

A community palliative care after-hours rural model

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A community palliative care after-hours rural model is currently being developed, trialled and evaluated across eleven services in regional Victoria. It draws on a model of care that was developed by an individual service in response to issues in rural and remote areas within the region. This model explores health reform in all aspects of community palliative care education, support and service delivery after hours.

Current situation

The small number of palliative-trained specialist nurses and limited district nursing services restricts options for after-hours support of community palliative care patients and carers. This is particularly evident in rural and remote areas of the region.

Key reasons for after-hours support

- Symptom management
- EOL process
- Verification of death
- Patient/carer distress
- Unanticipated need for medication.

The after-hours rural model consists of two key aspects linked by specifically developed tools, resources, clinical training, local input and quality control measures.

- Patient/carer support and enabling processes:
 - education of patients/carers on symptom management and provision of written plans to assist them in managing a situation through the Guidelines for Patients and Carers
 - patient-held written information—Emergency Medical Information Book (on fridge); patient kit etc
 - advanced care plans—including written and discussed EOL plan
 - promotion of the AH telephone number provided on magnet/sticker
 - multidisciplinary team meetings, including district nurses
 - service support for carers and patients: social worker; carer groups; bereavement counselling; volunteers
 - local initiatives (eg day hospices).
- AH Nursing Telephone Triage Services partnering with local services:
 - clinical training of telephone triage nurses in the use of palliative care triage protocols
 - provision of high-quality after-hours telephone support to patients/carers after hours
 - development of technology
 - flow chart to explain flow of information.

Challenges for the after-hours rural model

- Catering for culturally and linguistically diverse and hearing-impaired clients.
- Different IT capacity and programs.
- The need to build on existing relationships between local GPs and the PC community service around pre-emptive medication.

- The need to build on protocols and relationships between hospitals and the PC community service.
- Establishing consistent protocols for verification of death.
- Addressing the lack of resources for nursing staff.
- Capacity of hospitals to include PC-specific protocols within their current AH system.
- Significant costs with the implementation of IT to support the AH model.