2012

Nurse practitioner-palliative care at Royal Perth Hospital: an evaluation using the palliative care outcomes collaboration (PCOC) quality improvement program

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Recommended Citation
Panizza, Natalie and Pidgeon, Tanya, "Nurse practitioner-palliative care at Royal Perth Hospital: an evaluation using the palliative care outcomes collaboration (PCOC) quality improvement program" (2012). Australian Health Services Research Institute. 345.  
https://ro.uow.edu.au/ahsri/345

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Nurse practitioner-palliative care at Royal Perth Hospital: an evaluation using the palliative care outcomes collaboration (PCOC) quality improvement program

Abstract

Background: In 2010, Royal Perth Hospital (RPH) appointed its first Nurse Practitioner (NP) working in palliative care. To evaluate this service delivery, four key palliative care benchmarks from the Palliative Care Outcomes Collaboration (PCOC) were used. These are, benchmark (BM) One: Referral to first contact (responsiveness), Two: Time in the unstable phase (timely management of acuity), Three: Change in pain (pain management), and Four: Change in other symptoms relative to the national average (benchmarking with other specialised palliative care services).

Keywords

program, nurse, improvement, quality, pcoc, collaboration, outcomes, evaluation, hospital, perth, royal, care, palliative, practitioner

Publication Details

N. Panizza & T. Pidgeon "Nurse practitioner-palliative care at Royal Perth Hospital: an evaluation using the palliative care outcomes collaboration (PCOC) quality improvement program", Australian College of Nurse Practitioners Conference, Surfers Paradise, 5-8 Sep, (2012)

This conference paper is available at Research Online: https://ro.uow.edu.au/ahsri/345
4. What process learnings are there from the pilot that could inform future implementations?

**Results:** The numbers were small but have indicated some areas for discussion and reflection. Emergency department attendances were reduced in the Telehealth group by 6% inpatient admission rates were reduced by 25% as well as reduced ambulance call outs. Patients reported cost saving by reduced GP visits.

The data was possibly not as indicative as it could be because of the primary care model that was implemented, there may have been more pronounced difference if the pilot was implemented in an area without HealthRight or similar chronic conditions management programme.

### Session C – 1400 – 1515 (Boulevard 2)

**Chair:** Chris Horton

#### 1400 – 1415

**Palliative Care Nurse Practitioner: Closing the Gap in an Established Service**

**Presenter:** Kate Maher  
*Home Based Palliative Care, Clare Holland House, Calvary Health Care ACT*

**Background and Aims:** A newly created nurse practitioner role is an innovative, cost-effective way to help close recognized gaps within established services (Gardner et al, 2010). This paper provides an overview of the Home Based Palliative Care nurse practitioner role that commenced in October 2011 and outcomes achieved to meet patient and service goals.

**Purpose:** The purpose of this snap shot study is to look at the delivery of timely, appropriate symptom control in unstable palliative care patients including end of life care and the provision of complex care planning. It also provides data demonstrating support during the dying process to facilitate patient end of life wishes and a reflection on practice focusing on improved communication with the entire Palliative Care team in respect to individual patient journeys.

**Results:** The first 6 months of the service saw 443 consults in total. This included over 70 new admissions and 71 deaths, 60 of which occurred in their desired place of death. Of this number, 63% required only 1 or 2 face-to-face consults. Whilst available for collaboration, at no time did the Palliative Care Medical Officer need to attend a patient in a RACF. Furthermore, the introduction of an in-house after-hours alert system of communication for unstable patients has allowed for improved continuum of care to meet both staff and patient needs. Additionally, individual case studies have demonstrated impacts on length of stay in acute facilities and reduction in delays in access to specialty interventions.

**Conclusions:** The introduction of the Palliative Care Nurse Practitioner role has seen timely, complex and anticipated care and symptom management and planning. Despite this success, limitations in data collection have been recognized and a data set is currently being explored to ensure ongoing capture of the outcomes of the role for sustainability and growth.


#### 1415 – 1430

**Primary & Aged Care: A Hybrid Trial – Dissolving the Barriers**

**Presenters:** Hazel Ryan, Martin Morrissey, Melinda Minstrell, Christine Stirling  
*Department of Health and Human Services*  
*Wicking Dementia Research and Education Centre, University of Tasmania*  
*School of Nursing and Midwifery, University of Tasmania*

Funding from an Australian Government Initiative has enabled a unique Nurse Practitioner Aged Care model of care to be developed and trialled 2 days per week from within a Primary Care environment to June 2014 in Southern Tasmania.

Lack of sufficient time to diagnose dementia, feelings of helplessness with the management of the illness and wishing to avoid the stigma of the illness all contribute to delayed or absent diagnoses (Cahill et al, 2006). These well recognised barriers to a timely diagnosis of dementia are in part being dissolved with the location of a Nurse Practitioner aged care with a focus in dementia diagnosis and management within a busy General Practice.

As the Nurse Practitioner aged care role is implemented in a primary care setting, misunderstandings of and resistance to the role are also being dissolved. Collaboration is easier as staff observe the Nurse Practitioner’s practice and gain understanding of how this interacts with other roles.

The experiences and outcomes of this unique hybrid model of care are in its early days and are cautiously positive. They will be explored and discussed in this presentation.

The outcomes of this new model are both an improved understanding of the Nurse Practitioner aged care role and improved access to health care for older people both in the community and Residential Care Facilities.


#### 1430 – 1445

**Nurse Practitioner – Palliative Care at Royal Perth Hospital: An Evaluation Using the Palliative Care Outcomes Collaboration (PCOC) Quality Improvement Program**

**Presenters:** Natalie Panizza¹, Tanya Pidgeon²  
¹ Royal Perth Hospital, 2. University of Western Australia

**Background:** In 2010, Royal Perth Hospital (RPH) appointed its first Nurse Practitioner (NP) working in palliative care. To evaluate this service delivery, four key palliative care benchmarks from the Palliative Care Outcomes Collaboration (PCOC) were used. These are, benchmark (BM) *One: Referral to first contact* (responsiveness), *Two: Time in the unstable phase* (timely management of acuity), *Three: Change in pain* (pain management), and *Four: Change in other symptoms relative to the national average* (benchmarking with other specialised palliative care services).

**Methods:** Patient and setting of care/location information was collected at each patient admission to service. Clinical information was collected at each patient visit through PCOC’s five standardised clinical assessment tools. This information is extracted and analysed biannually by PCOC to provide the NP with a service performance report – providing a description of the service and performance data in comparison to the four benchmarks.

**Results:** During the evaluation period, the NP saw 37 patients over 65 inpatients of episodes. The average length of episode was 6.5 days (national average, 12 days). Improvement was observed in all benchmarks:

- **One:** Improvement of 22.9%: Result 86.5% (PCOC BM 90%)
- **Two:** Result 100% (PCOC BM 85%)
- **Three:** Result 56.7% (PCOC BM 60%)
- **Four:** Significantly above the national average for all seven measures, exception: nausea.

**Conclusions:** The RPH NP service demonstrated a marked improvement and achieved a high rating of performance for the six month period evaluated using the PCOC benchmarks as service key performance indicators. These outcomes demonstrate the importance of quality improvement processes and the great value of the RPH NP role for the palliative care population it serves.

#### 1445 – 1500

**The Journey of a Palliative Care Nurse Practitioner in a Private Hospital – Are the Challenges Different in the Private Setting?**

**Presenter:** Julie Edwards  
*Sydney Adventist Hospital, Wahroonga NSW, Australia*