

Palliative Care Home Support Packages (PEACH) Program



Partnership

Acronym PEACH evolved from a pilot project conducted by SWSLHD in 2007-2009.

The PEACH Program is a partnership between five NSW Local Health Districts (LHDs) and Silver Chain (not for profit organisation providing in home health care).

- South Western Sydney LHD is the contract holder with NSW Ministry of Health
- Service Agreement between SWSLHD and Silver Chain
- Memorandum of Understanding between SWSLHD and the other four participating LHDs



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Aims of the Program

The aims of the Palliative Care Home Support Packages (PEACH) Program are:

- Increased opportunity for NSW palliative care clients to choose to die at home with appropriate services;
- Provision of home based clinical and related support services to NSW palliative care clients in accordance with the *Standards for Providing Quality Palliative Care for all Australians*;
- Reduction in unplanned and/or avoidable hospital presentations by registered palliative care clients; and
- Facilitation of discharge from acute inpatient facilities and Palliative Care Units/Wards to enable clients their choice to die at home.



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Implementation Process

- Chief Executives consultation and Roadshow
- Appointment of PEACH Program Manager (SWSLHD)
- Appointment of Silver Chain Palliative Service Director
- Stakeholder Engagement
- Recruitment and training of Silver Chain staff
- Nomination of Clinical Leads in each LHD
- Process Mapping
- Education to LHD clinicians
- Meet and greet between organisations, joint home visits
- Test week
- Commencement of the Program



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Referral Criteria

- Client is known to the LHD Palliative Care Service and is admitted to a LHD community/primary health nursing service.
- Client is assessed by referrer utilising the validated PCOC tools.
- Palliative Phase 3 or 4 (deteriorating or terminal) and Australian – modified Karnofsky Performance Status (AKPS) ≤ 40 .
- The client experiencing burdensome symptoms associated with the terminal illness that require increased level of support .
- The client and/or their family have been consulted and are aware of diagnosis and referral.
- An individual of any age may be eligible for a referral.



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Model of Care

Day

Day time services provided by LHD community based nursing team and specialist Palliative Care Service are supplemented by Silver Chain Assistant in Nursing (AIN) visits, during the visit AIN can provide personal care or respite as required.

Evening

Evening service provided by Silver Chain include scheduled visit by specialist Palliative Care RN. Clinical Intervention based on care plan developed by LHD clinical team.

Night

Night time service provided by Silver Chain RN include telephone and/or video conference support.



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Model of Care

The PEACH Program offers short term end-of-life clinical care and support

- Medical governance
- Case Management
- Referral Pathway
- Centralised Intake
- Clinical Care and Support
- Extension of LHD services
- Extension of other services eg DVA
- Evening and Overnight Support
- Personal care
- Medications
- Equipment
- Consumables



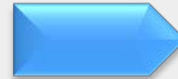
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Operational and Clinical Governance

Inter-District Executive Management Group

(Meets Quarterly)

Membership : 5 X LHD CE, Palliative Care Directors, Medicare Local Representatives, Silver Chain, Program Manager, Consumers

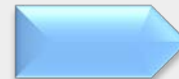


Roles and Responsibilities

- Strategic Management of project (inc: financial contractual and business arrangements)
- Monitoring of project implementation
- Review Complaints and Incidents
- Review Utilisation of Packages

Research and Evaluation Working Party

Membership : 5 X LHD, Medicare Local and Silver Chain Representatives, Program Manager



Roles and Responsibilities

- Coordination of the research and evaluation activities

Individual Local Health District – Community Palliative Care Governance Committee

(Meets Monthly)

Membership: - Utilisation of current existing structure, PEACH Program Manager, Silver Chain, optional to include Consumer/Medicare Local representative.

Governance of the Program remains with the LHD Executive Team



Roles and Responsibilities

- Day to day clinical/operational decision-making
- Reporting of Utilisation of Packages
- Management of clinical incidents

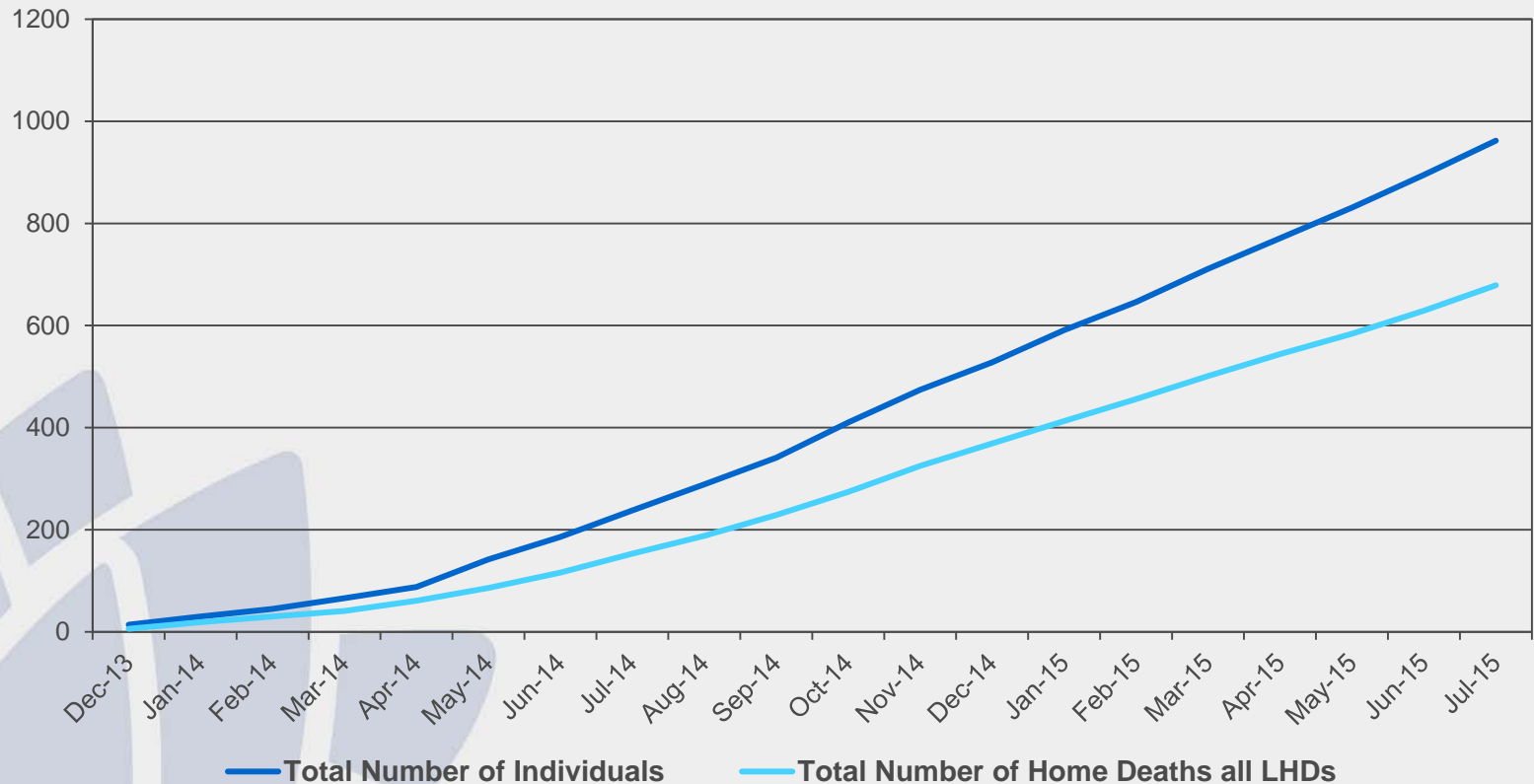


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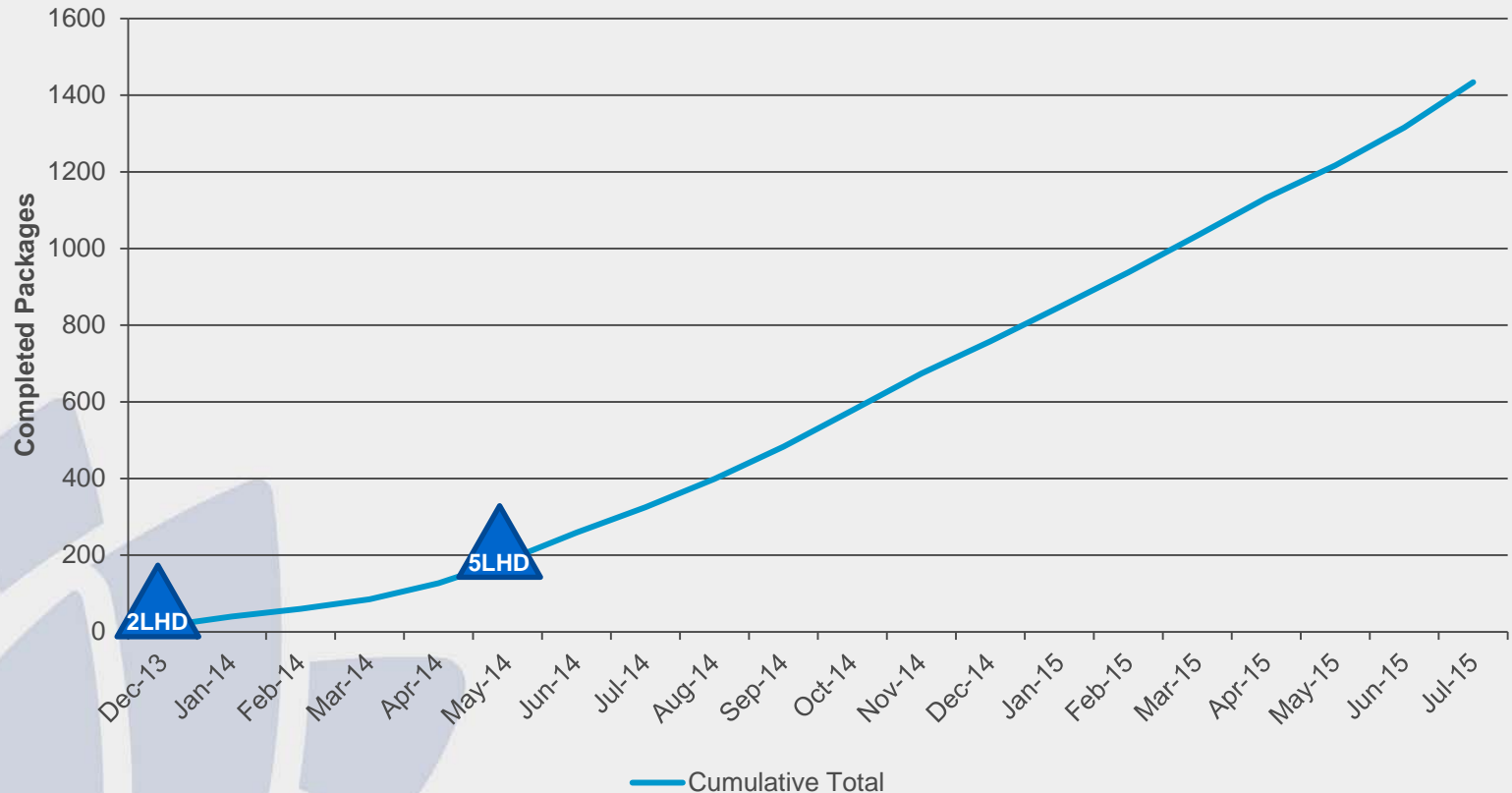
Results: PEACH Program Uptake (Individuals) vs Home Deaths

Over 900 individuals have utilised a total of 1434 packages



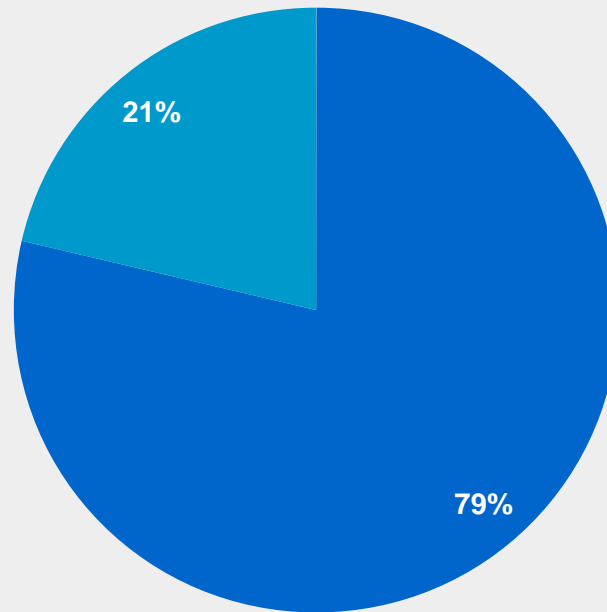
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Results: Cumulative Completed Packages – Dec 2013 to July 2015



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Results - Source of Referrals

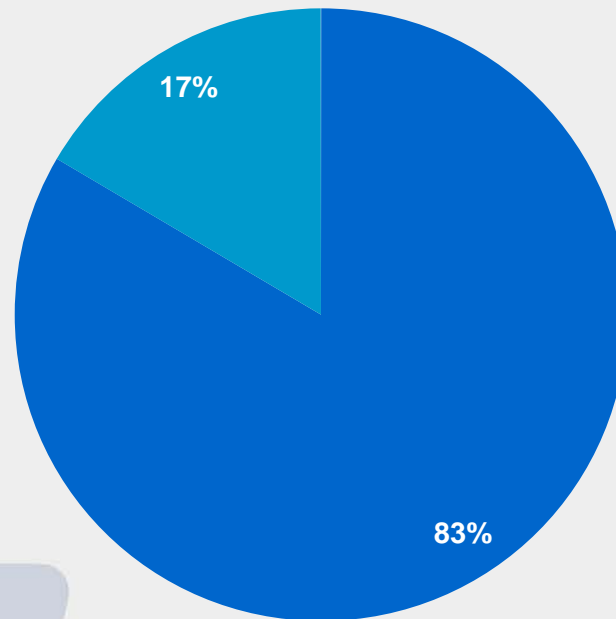


■ Community ■ Hospital



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Results: Malignant vs Non-Malignant Diagnostic Groups



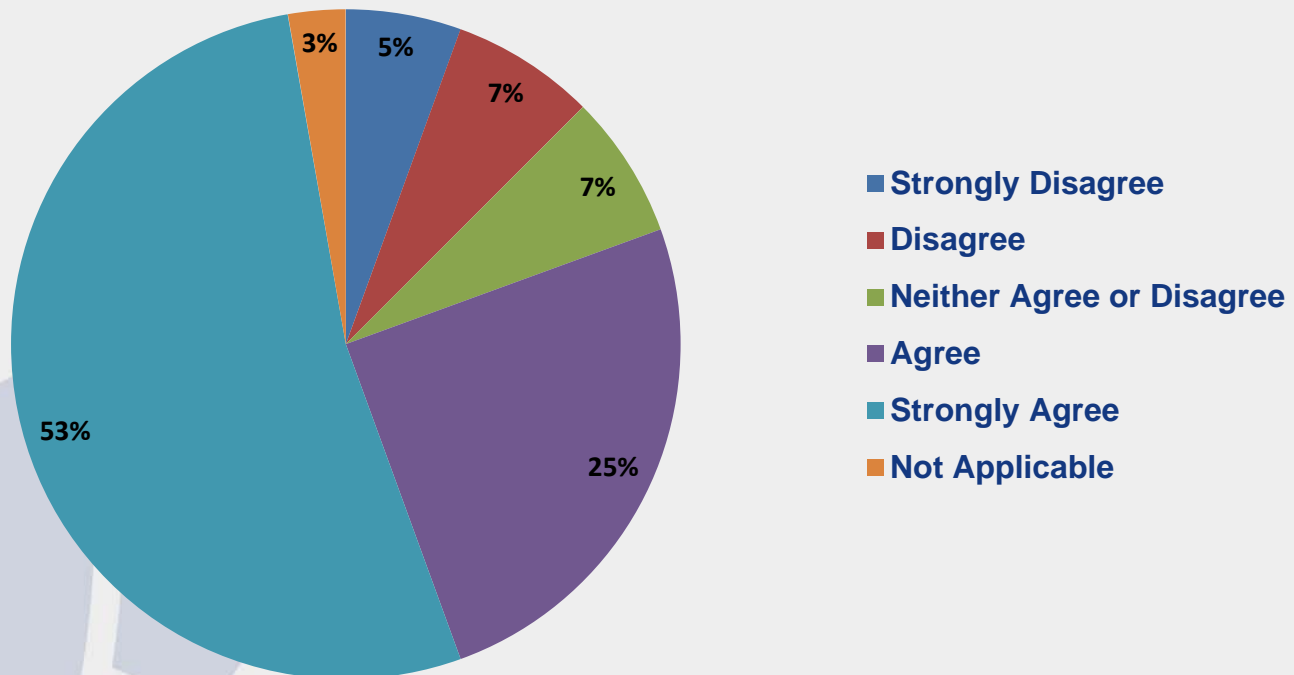
■ Malignant ■ Non-Malignant



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Results: Staff Survey

“PEACH Packages have enhanced existing service to allow Palliative Care clients to die at home”



Results: Carers Survey

“satisfaction with care provided in the Home”

| | Either “Satisfied” or “Very Satisfied” |
|------------------|--|
| Total for 5 LHDs | 97.3% |

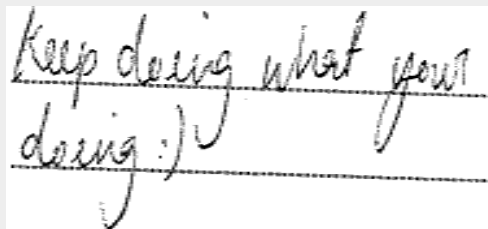
Key Themes Identified

- *Support at the time of most need*
- *A wonderful caring group of people - a credit to their profession*
- *A peaceful death in her own home*

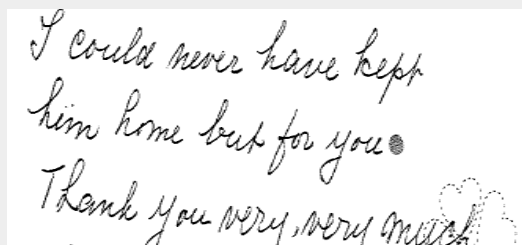


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Feedback is encouraged



Keep doing what you're doing :)



I could never have kept him home but for you.
Thank you very, very much.

“Your service has restored my faith in nursing!”

“Recently we were given the chance to try the new program PEACH, this program designed to assist those whose wish it is to pass away at home is a fantastic support mechanism for those families that are also trying to support their family member and fulfill the wish, without the risk of compromising the family members care.

*We found all of the **staff were wonderfully supportive, knowledgeable** and their care, **dedication and holistic approach** very much appreciated.....the focus on nursing our family member was to keep him as comfortable as possible and just knowing that the resources available through this program were on this journey with us was reassuring “*



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Overnight Video Conferencing

“Whilst we were given this opportunity, we were able to utilise the webcam function for on call support- the option of this and the ability to have someone be able to assess our family member immediately via the webcam helped ease the anxiety for both Mum and myself immensely.

When we had to utilise on call support during the early hours of the morning the response time was efficiently prompt we did not experience a wait time at all as our call was acknowledged and help at the other end was within minutes.”



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Where to from here

- Ongoing education
- Increase referrals from inpatient facilities
- Increase referrals for clients with non malignant disease
- Business Case to increase numbers and geographic reach
- Website for health professionals including GPs
- PEACH DVD



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