

PEPA Workplace Activity Report

After completing my four day placement at the RBWH I conducted an in-service within the Oncology Day Unit at Bundaberg Cancer Care Centre, to better inform my colleagues of the services provided by Community Palliative Care, Inreach and the SPACE Project within which I work. This platform also gave me an opportunity to discuss the Consultancy Services provided by the RBWH Team, which may well be mirrored in the Bundaberg Base Hospital moving forward.

The activity was held at the Oncology Day Unit. Pre-discussion was held with the unit Educator to ascertain what it was that colleagues would really appreciate with regard to information surrounding Palliative Care and the Palliative Care Team at Bundaberg. The session was held on our regular Education day afternoon: between 2.30 and 3.15pm. I had organised some hand outs to be passed around and perused while I shared my information.

Palliative Care and what it offers

I commenced by discussing the misconception surrounding Palliative Care that many people and our clients hold: that it involves the last days and weeks leading to End of Life (this is only the very tip).

That really it involves supporting those with a life limiting illness to live their best quality of life, with the time they have left, and for the purpose of our service generally six months from passing.

Playing a supporting role including but not limited to:

Forward planning (AHD, SOC, EPOA etc), and connecting with other allied health services that can support wishes moving into the future.

Support surrounding choice and spirituality, where a person would best prefer to pass away.

Symptom management, as symptoms evolve and liaising with GPs.

Acknowledging fear, grief and loss and answering questions.

Caring for the client, and their loved ones and family.

Illness Trajectories: Out of interest

I used a visual handout here to discuss the four illness trajectories and how I've found this research relatively true to form, with regards my own experience of those dying from various illnesses. Also how it has informed my assessment skills and ability to communicate to others regarding what is happening. This includes education in RACFs, but also to families and carers. Obviously although often asked: timeframes are never really discussed, as everyone is an individual and their body responds differently to disease.

When cancer treatments cease, disease progression and death occurs quickly after a general 3-6 month plateau.

Those with organ failure including lung and heart disease, will have multiple peaks and troughs, hospital presentations and perhaps an acute event prior to passing.

Those that are frail and have dementia, have smaller peaks and troughs, dwindling away over longer periods of time.

Bundaberg Palliative Care Unit

Here I discussed that we are a referral service: through the Oncology Day Unit, Bundaberg Base Hospital and GPs. What our service encompasses: Community and link to SPaRTa (Specialist Palliative Rural Telehealth), SPACE (Specialist Palliative Care in Aged Care), Inreach support and telehealth within the hospital.

We conduct comprehensive Admission and Assessments at the client's home or in the RACF (SPACE). Multiple handouts here, as I passed around a PCOC (Palliative Care Outcomes Collaborative) assessment form: discussed similarities to EVIQ and ECOG for Cancer patients.

Explained how we co-ordinated multidisciplinary support for our clients and brokerage to Blue Care, for weekend assistance, ADLs and some wound care.

How as a service we work with GPs at present, make recommendations to them for symptom management and support – including Queensland Health Best Practice Guidelines.

Our scope in the home: no one size fits all! Not all families can, are able or want to care for their loved ones at home. We aim to help and support their wishes in a holistic manner.

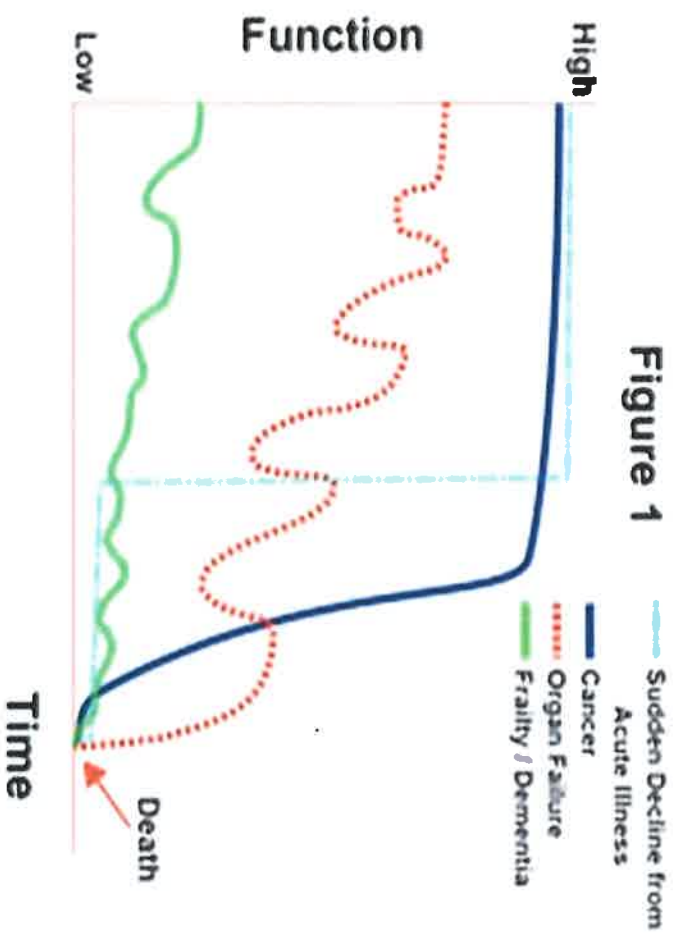
Moving Forward

Community Palliative Care is receiving funding for a Consultant, PHO and Social Worker (not shared with Cancer Care)

Our model of care may change and include services similar to those I experienced at the RBWH – Inreach and Outpatients. Caring for our consumers may not be so fraught, as we will have our own consultant. Willing to step in when some GPs won't.

Lastly touched on my PEPA (Program of Experience in the Palliative Approach), Placement. Discussed the similarities between sites, the enjoyment of networking with like minds and putting faces to names. A great experience overall.

Trajectories: out of interest



Ref image: Palliative CareNetwork of Wisconsin

Palliative Care Services

Community Palliative Care

Referral based service, providing support to individuals and their family:

End of Life believed to be between 3-6 months and requiring specialist palliative support including services and a multi-disciplinary approach.

Symptom management and advice

Goals of care, advanced care planning discussions and support.

Monday to Friday 8-4pm, though has access to a Brokerage Service coordinated by BlueCare for management over weekends: including syringe drivers. (Overseen by Pall Care)

Support access to Specialist Palliative Care Rural Tele-health Service (SPaRTa)

Community support, recommendations and liaison with GPs,

Specialist Palliative Care in Aged Care (SPACE)

Referral based service for residents living in RACs:

Not expected to live longer than 6 months

Have symptoms that are difficult to manage

Have a progressive terminal illness (malignant or non – malignant)

Liaise with RaSS and SPaRTa when needed and support RACs with GP contact and Recommendations.

Also support RACs with education, competence and confidence in the delivery of Palliative Care.

Inreach Palliative Care and SPaRTa

Referral based service providing support to palliative patients in the hospital: consent from patient and treating team.

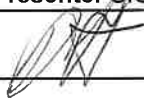
Last 3-6 months of life and requiring input for symptom management and forward planning, via SPaRTa Telehealth Consultancy Service

Follow up with Community and RAC patients admitted to BBH

Name of Inservice:




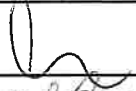


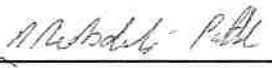
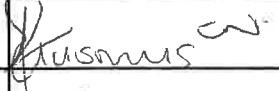
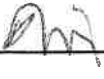
PEPA + Palliative Care


Location: WBHHS Date: 17/4/23 Time: 1430

Presenter NAME/s: Doris Dent Presenter PAYROLL ID: 263931 Presenter SIGNATURE: 

Tick the National Standard this inservice core content is based on:

- 1: Clinical Governance
- 2: Partnering with Consumers
- 3: Partnering and Controlling Healthcare-Associated Infections
- 4: Medication Safety
- 5: Comprehensive Care
- 6: Communicating for Safety
- 7: Blood Management
- 8: Recognising and Responding to Acute Deterioration

Payroll / Student ID	Name	Hospital / University	Dept	Position / Stream	Signature
342808	Emma Robotham	BBH	ODU	RN	
043473	Christine Lorenz	BBH	Clinics	CN	
115935	Amy Kirk	BBH	ODU	RN	
367624	MERAG MEDHAN	BBH	ODU	CN	
315325	Cassandra Lowe	BBH	ODU	RN	
132623	MARY SWEETNAM	BBH	OD	RN	
147731	HOLLEN ROOSEKATTE PATEL	BBH	ODU	RN	
399243	Atoria Erasmus	BBH	ODU	CN	
296783	Kathy Paris	BBH	ODU	A/NM	

 **Queensland Government**

WIDE BAY HOSPITAL AND HEALTH SERVICE

PALLIATIVE CARE POINT OF CARE ASSESSMENT

URN: _____

Family Name: _____

Given Names: _____

Address: _____

Date of Birth: _____ Sex: M F






Telephone: _____

Date: / /

SYMPTOM ASSESSMENT SCORE (SAS):

By patient By other Name: _____

(✓) How much do your symptoms bother, worry or distress you on this scale from 0 to 10

												
Symptoms	0	1	2	3	4	5	6	7	8	9	10	
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AHD EPOA SOC Preferred place of death: _____

Clinician Name: _____ Designation: _____

Signature: _____ Date: / /

Clinician Name: _____ Designation: _____

Signature: _____ Date: / /

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PALLIATIVE CARE POINT OF CARE ASSESSMENT I