Medication Safety in Community Palliative Care

Medication Safety for Palliative Carers at Home

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WACHS – Midwest

- Covers in excess of 470,000 square kilometres
- Population of 67,800 in 2013 (ERP, 2011)
- Estimated increase to 1.3% per annum from 2014-2026 (ABS series B projections)
- 12% Aboriginal or Torres Strait Islander
- 16 health sites
Medication Safety Community Palliative Care

- Common practice for carers to be trained and administer PRN subcutaneous medications, for the patients last days of life.
- A safe, legal and ethical framework for practice was needed to support carers and consumers with EOL decision making.
- To enable choice in place of care and death and reduce hospital admissions.
70% of Australians would prefer to die at home

While others would prefer
- Hospital: 18%
- Hospice: 7%
- Nursing home: 5%
Policy implementation

- NSW commenced January 2008 in response to an error involving a carer administered medication.
- WACHS 9.3 % Aboriginal consumers 1st Quarter 2016 (321 referrals, 30 Aboriginal consumers)
- Implemented within Midwest region & surveys of carers commenced.
Health Promotion in Palliative Care

- Provides education and information for health, death and dying.
- Social supports personal and communal.
- Encourages personal reorientation of the palliative care service.
- Combats death denying health policy and attitudes.
Medication Safety in the Home setting

Provide a choice in place of care.

- **AIM:** improve subcutaneous medication administration by carers at home.
- Provide a safe, supportive, legal and ethical framework inclusive of medical, nursing, family and consumer.

Healthier country communities through partnerships and innovation

Values  Community  |  Compassion  |  Quality  |  Integrity  |  Justice
Medication Safety Program

- Evaluation of a carer's preparedness to administer SC medications, liaison with GP.
- Education and training program for carers;
  - Equipment used, symptom assessment, and medication form, safe handling and storage of medications.
  - How to administer SC medications and FAQ booklet.
Medication Safety in the Home

- Formal data collection and evaluation
- Safe storage of medications in the home – locked safe, equipment box
- Ampoule tally sheet
- Development of the policy
- Evaluation embedded – includes achieving goals
Common Themes – Pain Management

- Carers witnessing the pain of their loved ones express that it is their main focus for symptom management.
- Carers want to feel supported to manage pain symptoms.
- Carers want pain controlled in a timely manner.
Carer Feedback

- Important issues for carers include:
  - Place of care and death
  - Timely access to appropriate information that allows them to effectively provide care. They are not concerned about the format of this information, just that they receive it.
Palliative Care supporting people who wish to die at home – Recommendations

- Networking with Aboriginal Medical Service
- Networking / education with all stakeholders (Doctors, community and hospital based staff and patients)
- Education to consumers on palliative care
- Home based care provision throughout region with on-call nurse support
- Carers survey pre and 6 months post death.
Promoting Care At Home

- Talking about dying won't kill you
- It is important to talk about dying with those closest to you, before the event
- Consumers with chronic illness talk about end of life wishes with loved ones and GP
- The majority of carers provided very positive feedback
- Not for all (pre-evaluation of carers preparedness)
References

- Cancer and Palliative Care Network.
- Department of Health Palliative Care [www.health.gov.au](http://www.health.gov.au)
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- Palliative Care Nursing team WACHS Midwest
- Palliative Care Australia [www.palliativecare.org.au](http://www.palliativecare.org.au)
- WACHS Policy – Medication Safety for Palliative Carers at Home, Healthpoint.