IMPROVING END OF LIFE CARE FOR RESIDENTS OF RESIDENTIAL AGED CARE FACILITIES: THE I-MATTER PROJECT.

KEYWORDS

Palliative Care, Aged Care, End-of-Life Care

EXECUTIVE SUMMARY

New models of end-of-life care in Residential Aged Care Facilities (RACFs) are required, that are resident-centred and evidence-based, where professional care providers are available, valued and supported to provide quality care for a growing and vulnerable population. The I-matter Project delivered a complex intervention driven by local needs to embed evidence-based Palliative and End-of-Life care (P&EoLC) practice. It aimed to have clear components, dose and implementation strategies to provide clarity on causality of outcomes. The intervention encouraged staff at RACFs to establish organisational policies and structures concerning end-of-life care and improve palliative care knowledge, skills, knowledge and confidence of RACF nursing staff.

INTRODUCTION

Care demands within Australia's RACFs are set to double by 2040. The 2018 Productivity Commission report on end-of-life care found that the care residents currently receive is often suboptimal. In 2018 the Royal Commission into Aged Care Quality and Safety made it clear that substandard care in Australia's aged care system was unacceptable. The need for change provided the impetus for I-matter Project. The I-matter Project aimed to integrate P&EoLC resources into routine RACF practice to facilitate sustainable quality P&EoLC resident care using continuous quality improvement activities.

HIGHLIGHTS

- The complex intervention decreased burdensome hospital admission and emergency department presentations for residents in the last 12 months of life
- There was a statistically significant improvement in Advance Care Planning and the End-of-Life Care provided to residents post-intervention.
- The I matter Project had a significant impact on organisational support and capacity to provide quality End-of-Life Care to its residents.
- The intervention significantly improved the palliative care skills and knowledge of aged care nurses.

METHODOLOGY/ PROCESS

A three-phase sequential explanatory mixed methods project, to measure the effect of a complex intervention– collectively termed the I-matter project.

RESULTS/ OUTCOMES

Twenty-eight RACF's, with 521 nurses participated in the intervention. The project resulted in improved capacity for RACFs to provide P&EoLC. Evidenced at an organisation level by an increase in education ($p = .002$); palliative care case conferences ($p=.008$); use of EoLC pathway ($p=.002$) outcomes and establishing palliative care working parties ($p=.002$). Organisational support supported an increasingly educated workforce with nurses reported an increase in P&EoLC knowledge/skill. The impact of this in resident outcomes with increased documenting P&EoLC preferences increasing ($p= \leq .05$) and concordance with dying in place of choice ($p=0.04$) and a reduction in unwanted/unnecessary hospital admissions ($p= .001$).

CONCLUSION

EoLC outcomes for residents of participating facilities have significantly improved throughout the project. P&EoLC must become core business within RACFs. To do this quality education and support of nursing staff is required. A complex intervention that is flexibly delivered in RACFs is capable of transforming the P&EoLC provision available to residents of RACFs.