Supporting primary health professionals to proactively plan and implement quality home-based palliative care

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INTRODUCTION IN FUTURE

AIM

To develop nationally consistent, practical, and evidence-based clinical resources that can be promoted by Specialist Palliative Care Services to primary health professionals to enable them to implement proactive end-of-life care planning and symptom management of the dying person at home.

METHOD

caring@home convened *two advisory committees* with representation from key clinical stakeholders from every State and Territory in Australia to:

- Develop new/review existing resources
- Develop a national medicines list

DYING

Terminal care needs

BEREAVEMENT

After-death care

Review and rename end-of-life care framework.

A SUBSTANTIAL INCREASE in the number of people approaching end-of-life¹

Most will have

CHRONIC DISEASES and will reside in the community²

End-of-life care will be provided primarily by **PRIMARY HEALTH PROFESSIONALS**

Few will require or have **ACCESS TO** SPECIALIST **PALLIATIVE CARE**



OUTCOMES TO SUPPORT PRIMARY HEALTH PROFESSIONALS

1. End-of-Life Care Framework

PROMPTS FOR END-OF-LIFE PLANNING (PELP) FRAMEWORK

Supports the identification of:

- Patients suitable for a \checkmark palliative approach to care
- ✓ Four clinical end-of-life processes (see right).



based on need

AT RISK OF DYING

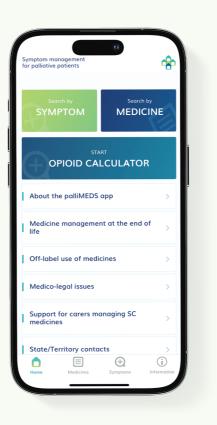
Advance care planning

and person-centred care

2. Symptom management at end of life

NAI CORF COMMU LIATIVE CARE MEDICINES LIST

- Identifies four core medicines required in the community for urgent symptom relief
- Common terminal phase symptoms can be optimally managed using medicines from the List.



PALLIMEDS APP available on the Apple or Google Store

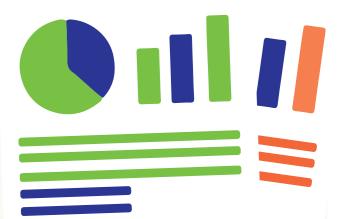
- Familiarises primary care prescribers with eight palliative care medicines
- Paediatric section coming soon.

Primary health professionals will require a FORMALISED, PROACTIVE **PROCESS OF CARE PLANNING** and **STANDARDISED RESOURCES** to support delivery of quality palliative care in the home



3. Quality improvement processes

An end-of-life **CLINICAL AUDIT** for clinical services to routinely collect accurate end-of-life audit data is under development.



CONCLUSION

caring@home has successfully developed resources to support the capacity of primary health professionals to provide quality palliative care. The resources will enable proactive end-of-life planning and optimal symptom management thereby supporting people to achieve care and death at home if that is their choice. These resources can be used by Specialist Palliative Care Services to support and educate primary health professionals.

¹Australian Institute of Health and Welfare. Palliative care services in Australia [Internet]. Canberra (AU) AIHW; 2024 [cited 2024 Sep. 24]. Available from: https://www.aihw.gov.au/reports/palliative-care-services/palliative-care-services-in-australia ²Australian Institute of Health and Welfare. National Palliative Care and End-of-Life Care Information Priorities [Internet]. Canberra (AU) AIHW; 2022 [cited 2024 Sep. 24]. Available from: https://www.aihw.gov.au/getmedia/17b82c56-83ff-45dc-be93-392bc5669fab/nationalpalliative-care-and-end-of-life-care-information-priorities.pdf.aspx