

# Palliative care

## Source of support



It's critical that residential aged care is equipped to care for the old and dying, but insufficient resources and workforce issues add to the challenge, writes **Deborah Parker**.

Australia, like many developed countries, has an ageing population that is becoming increasingly dependent on formalised systems of care. A greater number of older Australians are using aged care services; in 2010-11, 75 per cent of all people dying had used an aged care service in their last year of life compared to 70 per cent in 2003-04.



Deborah Parker

Residential aged care facilities provide 24-hour care for 7.8 per cent of the Australian population aged 65 and over, with 83 per cent requiring high level care. Time from admission to death for these individuals can be brief, with 35 per cent of people dying within the first year of admission, and of these, 24 per cent occurring within six months of admission, according to Australian Institute of Health and Welfare data.

Therefore, it is critical that staff working in residential aged care have adequate training and support to care for the old and dying.

### PROGRAMS TO IMPROVE CARE

The recognition that palliative or end-of-life care in residential aged care facilities is core business has been supported by a range of government initiatives including the Palliative Approach Toolkit and most recently Decision Assist.

Decision Assist is a program funded by the Department of Health to enhance the provision of palliative care and advance care planning services across aged services. The project is managed by a consortium of national health and aged care organisations, including Respecting Patient Choices (lead agency), Palliative Care Australia, CareSearch, the University of Queensland, Queensland University of Technology, the Australian and New Zealand Society of Palliative Medicine, Leading Age Services Australia, and Aged and Community Services Australia.

To scope for the need for advance care planning and palliative care in residential care, a national survey of specialist palliative care services was conducted.

A final response of 131 respondents, or a response rate of 61 per cent, was achieved. The majority of services were based in NSW (33 per cent) or Victoria (26 per cent). Almost half of respondents worked in major cities.

While almost 13 per cent of services did not provide any specific support to residential aged care facilities, the remainder identified that the most common services were advice by telephone (74 per cent), on-site palliative care assessment (70 per cent), medication advice (64 per cent), education (62 per cent), psychosocial support (50 per cent), advance care planning advice (50 per cent), medical advice (48 per cent), nursing services (43 per cent) and bereavement support (43 per cent). Over 90 per cent of specialist palliative care services delivered education in palliative care at the local level and just over half of services delivered education in advance care planning.

### INSUFFICIENT RESOURCES

However, almost 60 per cent of specialist palliative care services felt they did not have sufficient resources to meet

the needs of current clients and three quarters of felt they did not have sufficient resources to meet the needs of potential clients in their area. Over 60 per cent of specialist palliative care services reported insufficient provision of social workers, other allied health workers (61 per cent) and bereavement services (55 per cent) as major gaps.

Services were also concerned with insufficient provision of: medical services (GP or consultant); specialist nursing resources (46 per cent); support for people at home (42 per cent); designated non-nursing workers (35 per cent); services to registered aged care facilities (33 per cent) and being able to provide visiting medical advice (31 per cent).

Resources identified by specialist palliative care services that would assist them to overcome gaps in their service provision were related to staffing issues, in particular, a need for increased staffing (47 per cent) and access to certain types of health professionals, professional staff and/or volunteers (46 per cent). As well as identifying particular health professional roles such as social worker or palliative care physician – services also indicated they required experienced and qualified staff.

This demand for more staff was also tempered by some services indicating they had difficulty filling positions – for example, “We advertise for positions but can't fill them – not enough interest in palliative care”.

“The results identified specialist palliative care services support residential aged care... under a resource constrained environment.”

One respondent indicated a need for specialist nurses in residential aged care. A further concern related to working with a transient workforce in outside services. Services also indicated that funding, additional equipment and resources would assist their work.

The results of this survey identified that specialist palliative care services in Australia are dedicated to providing support to residential aged care facilities. However, they do so under a resource constrained environment and for some

services with limitations on staff numbers and access to appropriately skilled staff.

### WORKFORCE ISSUES

Residential aged care services have staffing issues that need to be considered.

The Aged Care Workforce Census and Survey 2012 showed that 14 per cent of registered nurses were working in residential aged care that year down from 21 per cent in 2003.

Correspondingly, there has been an increase in the use of personal care assistants from 58 to 68 per cent, indicating that a greater reliance on personal care workers is occurring.

Through Decision Assist, there is a focus on up-skilling the residential aged care workforce in advance care planning and palliative care and linking this sector to specialist palliative care support and advice.

If you are working in aged care, the Decision Assist phone line advisory service can provide you with support for advance care planning and palliative care advice. Other information on education and resources are available from the Decision Assist website. ■

Call Decision Assist on 1300 668 908 or visit the website at [decisionassist.org.au](http://decisionassist.org.au)

Professor Deborah Parker is national evaluator, Decision Assist and director of the Centre for Applied Nursing Research at Western Sydney University.

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