A New Model for Palliative Care in Corrections

National Conference on Correctional Health Care in Las Vegas

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Educational Objectives

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Learning Objective 1: **Identify key actions implemented by the Network Palliative Care Model of Care**

Learning Objective 2: **Describe the program's palliative care patient criteria**

Learning Objective 3: **Discuss the Palliative Care Model of Care components and tools**

Indian Ocean
Coral Sea
Great Barrier Reef
Darwin
Katherine
Wyndham
Broome
Derby
Port Hedland
NORTHERN TERRITORY
Alice Springs
Cooktown
Cairns
Normanton
Townsville
QUEENSLAND
Rockhampton
Gladstone
Bundaberg
Gympie
Chinchilla
Brisbone
Southport
Charleville
Cunnamulla
Carnarvon
WESTERN AUSTRALIA
Geraldton
Kalgoorlie
Perth
Augusta
Albany
Esperance
SOUTH AUSTRALIA
Lake Eyre
Lake Gardner
Lake Torrens
Port Augusta
Port Lincoln
Adelaide
Bourke
NEW SOUTH WALES
Newcastle
Sydney
CANBERRA
Canberra
AUSTRALIAN CAPITAL TERRITORY
VICTORIA
Geelong
Melbourne
Indian Ocean
Tasman Sea
TASMANIA
Hobart

Health Care Locations

New South Wales

Lismore
Moree
Brewarrina
Grafton
Acmena
Glen Innes
Coffs Harbour
Kempsey
Tamworth
Mid North Coast
Port Macquarie
Broken Hill
Dubbo (Orana)
St Heliers
Wellington
Cessnock
Broadmeadow
Raymond Terrace
Newcastle
Kestrel Unit#
Ivanhoe
Macquarie Unit#
Bathurst
Kirkconnell
Lithgow
Oberon
Junee (Private)
Riverina
Wagga Wagga
Goulburn
Mannus
Batemans Bay
Cooma

Sydney Area

John Morony I Outer Metropolitan Multipurpose Centre and Dillwynia
Wyong
Gosford
Frank Baxter
Amber Laurel
Emu Plains
Parklea ****
Bunya Unit#
Woy Woy
Penrith
Silverwater Complex*
St Marys (Cobham)
Lidcome (Juniperina)
Blacktown
Parramatta
Fairfield
Burwood
Bidura (Glebe)
Liverpool
Bankstown
Sydney
Campbelltown (Reiby)
Sutherland
Long Bay Complex**
Malabar***
Wollongong
Port Kembla
South Coast
Nowra
Milton

- Correctional Centre
- Juvenile Justice Centre
- Court & Police Complex
- Court Liaison Service
- Drug Court Service
- Inpatient Unit
- Community Integration Team
- Adolescent Court & Community Team
- Sobering Up Centre
- Health Services provided by GEO Group Australia Pty Ltd

\# **Medium Secure Forensic Unit operated by**
Kestrel Unit, Hunter New England LHD
Macquarie Unit, Western NSW LHD
Bunya Unit, Western Sydney LHD

* **Silverwater Complex**
Metropolitan Remand & Reception Centre
Silverwater Women's Correctional Centre
Mental Health Screening Units at MRRC and SWCC
Dawn de Loas Correctional Centre
Adult Drug Court Program Assessment Unit

*** **Malabar**
The Forensic Hospital

** **Long Bay Complex**
Long Bay Hospital
Metropolitan Special Programs Centre Areas 1, 2 & 3
Metropolitan Medical Transitional Centre
Special Purpose Centre

**** **Parklea Complex**
Parklea Correctional Centre
Compulsory Drug Treatment Program Centre

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The health of our adult custodial patients

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ABORIGINAL PATIENTS IN CUSTODY**

25%

of adults in custody identify as Aboriginal (compared to 2.9% in the wider community)

EXPERIENCE OF TRAUMATIC EVENTS

65%

have experienced or witnessed at least one type of traumatic event

SUICIDE ATTEMPTS

18%

have previously attempted suicide (10x higher than in the community)

SUBSTANCE ABUSE

2/3 had a daily substance abuse problem

& 67% reported consuming alcohol in a quantity and pattern that was deemed hazardous (likely to result in harm)

67% used methamphetamine

PHYSICAL HEALTH

Top 5 chronic physical conditions*

Asthma
Hypertension
Diabetes Type 2
Hepatitis C
Epilepsy

27% of patients reported three or more physical health conditions

INTERGENERATIONAL INCARCERATION

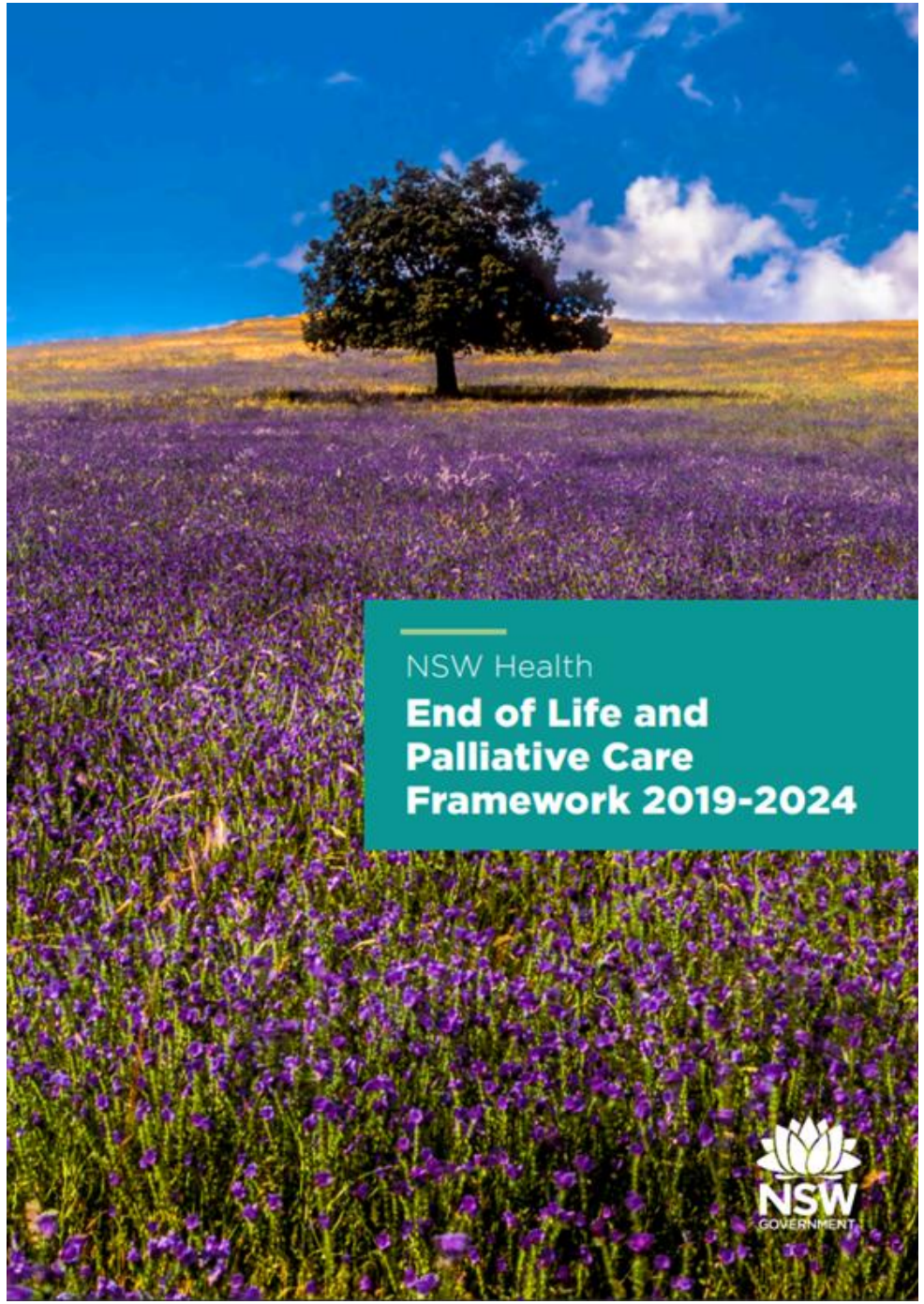
1/5 reported one or both parents incarcerated during their childhood

MENTAL ILLNESS

63% have received a diagnosis for a mental illness at some stage in their life

38% suffering from depression

Source: 2015 Network Patient Health Survey
*JHeHS patient records 2017-18 FY
**Australian Bureau of Statistics, Prisoners in Australia December 2017 and June 2018



Project background

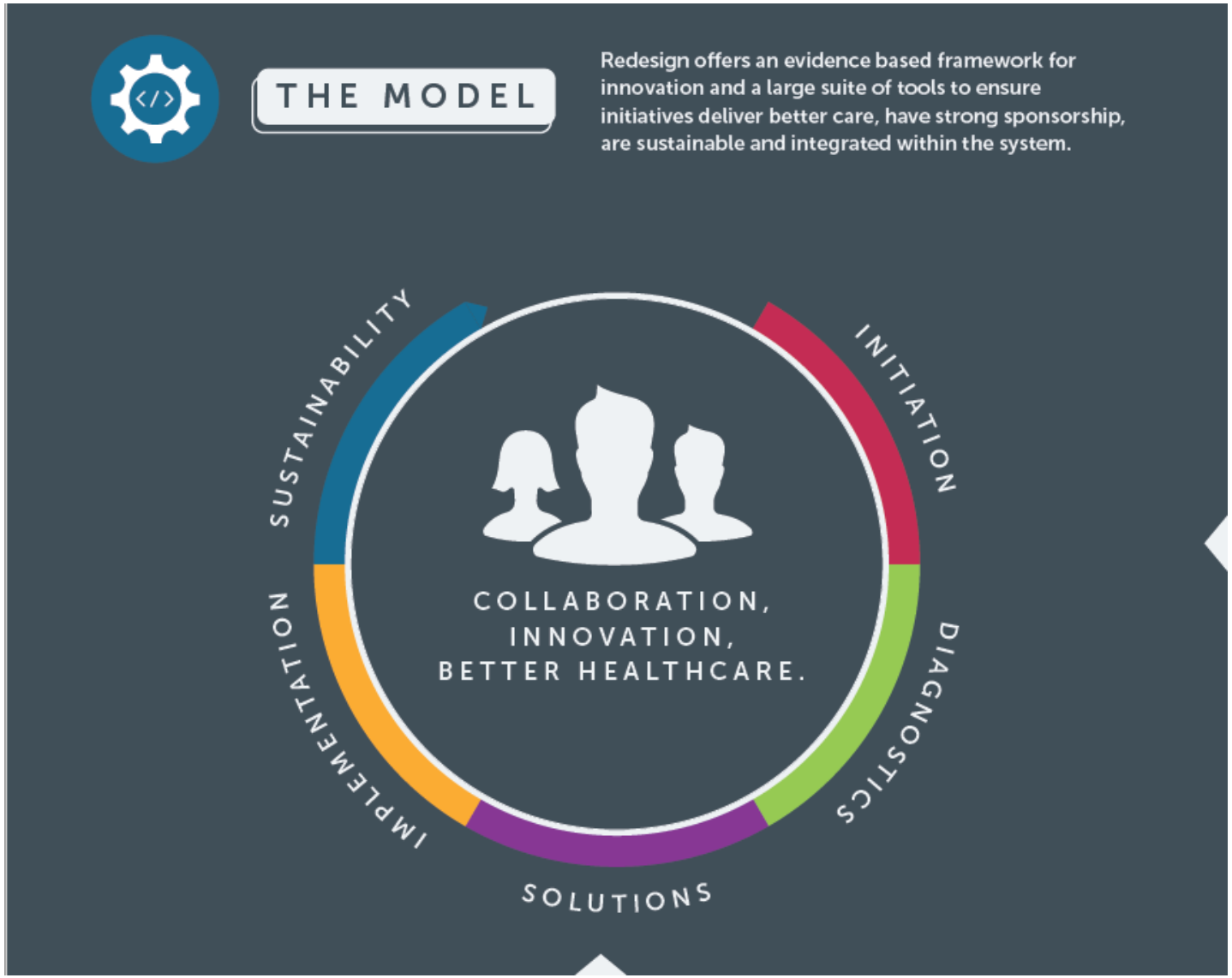
End of Life and Palliative Care Framework 2019-2024

Framework priorities:

1. Care is person centered
2. There is recognition and support for families and carers
3. There is access to care providers across all settings who are skilled and competent in caring for people requiring end of life and palliative care
4. Care is well-coordinated and integrated
5. Access to quality care is equitable

Network Palliative Project May 2019

Clinical redesign methodology



Case for change

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The Network patient population are vulnerable and experience poorer health

Inspection standards For adult custodial services in New South Wales (section 82.11)

No model of care or framework for palliative care

NSW Health End of Life and Palliative Care Framework 2019-2024

Case for change – patient journey

Male

70s

History of prostate cancer

Actively managed for metastatic cancer

Goal and objectives

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Goal:

To provide patients with end of life and palliative care based on their individual needs and provide clinicians with the necessary skills and knowledge to provide high quality end of life and palliative care within the Network by March 2021.

Objectives:

To increase the number of palliative care patients identified through a PAS alert across the Network by December 2020.

Implementation of a model of care that identifies palliative care patients for appropriate care by March 2021.

Diagnostics – what is the current state?

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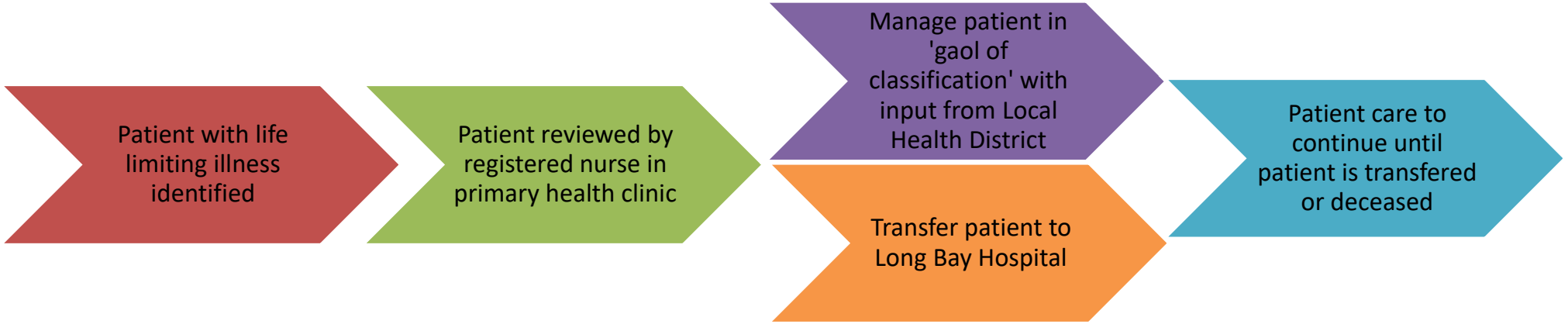
Diagnostics activities:

- Consultation with Network, Corrective Services NSW, Prince of Wales Hospital, UTS National Palliative Care in Prisons Project
- Auditing of patient journeys through electronic health records
- Issues log
- Data analysis
- Review of previous gap analysis and palliative care forum feedback

Diagnostics – high-level process map



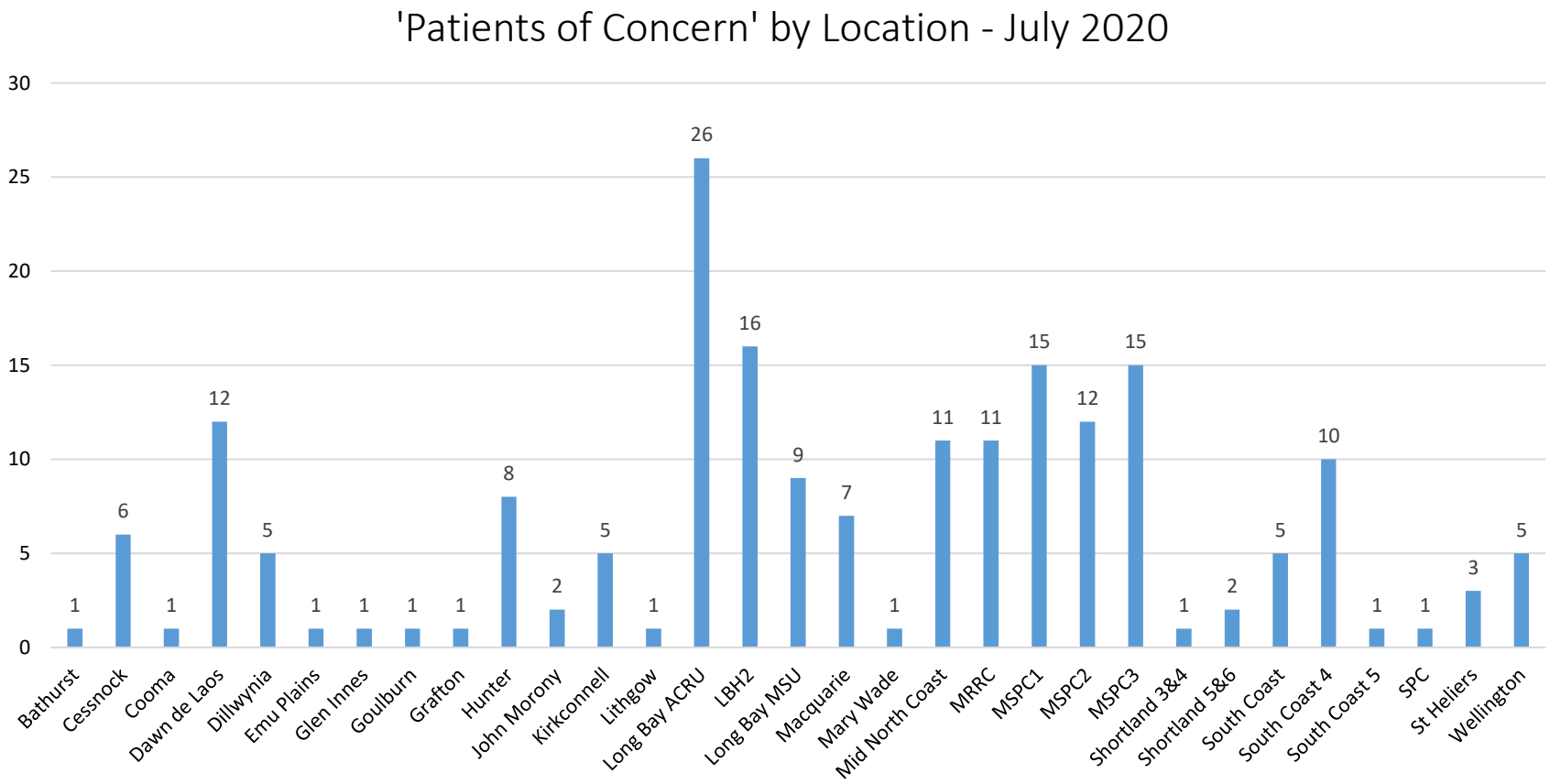
Diagnostics – palliative care specific positions

Network palliative care positions	
Staff Specialist (Medical)	FTE 0.1
Transitional Nurse Practitioner	FTE 1.0
Aboriginal Health Worker	FTE 1.0
Occupational Therapist	FTE 0.6
Social Worker	FTE 0.4

The majority of referrals to palliative care positions are from Long Bay Hospital (LBH) and metropolitan centres, compared to regional centres.

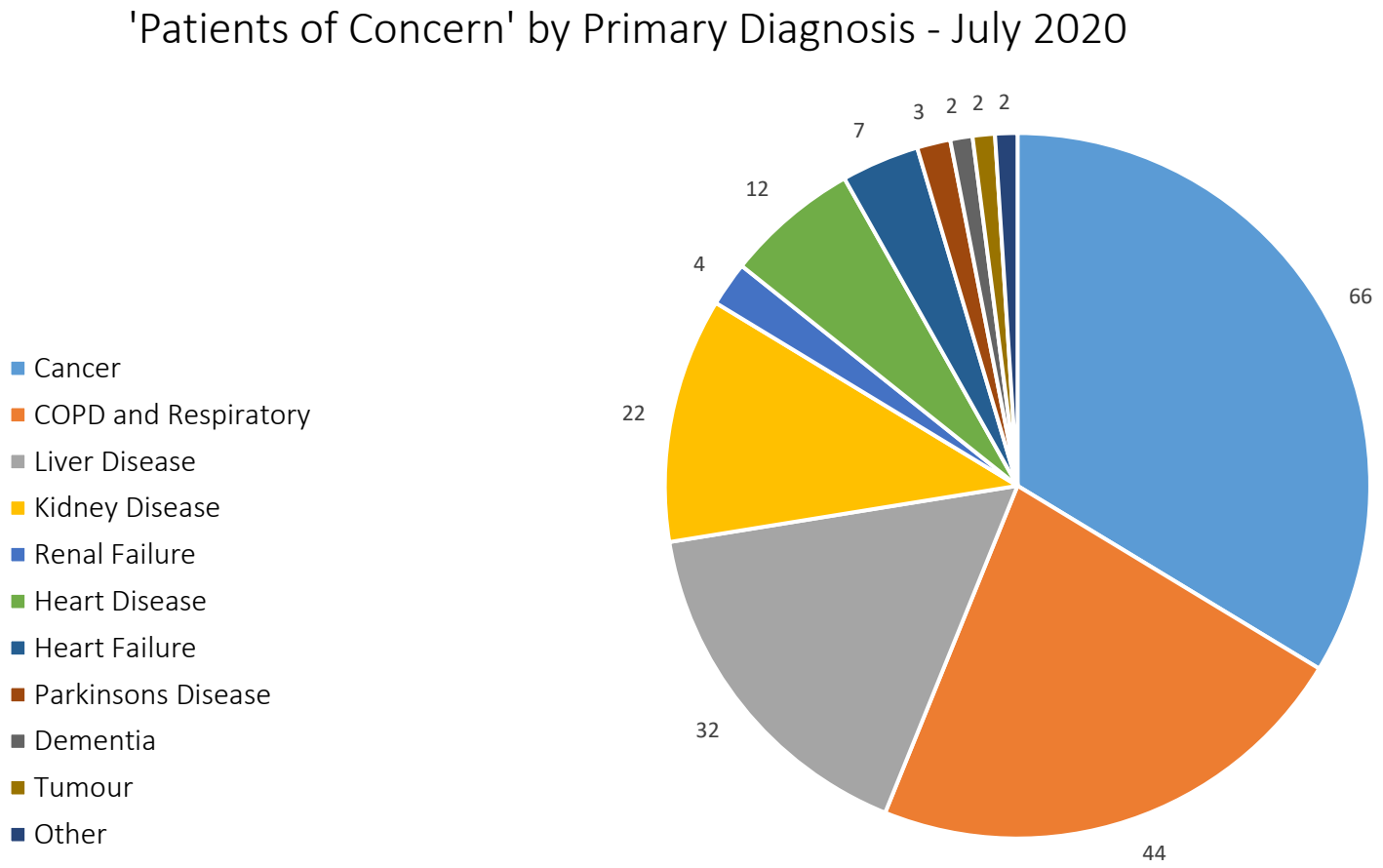
Palliative care patients in the Network

- 196 patients with life-limiting illness across 31 locations



Palliative care patients in the Network

- Average of 11.6 expected deaths in custody annually



Diagnostics – key issues

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Issue	Impact on NSW Health End of Life and Palliative Care Framework 2019-2024 priorities
Poor identification of patients requiring palliative care	Patient care is not well coordinated or integrated
No clinical guidance or referral pathway for palliative care	Inequitable patient access to quality care: • The Network does not have clinicians skilled in providing end of life and palliative care in all sites • This results in patients being moved from their gaol of classification to metropolitan centres or Long Bay Hospital
Significant gaps in provision of palliative care to patients	Patient care is not person-centred, and there is no recognition and support for families and carers

Solutions – staged approach

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1. Develop and endorse a collaborative evidence-based model of care and care pathway for palliative care patients within correctional settings in NSW

   In conjunction with:

   - Centralised referral pathway and MDT meeting
   - Development of palliative care resources
   - Launch of the palliative care clinical support team (clear roles and responsibilities)

2. Education and training to trigger identification of palliative care patients

3. Revision of Advance Care Directives forms and policy

4. Develop strengthened partnerships with Corrective Services NSW

5. Develop strengthened partnerships with Local Health Districts

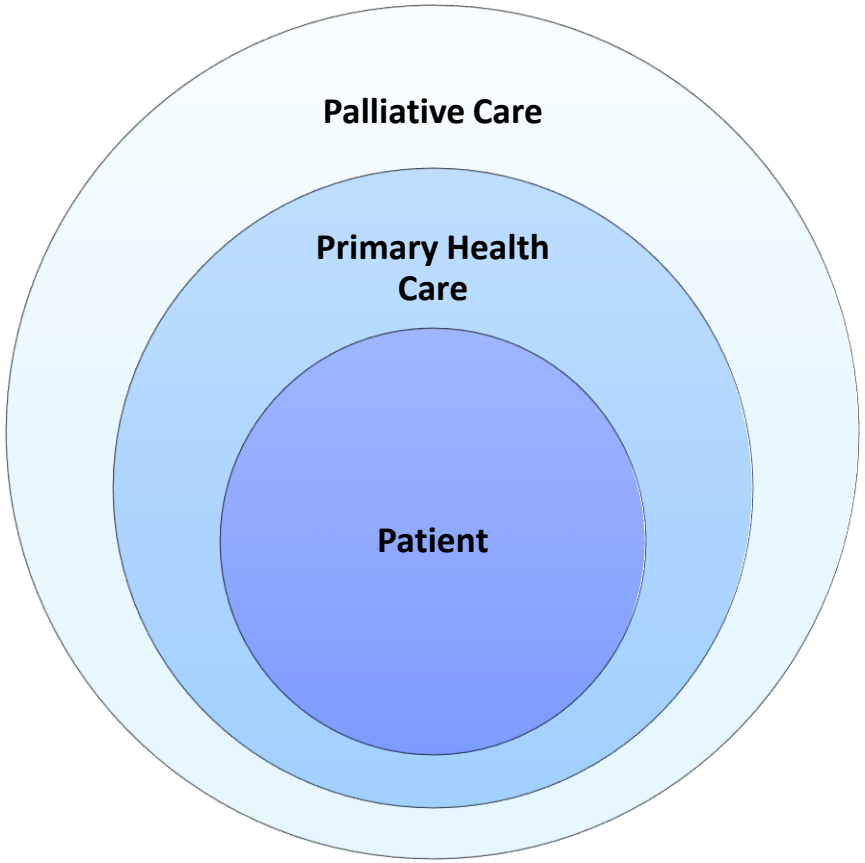
Model of care - overview

Network actions to address NSW Health Clinical Principles for End of Life and Palliative Care:

1. Screening and identification of patients with life-limiting illness
2. Comprehensive assessment (primary health and palliative care)
3. **Referral to the Palliative Care team**
4. Palliative care triage
5. **Acceptance of referrals**
6. Care planning and care coordination
7. **Early release**
8. Open and respectful communication
9. **Advance care planning**
10. Symptom management
11. **Discharge planning**
12. **Last days of life care**
13. 24/7 access to support
14. Place of death
15. Grief and bereavement support

Model of care – palliative care at the Network

- The Network palliative care team approach



Model of care – patient criteria and referral pathway

To refer to the Palliative Care team, patients must have a life-limiting illness

Reasons for referral:

- Palliative symptom management (e.g. pain, shortness of breath, nausea, vomiting, fatigue, anxiety or crisis)
- Recent clinical deterioration
- Recent functional decline
- Known to an external palliative care service
- End of life care
- Complex advance care planning support
- Staff wanting palliative care guidance for a patient
- Meets SPICT identifiers

THE UNIVERSITY of EDINBURGH

Supportive and Palliative Care Indicators Tool (SPICT™)

The SPICT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

Look for clinical indicators of one or multiple life-limiting conditions.

Cancer

- Functional ability deteriorating due to progressive cancer.
- Too frail for cancer treatment or treatment is for symptom control.

Dementia/ frailty

- Unable to dress, walk or eat without help.
- Eating and drinking less; difficulty with swallowing.
- Urinary and faecal incontinence.
- Not able to communicate by speaking; little social interaction.
- Frequent falls; fractured femur.
- Recurrent febrile episodes or infections; aspiration pneumonia.

Neurological disease

- Progressive deterioration in physical and/or cognitive function despite optimal therapy.
- Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.
- Recurrent aspiration pneumonia; breathless or respiratory failure.
- Persistent paralysis after stroke with significant loss of function and ongoing disability.

Heart/ vascular disease

- Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.
- Severe, inoperable peripheral vascular disease.

Respiratory disease

- Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.
- Persistent hypoxia needing long term oxygen therapy.
- Has needed ventilation for respiratory failure or ventilation is contraindicated.

Kidney disease

- Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.
- Kidney failure complicating other life limiting conditions or treatments.
- Stopping or not starting dialysis.

Liver disease

- Cirrhosis with one or more complications in the past year:
  - diuretic resistant ascites
  - hepatic encephalopathy
  - hepatorenal syndrome
  - bacterial peritonitis
  - recurrent variceal bleeds
- Liver transplant is not possible.

Other conditions

- Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.

Review current care and care planning.

- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

Please register on the SPICT website (www.spict.org.uk) for information and updates

SPICT™, April 2017

Model of care – pilot

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- Palliative Care Model of Care
- Palliative Care Team Clinical Tools
  - Palliative Care Outcomes Collaboration (PCOC) Symptom Assessment Scale (SAS)
  - Australia-modified Karnofsky Performance Status (AKPS) Scale
  - PCOC Palliative Care Phases
  - Barthel ADL Index
  - Waterlow Pressure Ulcer Prevention / Treatment Policy
  - Psychosocial Assessment Tool
  - Aboriginal Health Considerations Tool
- Palliative Care Patient Summary Sheet (Care Plan)

Model of care – pilot outcomes

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- The pilot followed 3 PDSA (Plan, Do, Study, Act) cycles

PDSA Cycle	Outcome
1	Feedback on altering the psychosocial assessment tool Minor feedback on Model of Care Limited evidence of completed of care management plans
2	Feedback on psychosocial assessment tool and palliative care management plan
3	Minor feedback on Model of Care and clinical tools Revised Palliative Care Patient Summary Sheet (Formerly palliative care management plan)

Model of care – current state

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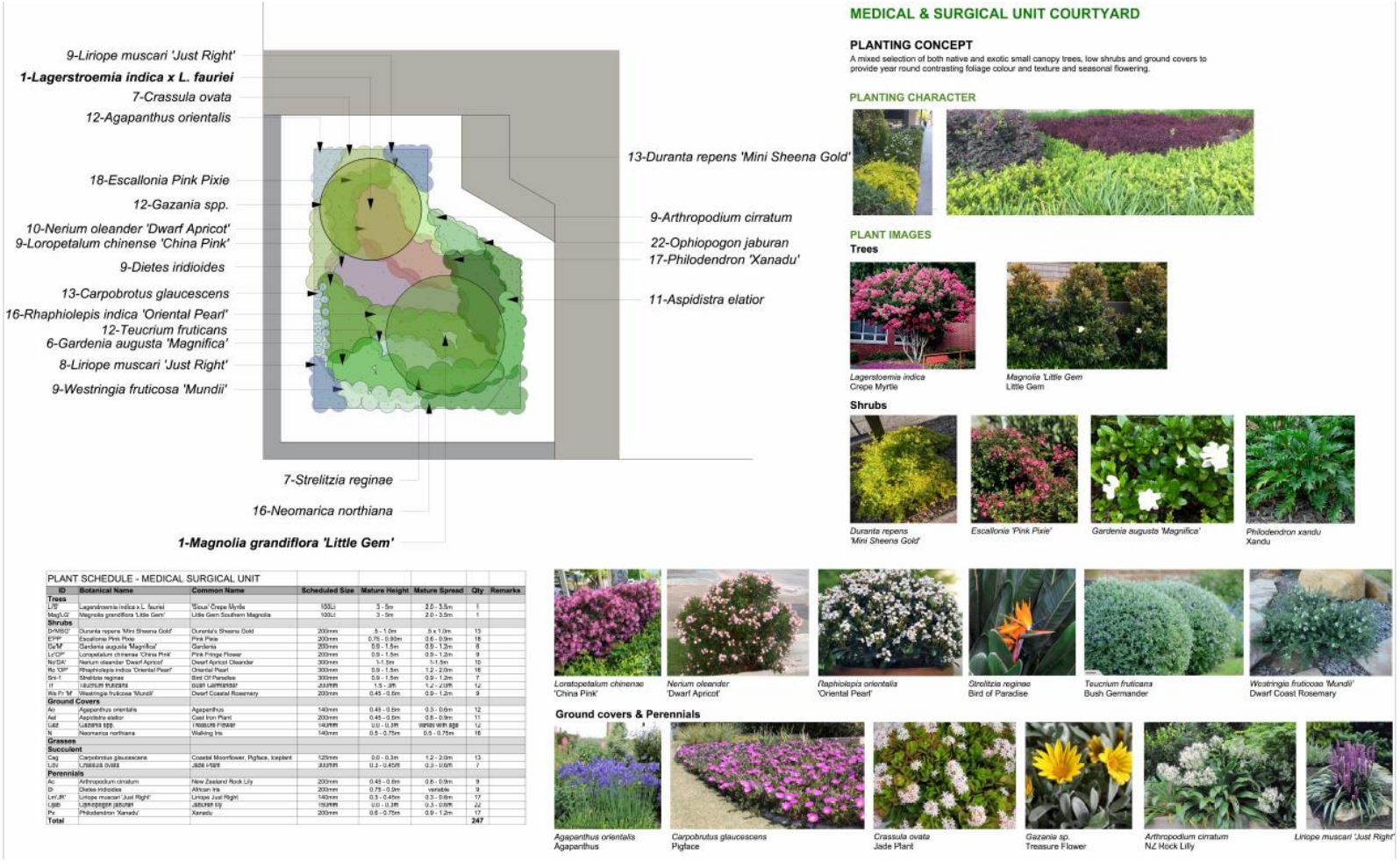
- Palliative Care Model of Care implemented July 2021
- 12 month evaluation of the model of care
- Partner in National Palliative Care in Prisons (PiP) Research Project
- Ongoing enhancements
  - Increase to staffing profile
  - Education and training
  - Equipment/rails
  - Long Bay Hospital Garden refurbishment

PALLIATIVE CARE
IN PRISONS PROJECT

Long Bay Hospital – Palliative Garden Refurb
Before

Long Bay Hospital – Palliative Garden Refurb
Before

Long Bay Hospital – Palliative Garden Refurb
Proposal



Model of care – patient journey

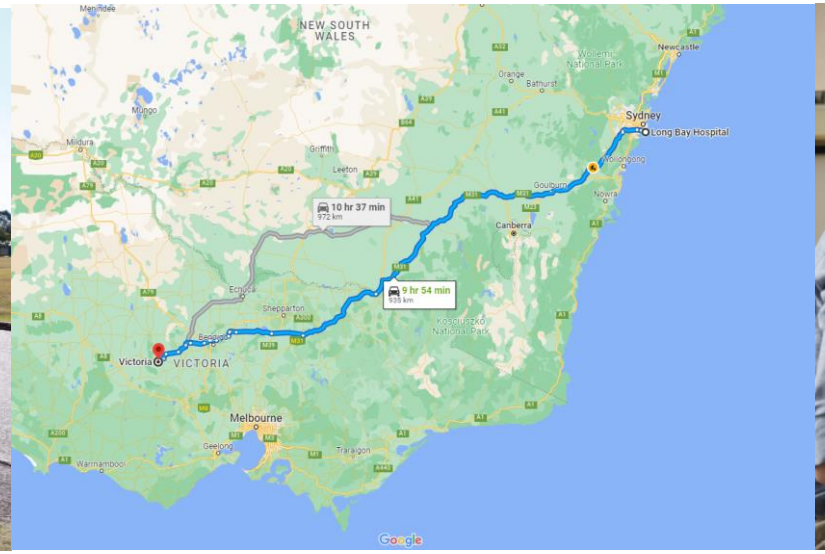
Male

40s

Rapidly progressive metastatic cancer

Early release

Supported discharge home and transfer of care to local palliative care services



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Questions?

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Acknowledgements

Contact for more information on the Palliative Care Model of Care Project:
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