

Title: PallConsult: Increasing Rural Generalists' end-of-life capacity.

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Author: Prof Liz Reymond

Director, Brisbane South Palliative Care Collaborative, Metro South Palliative Care Service
Metro South Health

Bio – Prof Liz Reymond MBBS (Hons), PhD, FRACGP, FACHPM

Liz Reymond is Deputy Director of Metro South Palliative Care Service (MSPCS) and Director of Brisbane South Palliative Care Collaborative – the research, education and service development arm of MSPCS. Her research interests include palliative care symptom management, advance care planning, and palliative care service delivery and development. Liz is currently directing various Queensland-wide and local palliative care projects, as well as the national *caring@home* projects, funded by the Australian Government Department of Health, to improve the quality of palliative care service delivery across Australia to support people to be cared for and to die at home, if that is their choice.

Abstract Overview: Rural Generalists are under-supported by their specialist colleagues to provide complex end-of-life care. PallConsult increases capacity of GPs to deliver quality, equitable, end-of-life care for Queensland rural populations. PallConsult has three service arms: 24/7 specialist telephone advice hotlines for immediate access to medical palliative care specialists, development of best-practice standardised resources and vocational upskilling. PallConsult has become business as usual for Queensland GPs, paramedics and residential aged care facilities.

Abstract Theme Relevant

End-of-life care is clinically challenging and time consuming. PallConsult is an innovative service that augments the capacity of rural practitioners to improve patient end-of-life outcomes.

Abstract

Introduction

In Queensland, the provision of palliative care and end-of-life services is not equitable; more than 50% of Queensland Hospital and Health Services, especially those in rural and remote areas, do not have easy access to specialist palliative care providers. Primary care clinicians need easy and effective access to specialist palliative care clinicians for when they need to problem solve, discuss management or link with support services. Such access facilitates rural generalists to build their capacity to provide patient-centred, home-based, end-of-life care that is sustainable for rural and remote palliative patients who choose to continue their end-of-life journey in their own environment.

Methods

Queensland Health funded establishment of PallConsult to provide rural clinicians with advice, quality resources and vocational education and training. PallConsult established three integrated service arms:

- Two 24/7 on-call telephone advice hotlines. One for doctors, nurse practitioners, paramedics and pharmacists to immediately access a medical palliative care specialist. One for other rural generalists to access a specialist palliative care nurse

- Development of best-practice, standardised end-of-life resources suitable for community use, including syringe driver learning packages and policy and procedures documents for end-of-life care in residential and aged care facilities
- Provision of vocational education on a rotational basis, focussing on age-care providers. Education was provided face-to-face and virtually

Evaluation occurred 20 months after establishment using a mixed method approach. Quantitative data included numbers of clinicians using the hotlines, numbers of resources ordered, numbers of educational sessions provided and numbers of attendees as well as qualitative analysis of GPs' anonymous voluntary SurveyMonkey responses.

Results

Hotline calls numbered 1,561 - 1,113 were from doctors, 43% of whom used the hotline for more than one patient. Most calls (1,331) were from regional, remote and very remote locations, 521 calls were received afterhours. Calls related to a total of 1,023 different patients.

PallConsult webpages were viewed 41,500 times to access resources and information. PallConsult syringe driver packages have been viewed over 18,700 times and downloaded 10,322 times with over 2,000 hard copies ordered.

Six hundred and forty-eight face-to-face education sessions were conducted (5,500 attendees) and 77 virtually (at least 2,100 attendees), with a median length of 90 minutes. Clinicians attending included doctors, nurses, paramedics, allied health professionals and others.

Of 200 doctors who returned surveys: 194 reported their interaction with PallConsult improved their patient's outcome, 171 reported the interaction improved the family/friends experience of care and 71 reported that the interaction contributed to hospital avoidance.

Discussion

The demand for rural home-based end-of-life care is increasing as the population ages. PallConsult represents an innovative, clinically relevant and acceptable solution to meet this demand. Working collaboratively with rural practitioners, PallConsult effectively and efficiently increases the palliative care capacity of rural generalists to provide patient-centred care for people who wish to be cared for and, if possible, to die in their home environment.

Apart from improving patient outcomes and families' experience of care, PallConsult delivers other benefits. It provides an economic after-hours palliative care service for clinicians across all of Queensland whereby treating clinicians can gain immediate access to consultant advice. Twenty-four hour services are expensive, especially if they are replicated several times across a state. Further, PallConsult resources are helping to standardise best-practice end-of-life care. Finally, repeated delivery of face-to-face education in rural areas promotes networking between generalists and specialists and helps establish a community of end-of-life practice.