

<b>Title</b>	<b>The palliative approach in aged care: GP barriers and enablers</b>
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<b>Abstract</b>	<p>Guideline implementation is a complex organisational change process; strategies must be tailored to address internal and external barriers related to: individual practitioner; social and cultural context; organisational processes, resources and structures; and collaborative care partnerships. Successful implementation of the palliative approach to Residential Aged Care (RAC) in Australia is reliant on effective GP/RACF relationships; however the setting imposes additional complexity to GP and RACF relationships. GP related barriers and enablers can influence implementation of a palliative approach to care in RAC settings. This study used focus groups, record review, and survey of stakeholders including: GPs; RACF managers and staff; and residents and families. Recent literature related to implementation of the palliative approach to RAC in Australia was also investigated; including experiences of GPs. Appropriate end of life care requires understanding and negotiation of individual, professional, organisational and system factors. However these complex macro, meso, and micro-system level factors are often not readily amenable to change. This study identified barriers and enablers to successful implementation of a palliative approach in RAC, particularly the role of GPs. Successful strategies to support effective GP involvement in implementation of a palliative approach to care in RAC are presented.</p>