Calvary

Effect of a proactive model of Palliative Care service delivery in Residential Aged Care Facilities on hospitalisation and location of death

Continuing the Mission of the Sisters of the Little Company of Mary

Project Partners

Calvary Health Care ACT
Clare Holland House SPC service Canberra

Goodwin Aged Care Services Canberra

Palliative Care Services Plan 2013-2017 (ACT Health)

How can we improve palliative care outcomes for people living in residential aged care?

- 51% Australian dying in acute hospitals
- Nationally 10% dying in Residential Aged Care

Why do more Australian's die in hospital than Residential Aged Care?

- Lack of knowledge in the community re hospitalisation and end of life care
- Few financial incentives for GPs for RACF home visits and extended consultations
- High turnover of RACF staff can lead to variations in knowledge of palliative care
- Limited specialist palliative care services available

The Pilot Study

- 12months funding for PCNP
- Clare Holland House partnered with Goodwin Aged Care Services - 4RACF's = 350 residents
- 9 months pilot study 4 Nov 2014 – 4 Aug 2015
- All other facilities in Canberra (22) received "usual care" during the trial so no one was disadvantaged

What was the new model?

- Integrated model SPC partnering with RACF's to implement the Palliative Approach (PA) Toolkit with two additions –
  - **Palliative Care Needs Rounds** (PCNR) at the pilot sites
    - Education Pall Approach needs V's SPC needs
    - Identify residents for **case conferencing** GOCD, ACP
    - Referrals out
  - **Add goals of care discussions** (GOC)

One Residents experience

- Discussed at the PCNR
- SPC referral
- SPC Assessment and management plan established
- Case Conference
- GOCD
- ACP completed
- Improved quality of life

Methods

Sample (from 4 Goodwin facilities)

- Intervention: 104 residents identified with Palliative care needs using the PA toolkit or who died during the pilot
- Control: all decedents that the facilities had complete data (173)

Data matching

- We match all decedents in the intervention (58) against the 173 controls based on age, sex, age-modified Charlson score, primary diagnosis and ACFI using propensity score matching.

RESULTS

Results

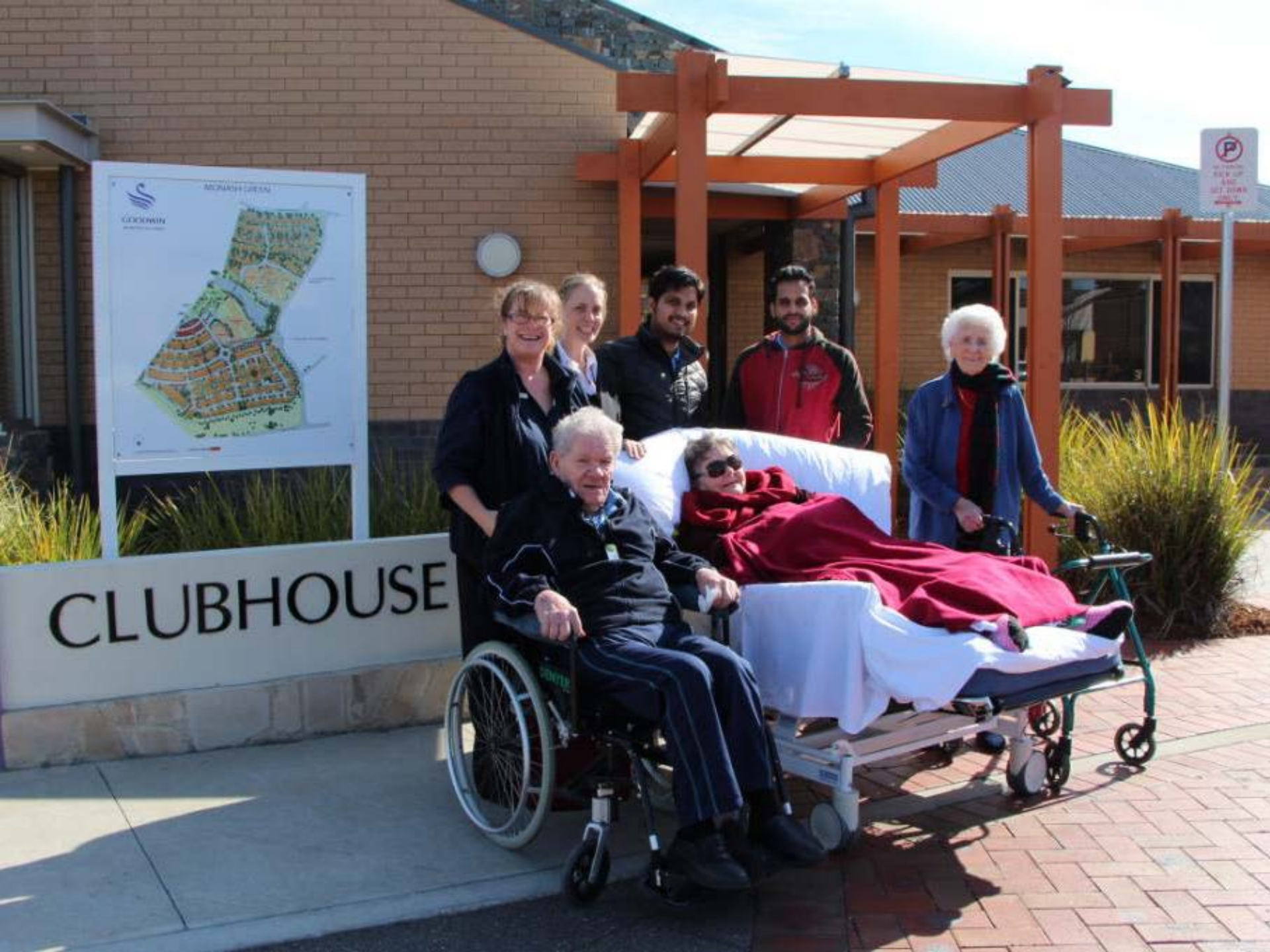
Demography

- Female: 75% (intervention) vs. 62% (control); p = 0.05
- Dementia: 40% (intervention) vs. 29% (control)
- ACP: 64% (intervention)
- Goals of care discussion: 79% (intervention)

Hospitalisation (3-month prior death) / Hospital death

	Treatment effect	p-value	95% Confidence Interval	
Hospital visits	0.07	0.71	-0.31	0.45
Total length of stays	-2.17	0.02	-4.01	-0.32
Hospital Death	-0.11	0.31	-0.33	0.10

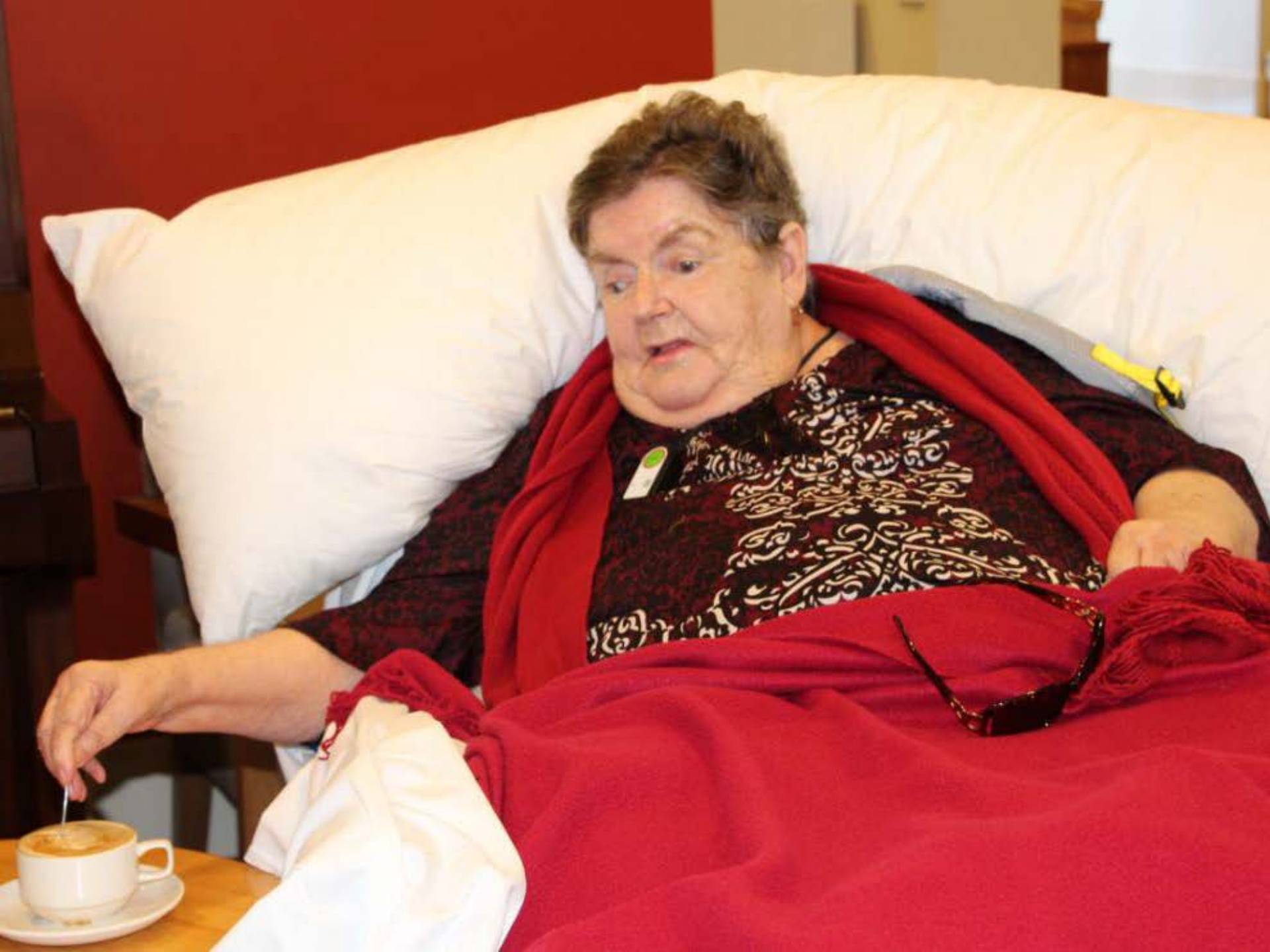
- After matching the two groups, for the **full sample**, we find:
  - Insignificant change in hospital visits (p = 0.71);
  - 45% reduction in overall length of hospital stays (an average of **2.17 days reduction** with p = 0.02);
  - Insignificant change in the no. of hospital deaths (p = 0.31).


CLUBHOUSE

Hospitalisation (3-month prior death) / Hospital death

	Treatment effect	p-value	95% Confidence Interval	
Hospital visits	0.20	0.35	-0.22	0.63
Total length of stays	-3.22	<0.01	-5.05	-1.40
Hospital Death	-0.10	0.04	-0.20	-0.00

- After we **exclude between-rounds referrals/non-referrals**:
  - Insignificant change in hospital visits ($p = 0.35$);
  - 67% reduction in overall length of hospital stays (an average of **3.22 days reduction** with $p < 0.01$);
  - 10% reduction in hospital deaths ($p = 0.04$).



Hospitalisation (3-month prior death) / Hospital death

	Treatment effect	p-value	95% Confidence Interval	
Hospital visits	0.34	0.09	-0.05	0.73
Total length of stays	-2.00	0.03	-3.80	-0.20
Hospital Death	-0.16	<0.01	-0.24	-0.07

- For those with **SPC referral**:
  - Insignificant change in hospital visits ($p = 0.09$);
  - 42% reduction in overall length of hospital stays (an average of **2 days reduction** with $p = 0.03$);
  - 16% reduction in hospital deaths ($p < 0.01$).

Preferred place of death (PPoD) Intervention Group

- 58 deaths in the intervention group
- 76% (n = 44) documentation PPoD
- Of the residents with known PPoD -100% died PPoD
  - 4 hospital 9%
  - 39 RACF 89%
  - 1 Hospice 2%

Cost Savings

- Reduction in overnight hospital stays by 2.17 days (full sample)

- Based on the 3-month assessment window of hospitalisation, conservative estimate of cost saving due to lowering hospital bed occupancy if all 104 residents in the intervention group died would be:

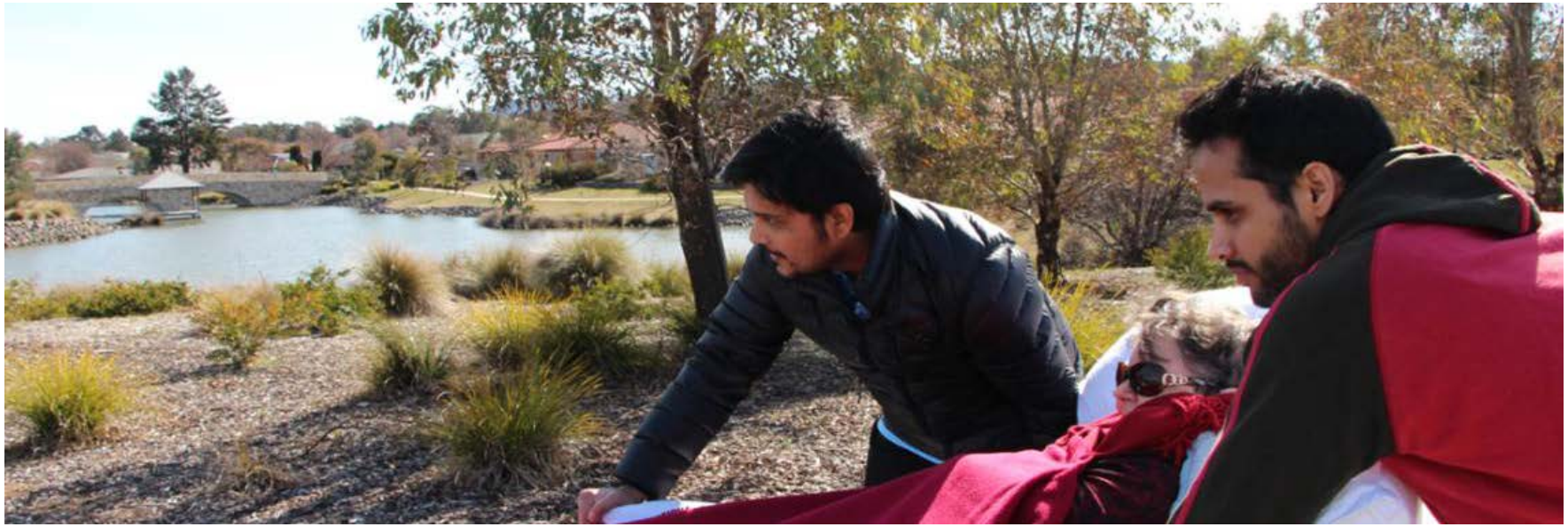
$207,174

and this far exceeds the salary of the PCNP.

Conclusion

The model demonstrated that is was:

- Logical
- Feasible
- Efficacious
- Acceptable



The next step:

Further research work is needed

Calvary

Hospitality
Healing
Stewardship
Respect

Thank you -Goodwin Aged Care Services

Thank you to all Goodwin Staff- Special thank you

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GOODWIN
THE BETTER LIFE CHOICE

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