



PALLIATIVE CARE PORTFOLIO HOLDERS

AIM: *To develop a network of palliative care portfolio holders/link persons in aged care facilities to act as resource persons and change agents within the aged care facility in a palliative approach*

What are your thoughts about this model

1. its effectiveness in supporting a palliative approach in your ACF?

Creates ownership within the facility

A good means of getting to know people in RACF – make personal contact through the networking

Good across range of division

Yes

Folder with important information for facility

Model would be very effective if appropriate support – time and money and ongoing involvement with Consortium, Ross etc.

Very effective but requiring continuing support for ongoing care

Great concept but how to implement? with support from CEO's, management, Regional Managers, resources, time

Is good except when changes in key people needs to be continually driven by external driver and management of RACF

Needs to be a structured role as an addit to their current role

Facility nominate staff

Good in principle but resources and staffing are an issue

Find people interested in palliative care - crucial (1-2 people each AC F)

Depends on staff and who wants to take it up

Availablefor staff to access information - education, person as resource, liaise with families, palliative care counsellor

Evidenced based model and therefore well regarded as far as practice

It is vital and will foster the change

Yes

Worked in existing model in behaviour management (Dandenong - Liz Ngari)

Very effective

2. nominating and maintaining staff for the role?

Need commitment both personal and organisation

Requires a person who will take it on, drive and supervisor

Choose good communicators

Need time to dedicate to role – not in own time

Should be RN/EN with specialised training/special interest and ability to drive/leadership ability and sustain same

Must be committed and good educators

Ongoing enthusiasm for the subject

A responsible person to take on the role (not necessarily a Div 1)

Enthusiasm and commitment to role

Handover the role to new incumbent

Needs to have a support person to help through role

Someone who is passionate

Need KEEN staff - people interested in palliative care

Expressions of interest

Need to have interest, right skills and attitude and open minded to all ideas

Large facilities - specific tole, rotation of role

Nominate or volunteer

Seek volunteers - care staff - PCA's frequently leading

Could cause resentment or division among staff

Staff already feel overloaded

Not a high turnover of staff in area

Include 'others' in SIG focus groups. eg. cleaners, admin, caterers etc.

Would be good to have link staff especially RN 1

May be a kitchen or PCA person

Need to have external group so they can all meet and network together

See grief and loss as important and significant for staff and also resident

Accepting other people's opinions

Multiple people for continued use (many can leave)

'Champion' - education and interested person with resources

Human Resources involvement

Training and staff development

Extra funding - eg grants

Funding

Time

3. your interest in adopting this model for your facility

Yes if given time to do this

Good idea in principle

Absolutely

Would be good for case conferencing

High interest in this model

Interested but cautious as many have been involved in developing similar portfolios on 'champions' only to be overcome by the reality of competing pressures

Very interested

All keen to adopt model (involve management)

Interested but will need input from quality and Policy and Procedure Committee

Yes, very interested

Strong interest in supporting the model

Strong interest

Should work

Need to have a person who staff relate to

Communication will give support to the members and staff

Job description required - personal quality statement identifying their skills and personality requirements

Expectations of role

ACFI Funding through CHC

Large facilities/organisations = yes

Stand alone smaller facilities - challenging

increasing the 'good death' is the best outcome!

What resources and supports would you envisage needing to develop and sustain this model (consider internal and external supports)

Train the trainer model like ROSS uses (who sought expressions of interest for various portfolios) – person needs to be trained and supported (ongoing)

? have arrangements to have regular inservice or meeting with portfolio holders

Specialised education

education - emotional support

? have deputies (trainees in progress at same time)

Advance Care Planning education and discussion group

Ongoing education

Facilities to have equipment and train staff how to project it and communicate to other staff

Short workshops

Access to conferences in the area (inservices)

Broaden scope from Division 1's

Skills to debrief staff – review each case

Comprehensive – everything in one place!

Staff appraisal - asking staff what they are interested in and trying to help them develop expertise and leadership.

Extended - link nurse to also be known to GP's - so go back to link with all staff of ACF + GP
Bereavement card - Link Nurse (then get positive feedback)

Commitment needed to this development
Commitment of management
Management support (i.e. paid time for training)
Motivation from higher management
Management willing to allocate and educate
Letters to Manager (CCC - to introduce model to ACF)
1st session - invite Manager ACF
Seek commitment from all stakeholders
Management (corporate) behind decision making

Meeting quorum - meeting placed in calendar (annual) - off site or rotating through facilities
Need to be able to discuss case studies
Good resource person to bounce issues off
Find this level of care appropriately eg productivity, commissions, recommendations
Interested staff
Networking
Resources to tap into bereavement - now trigger points and how to relay these

Ongoing support framework
Support from Specialists to maintain
Support from appropriate catchment area - delegate
External support available for Link nurse to direct to appropriate/certified courses - ongoing

Allocated funding to support Link nurse off the floor
Grants \$\$
Time, funding, passionate committed people
Consistent funding with acute facility
Time intensive

Peers may not want to listen to another peer
Palliative Approach is really holistic then everybody's job
Difficult finding time to have group SIG meetings
Allocation of hours for role
LINK nurse may not be a 'formal' educator
Maintaining staff
Limitations - staff turnover, staff leave, want everybody to be a portfolio holder
Depends on size of facility