

PRESENTATION STYLE

Oral

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TITLE (Word Count 464; Maximum is 500)

Impact of *caring@home* education package on carers' confidence, knowledge, and skills in managing palliative symptoms at home using subcutaneous medicines

BACKGROUND

Most people say if they had a terminal illness, they would prefer to be cared for at home and, if possible, to die there. Often this is not possible without a carer to assist with on-going practical care and symptom management.

This study assesses the impact of an education and resource package, *caring@home*, on carers' confidence, knowledge and skills in managing breakthrough palliative symptoms at home using subcutaneous medicines.

METHODS

Nurses trained volunteer carers to manage subcutaneous medicine for breakthrough symptoms using the *caring@home* package. Carers were invited to complete a 10-minute written evaluation survey and to consider consenting to a 30-minute semi-structure phone interview.

RESULTS

Fifty carers returned surveys and 12 were interviewed. Most carers agreed or strongly agreed that the package provided them with the necessary knowledge, skills and confidence to safely and confidently manage breakthrough symptoms using subcutaneous medicines. Importantly, they would recommend the package to others.

“Any carer should feel like they can handle the situation if they’ve got practice. It’s not a matter of just saying, oh, I couldn’t do that... So, there’s no reason why people shouldn’t be able to do it.” (Carer)

Interview analysis revealed three main themes:

1. Hesitation and motivation to adopt expanded carer role
Some carers expressed initial hesitation to accept medicine responsibility but went on to develop confidence to give medicine after training. Carers said that the desire to keep the person at home outweighed concerns about administering medicines.
2. The importance of a layered approach to support
Carers highlighted the importance of the combination of the training, resources, and 24-hour phone support.
3. Avoiding perceived unnecessary contact with nurses
Carers did not prepare medicines in all instances, in some services nurses routinely prepared syringes for later use by the carer. Many carers noted that avoiding unnecessary contact with the nurses was important to them and motivated them to take responsibility for this task.

DISCUSSION

These resources can be used by clinical services to offer patient-centred care that empowers carers to help facilitate a person to be cared for, and to die, at home if that is their wish.

Findings show that volunteer carers are motivated to adopt this expanded caring role that includes medicine management in order to keep their family member at home. Resource stretched community palliative care services may be advantaged by incorporating volunteer carers as part of the healthcare team, without compromising quality patient care.