What does PCOC know about specialist palliative care provision in residential aged care?

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KEYWORDS

RAC, Outcomes, PCOC

EXECUTIVE SUMMARY (100 words maximum)

Knowledge about those who receive specialist palliative care (SPC) in Residential Aged Care (RAC) is lacking. PCOC routinely collects data from participating services providing specialist palliative care in-reach into RAC for quality improvement. In NSW, PCOC assessments was collected for 501 residents receiving SPC. Over half of all referrals to SPC originated from GPs. Residents most commonly require extensive nursing care. PCOC data suggests standardised referral criteria is required in RAC to improve accessibility to palliative care in aged care.

INTRODUCTION

The proportion of the population who could benefit from palliative care is increasing due to disease and age-related trends. Equally, the demand for palliative care is growing, including for those in RAC. Knowledge about those who are receiving SPC in this setting is lacking. This report aims to describe access and characteristics of residents requiring SPC care in NSW RAC.

HIGHLIGHTS

- More than half of the residents were referred to SPC by a GP and almost a third from hospital.
- Most referrals are for those with a non-malignant diagnosis.
- Residents requiring SPC are most commonly assessed with moderate or severe pain, fatigue, family/carer problems or 'other symptoms'
- Referral and discharge patterns indicate the important role of the GP in access to SPC.

METHODOLOGY/ PROCESS

Routinely collected data from palliative care services participating in the Palliative Care Outcomes Collaboration (PCOC), between July to December 2023 were analysed. Demographics, characteristics, functional status, problems, and symptoms were captured using the Palliative Care Phase, Australia-modified Karnofsky Performance Status (AKPS), Palliative Care Problem Severity Score (PCPSS), and Symptom Assessment Scale (SAS).

RESULTS/ OUTCOMES

501 residents received SPC. Of these, 27% were referred from hospitals and 53% from GPs. Most had non-malignant diagnosis (72%), including 18% with dementia. Initial assessments showed more than half of the SPC recipients had an AKPS score of 30 or below (almost completely bedfast). Common symptom issues assessed as either moderate or severe included pain (23%), fatigue (12%), family/carer problems (12%) and other symptoms (21%). More than half of the residents received palliative care up until death (62%) whereas 22% were discharged to primary care.

CONCLUSION

Residents referred to SPC service most commonly require extensive nursing care associated with end-of-life. Over half of all referrals to SPC originated from GPs, and almost a quarter of episodes ended with readmission to primary health care, highlighting the role of GPs as gateways to appropriate palliative care. Additionally, hospitals significantly contribute to SPC referrals, emphasising the necessity for standardised referral criteria to improve accessibility to palliative care in aged care.