

GP19 Conference (RACGP) Abstract

Title: Supporting home-based patients at end-of-life: *caring@home* resources

Authors: Liz Reymond, Karen Cooper

Word count: 920 (excluding headings); 939 (including headings)

Please outline the new learnings...

This evidence-based innovation is a national palliative care project, funded by the Australian Government, that supports GPs to care for patients who choose to be cared for and, if possible, to die at home. It is based upon the development of a suite of resources targeted to community healthcare services, clinicians – principally GPs and nurses – and carers of the home-based patient. Collectively the resources aim to support carers, in partnership with the local palliative care clinical team, to manage common end-of-life breakthrough symptoms safely using subcutaneous medicines. Resources include:

- *Guidelines for the handling of palliative care medicines in community services*, developed by NPS MedicineWise and endorsed by Palliative Care Australia
- A template policy and procedure to guide palliative care medicine management for community services
- The palliMEDS app developed by NPS MedicineWise and based upon the Australian and New Zealand Society for Palliative Medicine (ANZSPM) endorsed list of eight medicines commonly used in the community to manage end-of-life symptoms
- online education modules for nurses focussing on a standardised method for teaching carers to manage breakthrough symptoms as they arise
- a comprehensive training package for carers, available in six languages, that includes a demonstration kit to teach carers how to draw-up subcutaneous medicines, correctly label syringes and store them appropriately for subsequent use and also how to administer subcutaneous medicines using a needleless system.

Please explain...

There is increasing evidence that Australians are not dying as they would wish¹. Most people say they would prefer to be cared for, and to die, at home but more than 50% of people die in hospital.^{1,2} This represents a service gap that GPs are well positioned to fill as they are the primary care providers, and case managers, of community-based patients.

GPs often report that they care only episodically for patients who wish to die at home. Consequently, they can lack confidence and feel ill-equipped to manage these inherently unstable dying patients whose symptoms can develop at any time and escalate quickly. They need best-practice, contemporaneous, easily accessible resources to allow them to respond quickly and effectively to emergent symptoms to avoid unwanted suffering and admissions. PalliMEDS was developed for that purpose and incorporates the latest Australian guidelines. It is easy to navigate and can be searched by symptom or medicine. It contains recommendations for terminal pain management, dyspnoea causing distress, respiratory tract secretions, nausea and vomiting, agitation and sedation for refractory distress. Medicines are referenced according to PBS listings, cost, safety and efficiency and off-label uses.

Using PalliMEDS GPs can ensure that their palliative patients have access to proactively scripted and charted medicines. Practice nurses or domiciliary nurses can then use other *caring@home* resources to ensure that the patient's carer has the confidence and skills to manage those medicines safely as required. The resources include a carer completed medicine diary that allows the GP to easily review whether administered medicines have been effective.

How do you intend ...

Delegates will be engaged using a Pecha Kucha style presentation. Their learning experience will be enhanced with the use of case studies and encouraging them to present their own clinical palliative patient experiences for discussion.

How is the content...

The *caring@home* resources are evidence-based.

The concept of augmenting the community-based palliative care team, however configured, using non-professional voluntary carers has been subjected to various qualitative studies.^{3,4} These studies indicate that carers, when appropriately educated, are competent, can safely manage terminal care symptoms using subcutaneous medicines and that in bereavement they reflect that they are pleased they assumed the role of quasi-professional carer. A randomised controlled trial found that carers are confident in administering subcutaneous medicines regardless of whether they, a nurse or a clinical pharmacist prepared the subcutaneous injections for subsequent administration by the care.⁵

The *Guidelines for the handling of palliative care medicines in community services* provides an expert consensus-based approach to the handling of palliative care medicines by community services. Its development was reviewed by a panel of jurisdictional bodies including medicines and poisons regulation bodies from each state and territory and considers jurisdictional legislative requirements, policies and guidelines across all Australian states and territories.

The nurses' education modules and carers' resources were developed by the Brisbane South Palliative Care Collaborative, the research and development arm of the specialist Metro South Palliative Care Service, in collaboration with a national expert palliative care advisory committee.

Does your presentation...

This presentation showcases contemporaneous skills and practical knowledge in the area of home-based palliative care. Historically, home-based palliative care has been driven by anecdotes and service specific practices. Only recently have attempts been made to deliver standardised, best-practice care. *Caring@home* is an example of an evidenced-based contemporary innovation that facilitates GPs to deliver quality community-based palliative care to those who choose it.

References

-
- 1 Swerissen H, Duckett S. *Dying well*. Grattan Institute. 2014. Available from: <https://grattan.edu.au/wp-content/uploads/2014/09/815-dying-well.pdf>. [Accessed 25 March 2019].
 - 2 Palliative Care Australia. *Palliative care service development guidelines*. Canberra: PCA, January 2018. Available from: <https://palliativecare.org.au/quality>. [Accessed 25 March 2019].
 - 3 Healy S, Israel F, Charles MA, Reymond L. An educational package that supports laycarers to safely manage breakthrough subcutaneous injections for home-based palliative care patients: Development and evaluation of a service quality improvement. *Palliat Med*. 2013;27(6):562-70. Available from: <https://doi.org/10.1177/0269216312464262>. [Accessed 25 March 2019].
 - 4 Israel F, Reymond L, Slade G, Menadue S, Charles MA. Lay caregivers' perspectives on injecting subcutaneous medications at home. *Int J Palliat Nurs*. 2008; 14(8):390-5. Available from: <https://doi.org/10.12968/ijpn.2008.14.8.30774>. [Accessed 25 March 2019].
 - 5 Healy S, Israel F, Charles M, Reymond L. Laycarers can confidently prepare and administer subcutaneous injections for palliative care patients at home: A randomized controlled trial. *Palliat Med*. 2018; 32(7):1208-1215. Available from: <https://doi.org/10.1177/0269216318773878>. [Accessed 25 March 2019].