


End of Life Planning – An important process that GPs should be part of


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Presentation overview

- Background
- Palliative care framework of care based on prognostication
- Key processes within the framework to meet emergent clinical needs
- Decision Assist resources



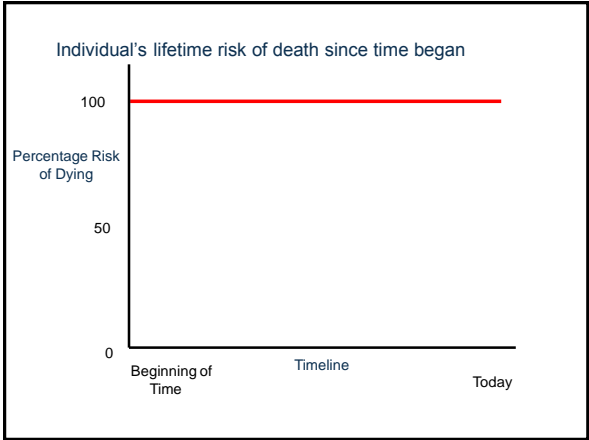
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Background



- Funding from Australian Government to rollout Decision Assist to support health care professionals who work with older Australians living in the community
- GP role is essential for achieving optimal patient and family outcomes in community based palliative care for aged care



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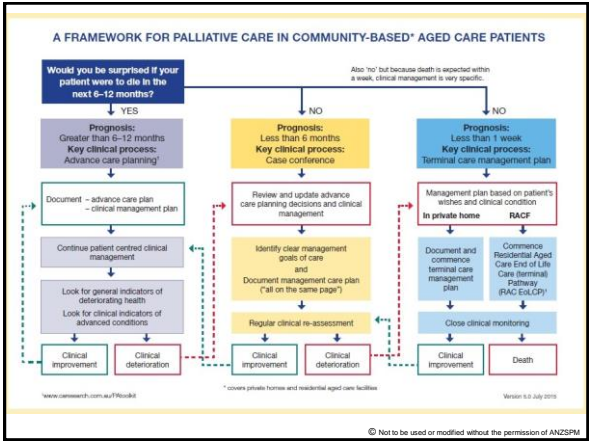


Reframing palliative care


The graph plots 'Intent of clinical management' on the y-axis (from Curative at the top to Palliative at the bottom) against 'Disease Progression' on the x-axis. A vertical line separates the 'Curative' phase on the left from the 'Palliative' phase on the right.

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Some indicators of deteriorating health prompting consideration of the palliative approach¹

- Performance status poor or deteriorating with limited reversibility
- Dependent of others for most care needs
- Two or more unplanned hospitalisations in past 6 months
- Significant weight loss (5-10%) over past 3-6 months
- Persistent troublesome symptoms despite optimal treatment of any underlying conditions
- Patient requests supportive and palliative care or treatment withdrawal



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Key processes to proactively manage clinical needs

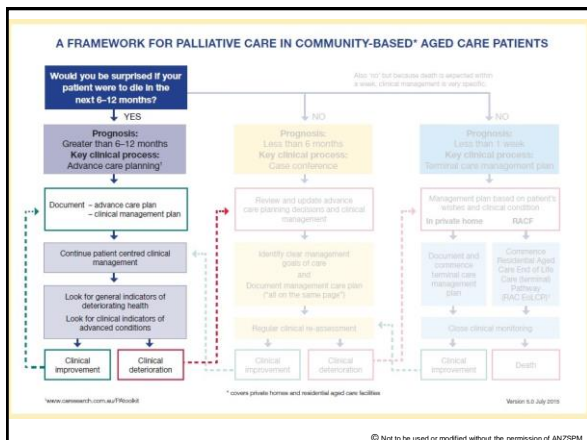
- Advance care planning (ACP) and documentation
- Case conferencing and management plan documentation
- Use of a terminal care management plan for patients at home or an end of life (terminal) care pathway for RACF residents

Prognosis: Greater than 6-12 months
Key clinical process: Advance care planning¹

Prognosis: Less than 6 months
Key clinical process: Case conference


Prognosis: Less than 1 week
Key clinical process: Terminal care management plan

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Key process: ACP


- ACP is an interactive ongoing process of communication focussing on the person's preferences for their care in the future
- Can have legally binding components (e.g. Advance Care Directive and Ending Power of Attorney) or be a less formal document
- Allows care providers to know the person's wishes so that they can advocate for the person
- Helps GPs to inform the clinical management plan for the person



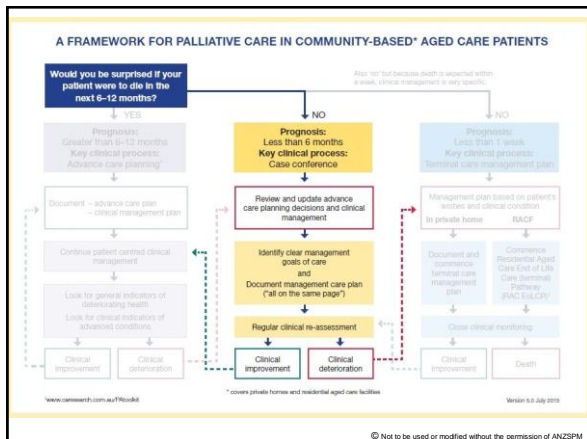
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Key process: ACP (con't)

- Identify the appropriate substitute decision maker for a person
- A person's substitute decision maker may not always be a family member.



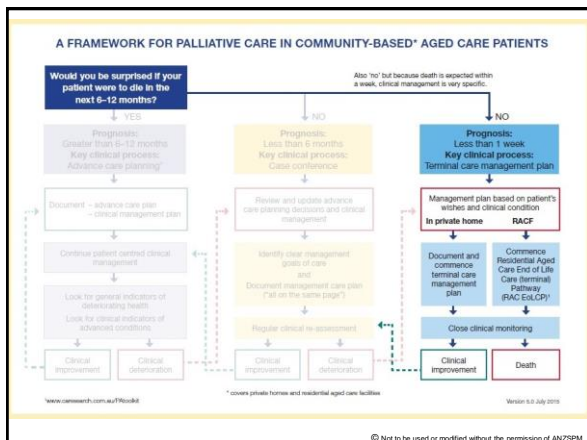
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Key process: Case conference

- Identify clear management goals of care so that "all on the same page"
- Identify the person's and/or substitute decision maker's concerns
- Document case conference outcome(s) and write up management care plan
- Share health information, estimated prognosis and what to expect as condition deteriorates

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Key process: Terminal management plan

- Use of a terminal care management plan for patients at home or an end of life (terminal) care pathway for RACF residents
- Diagnosis of dying, and likely course, communicated to patient/substitute decision maker, family and aged care service providers
- Document and implement co-ordinated management plan available to all those requiring it

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Medications endorsed by ANZSPM for use in terminal care in RACFs & suggested imprest stock quantities

Medication	Dose	Stock
Clonazepam drops*	2.5 mg/ml	1 bottle (10mls)
Fentanyl citrate injection**	100 mcg/2ml	10 ampoules
Haloperidol injection	5 mg/ml	10 ampoules
Hydromorphone injection	2 mg/ml	5 ampoules
Hyoscine butylbromide (<i>Buscopan</i>) injection**	20 mg/ml	5 ampoules
Metoclopramide injection	10 mg/2ml	10 ampoules
Midazolam injection**	5 mg/ml	10 ampoules
Morphine sulphate injection	10 mg/ml	5 ampoules

* PBS listed for seizures only
** Not listed on PBS

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Terminal management plan for patients living independently

- Diagnosis of dying, and likely course, communicated to patient/substitute decision maker, family and aged care service providers
- Document and implement co-ordinated management plan available to all those requiring it
- Medications reviewed – essential medications prescribed, available, charted. Education for medication administration
- Death at home documentation available, including not for resuscitation order, expected death
- Bereavement follow-up plan


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Medications endorsed by ANZSPM – to use in terminal care in community-based patients





MEDICATION	CONCENTRATION	PACKAGED as
Clonazepam liquid* (oral drops)	2.5mg/ml	10ml bottle (2.5mg/ml)
Clonazepam injection*	1mg/ml	box of 5 ampoules
Fentanyl citrate injection**	100mcg/2ml	box of 5 ampoules
Haloperidol injection	5mg/ml	box of 10 ampoules
Hydromorphone injection	2mg/ml	box of 5 ampoules
Hyoscine butylbromide (Buscopan) injection***	20mg/ml	box of 5 ampoules
Metoclopramide injection	10mg/2ml	box of 10 ampoules
Midazolam injection**	5mg/ml	box of 10 ampoules
Morphine sulphate injection	10mg/ml AND 30mg/ml	box of 5 ampoules

* Non-PBS unless for seizure control
 ** Not on the PBS
 *** Non-PBS unless for colicky pain. Unrestricted via the Repatriation Schedule



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Decision Assist resources for GPs





- Range of educational opportunities and resources for GPs in preparation – see *Decision Assist* website www.decisionassist.org.au
- Palliative Care Phone Advisory Service (24/7) & Advance Care Planning Phone Advisory Service (8am-8pm 7 days per week)

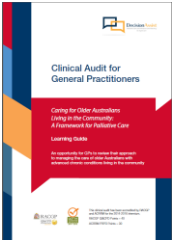
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Accredited educational activities



- Clinical audit
- Active Learning Module (RACGP) / Theory Practice Activity (ACRRM)
- RACGP: 40 Cat 1 QI&CPD points
ACRRM: 30 PRPD points
- Contact: karencooper.ANZSPM@bigpond.com





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Other educational opportunities for GPs



- **Online 'case of the month' discussion**
 This is an opportunity for GPs to participate in an online 'case of the month' discussion. The forum will be moderated by a palliative medicine physician.
 Access: <https://www.rmco.com/decisionassist>
- **Videos**
 An introduction to managing 4 common palliative care symptoms – pain, dyspnoea, nausea and vomiting, delirium
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Get the app




palliAGED

- Prescribing and management advice to care for dying patients, and simple tools to identify older age patients moving into a palliative phase of care.
- Available at the following stores:
 - ✓ Google Play
 - ✓ Windows phone store
 - ✓ Apple iTunes
- More information and links to stores: www.decisionassist.org.au




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Take home messages



- A palliative care approach is important in supporting the clinical management of older Australians living in the community
- GPs can use a framework of palliative care based on prognostic trajectories to proactively manage the palliative care needs of older Australians living in the community
- *Decision Assist* offers GPs access to new resources and advisory services to inform their practice of palliative care



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