



Re-thinking Palliative Care Provision: Towards The Concept Of Partnership

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Palliative Care

is care for people of all ages with life limiting illness which aims to:

- **Optimize an individual's quality of life until death: to do this, a person's physical as well as psychosocial, spiritual and cultural needs are assessed and addressed.**
- **Support the individual's family, whanau, and other caregivers where needed, through the illness and after death.**

**NZ Specialist Palliative Care
Service Specifications 2007**

The background of the slide is a photograph of a wind farm. The image is slightly faded and has a semi-transparent white rectangular box overlaid on the left and center. The text is contained within this box. The overall color palette is muted, with greys, blues, and greens.

- **Generalist Palliative Care**

integral to all clinical practice but carried out with specialist support

- **Specialist Palliative Care**

provided by an interdisciplinary team with specialist training

NZCTWP – PC 2006

The 'New' Palliative Care

- **is about empowering a wide range of people to bring better services to patients in the last phase of life**

Bosanquet 2002

The Integrated Model

- 1. Recognizes role and responsibilities of all players**
- 2. Requires a structured/ systematic approach**
- 3. Based on the assumption that clinicians want to do it well**



But where have we come from?

- Reactionary movement
- Cottage Hospice
- Charity base
- Culture of “specialness”

Has the nature of Hospice development been one of the barriers to progress?

The modern challenges:

- Aging population
- Non-cancer conditions
- Needs of specific populations
- Rural/ isolated communities



Compounded by:

- Increasing ethnic diversity
- Consumer expectations
- Increasing complexity
- Existing pressures within health care



Community Care Project 2002

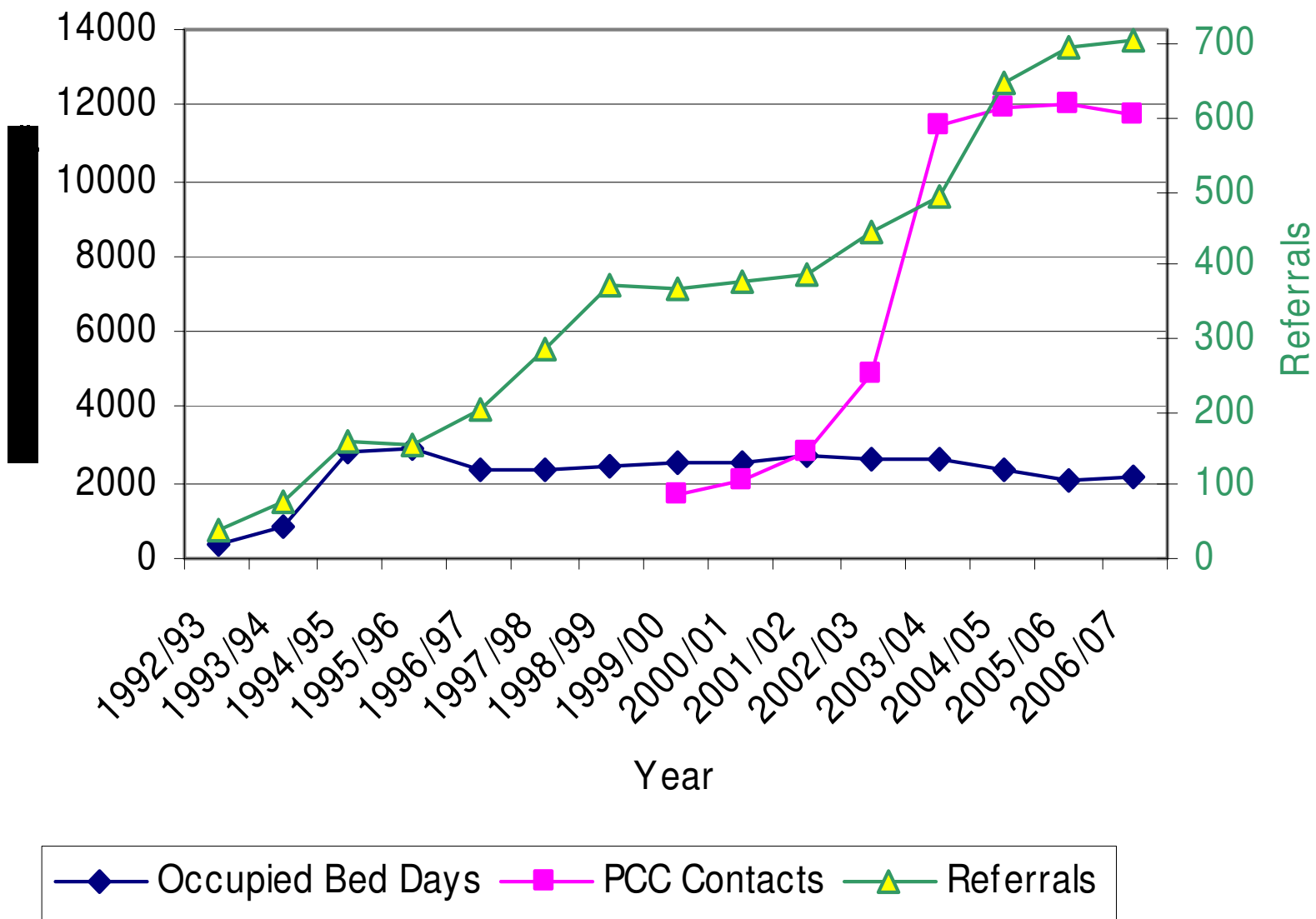


Why integrate?

- Focus' on patient needs
- Flexibility
- Spreads knowledge /empowers
- Maximizes use of existing resources
- Enhances equity of access
- Cost effective



Occupied Bed Days v's PCC Contacts and Referrals Received to 30 June 2007



Hospital Palliative Care Team



Community Team



The Palliative Care Co-ordinator role

'Generalist' Education Programme

1. Care Assistants Programme
2. Subcut Syringe Drivers Competence
3. Primary Care Nurses Workshops
4. General Practice Team Education
5. Maori Health Provider Staff
6. Grief and Loss Workshops
7. Pastoral Care Workshops
8. Post Graduate nursing paper
9. Liverpool Care Pathway Education

Relationships are key



Integrated Palliative Care Model

Generalist Palliative Care	Tools that Build Partnerships	Specialist Palliative Care
General Practice Teams	MOU with District Nursing	Interdisciplinary Team
District Nursing	Palliative Care Partnership	In Patient Services
Maori Health Providers	Education Programme	Hospital Palliative Care
Aged Residential Care	Liverpool Care Pathway	Team
Community Hospitals	Interface Forums	Care Co-ordination
Acute Hospital Services	Hospital Palliative Care Team	Day Stay
		Bereavement Support
		Education
		Research

Partnership in action:

1. A systematic approach to palliative care provision
2. Roles and responsibilities defined
3. An appropriate funding model
4. Sustainability measures
5. Improved care outcomes

The 'Palliative Care Partnership' has come to encapsulate these aspirations