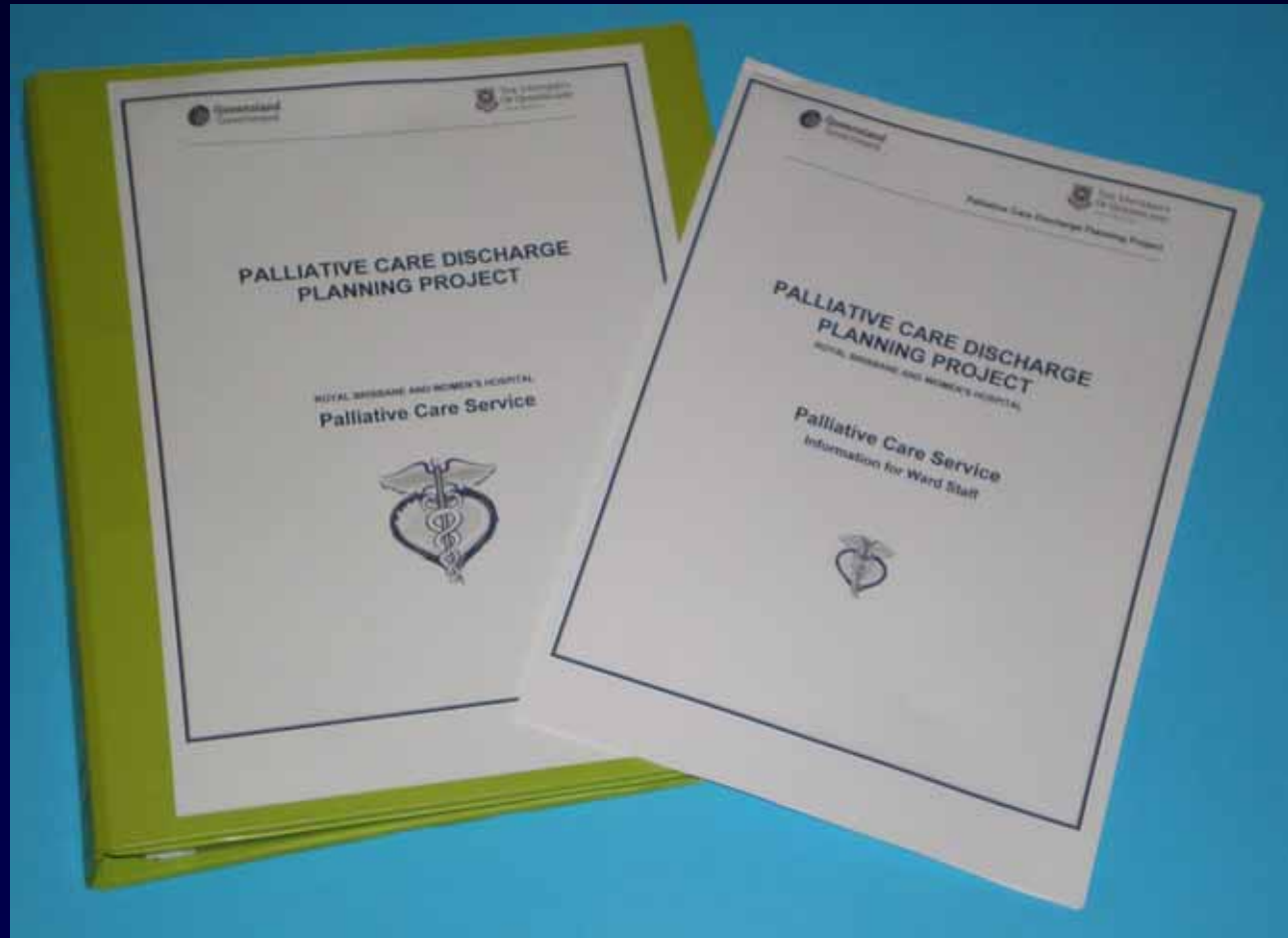
- Ward nursing staff, DFU staff & Cancer Care Coordinators
- Ward medical staff
- Ward allied health staff
- Transit lounge staff
- Outpatients staff

Intervention ~ Implementation

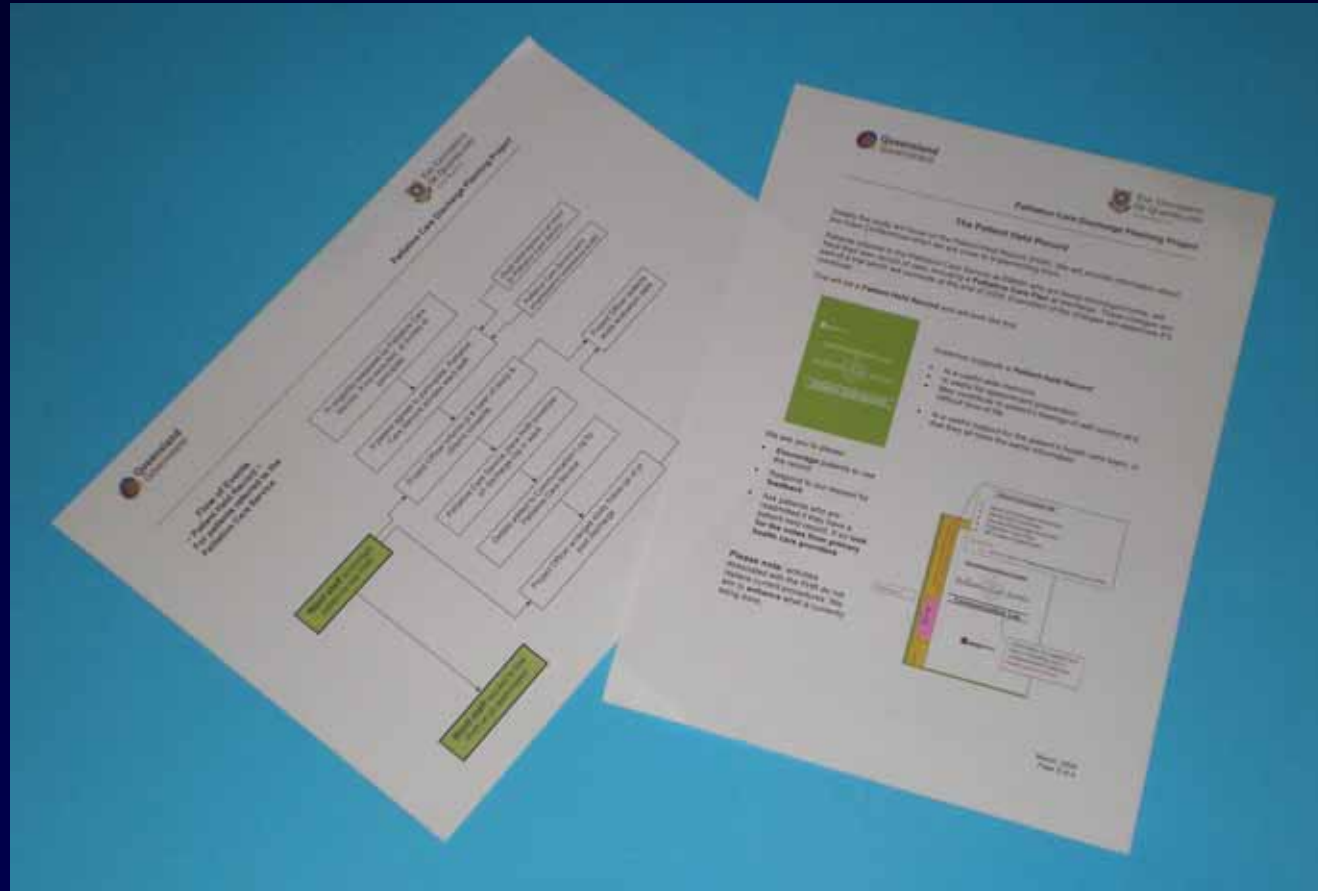
Getting ready to go involves:

2. Informing community health professionals
 - GPs
 - Nursing
 - QAS
3. Educating the patient and carer

Procedures



Procedures



Benefits of the Intervention

