The After Hours Project

Innovative ways of improving after-hours care for Rural community palliative care clients

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Background Information

- Wimmera Hospice Care is a community-based consulting service

Issues:
- Large region
- Rural location
- Limited staff resources
- After-hours service is often minimal
- No formal after-hour arrangements
Literature Review

- Little data/research
- Most research on urban/regional centres
- Within Australia and overseas models and consistency varies widely
- Evaluation of services also limited (many different models difficult to compare and conclude what is best practice)
Literature Review

1. Workforce Issues
   ○ Sustainability of workforce
   ○ Attracting qualified staff prepared to work after hours

2. Rural Service delivery/preferences
   ○ Most rural patients prefer to stay within their community (Lloyd et al. 2003 p125)
   ○ Difference of GP involvement between urban and rural patients
Literature Review

3. Outsourcing to nurse led telephone triage services

- Growing trend in Australia and overseas in primary care/palliative care
- Inexpensive and generally considered safe
- Rural patients make a very small percentage of calls. May be due to
  - reluctance to call an urban number
  - stoicism
  - contact a last resort
  (Turner et al 2002 p 102; Fatovich et al 1998)
Literature Review

4. Safety and Effectiveness of after-hours models
- Nurse-led telephone triage debated
- Effectiveness/safety not well evaluated
- Use of decision making tools/guidelines for nurses
- Rural NSW example (Philips 2007)
5. Preparing patients and families to manage After Hours

- Good anticipatory care is essential
- Planning for potential symptoms
- Having medications/equipment in the home
- Clear written instructions and education on how to manage in a crises.
The Project

3 key Implementations
1. Clients accessing the ‘Grampians After Hours Service’

- West Vic Division of General Practice nurse-led telephone triage service for the Wimmera region

- Trained triage nurses utilise protocols/decision making charts to assess symptoms

- “Palliative Care Clinical Guidelines” (decision making charts) were developed
2. Patient/Carer Written Instructions

- "Guidelines for patients and carers" 
  Steps on how to manage an expected symptom and who to contact if this does not work

- Home Death Plan
  Directions for carers on what to do if a patient dies

- Emergency Medical Information Book
3. Plan of Care Patient Checklist

- No routine place in the patient history to document information

- Consists of 3 sections: Admission, After Hours/Emergency Plan, Separation

- Hospice staff have found this an effective tool for documenting and communicating aspects of patient care
Evaluation

- Approval was given by the Wimmera Base Hospital Clinical Research Committee
Patient and Carer Surveys

- 10 patients and 10 carers were surveyed
- All stated written information was helpful
  - “Information was reassuring”
  - “Very helpful and in plain language”
  - “easy to read”
- 13.5% of patients/carers registered with number made contact over 6 months (5 calls)
- 85% carers and 57% patients stated the number was reassuring and good security
District/Community Nurse Survey

- All reported the written information helpful
- 70% felt the number helpful for Hospice clients
- 50% of nurses referred patients to the information often

“It is a good reference for nurses”

“For one patient there had been no hospital admissions (for symptom control) since its use”
The “Palliative Care: Clinical Guidelines” are helpful and a good resource.

Few palliative care calls.

Further review and evaluation is needed to assess effectiveness during a call.

“Clear and easy to follow”
“Good resource”
Conclusion

- Written information and after-hours Triage service has been helpful for patients and carers
- Now working with the Grampians and Loddon Mallee Consortia to expand and adapt this work
- Triage protocols being trialled with District Nurses and After Hours Nursing Supervisors at the Horsham Hospital
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