

## **Policy versus Practice: a palliative approach in hostel settings.**

**Peta McVey**  
CNC- Palliative Care  
PhD Candidate The University of Sydney


**Supervisor:** Dr Heather McKenzie  
**Associate Supervisors:** Prof. Kate White, Ass. Prof. Sue Kurrle

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## **Research Questions?**

1. What are the demographics, medical illnesses, co-morbidities, functional status and symptoms experienced by high level residents in hostel settings?
2. How do high level care resident perceive their health and care provided and how do they see their care being managed in the future?
3. What are age care staff understandings of a palliative approach and their perspectives on how a palliative approach is being incorporated into the care of their high level residents in hostel settings?
4. What organisational and managerial supports are in place to support a palliative approach in hostel settings?



## **Methodology**

**Concurrent mixed method design**

**QUALITATIVE DATA**  
Interviews with:


- PCAs → 23
- Managers → 7
- Residents → 72
- Guardians → 21

**QUANTITATIVE DATA**

- Patient Outcomes Scale (POS, v2),
- Edmonton Symptom Assessment System (ESAS)
- Barthel Index
- Medical Record audit (Demographic data)
- Organisational data / Managerial data (staffing, policies, resident movements)

↓  
**93 residents**


**Two sites: Rural NSW + Metropolitan Sydney**



## **What is a palliative approach?**


A palliative approach is the provision of general palliative care needs by the professional primary carers providing direct care to the individual.

Specialist palliative care input is most likely to be required for complex needs.




## **Understanding of a Palliative Approach: The meaning of a palliative approach**

‘I understand palliative approach to be holistic as in from the beginning to...the end of the life treatment like the complete treatment right through like their cultural, spiritual or emotional, physical, all their needs that they’re met ‘  
(PCA: group B)



## **Understanding of a Palliative Approach: The timing of implementing a palliative approach**

‘I think the greatest thing is people...get confused of when a palliative approach should be used, okay. Palliative approach still by most people is when that person is probably at the end of life and we’re talking minimal lifespan...I might have somebody here that’s going to go on for the next two years but has a terminal illness ‘  
(Manager: 3).



### Demographics of high-level care residents (n=93)

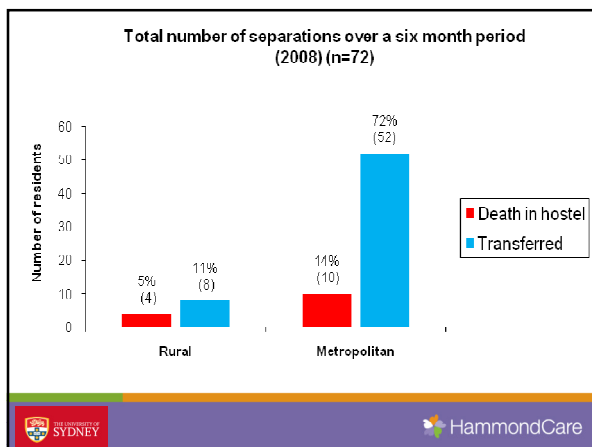
<b>Age:</b>	68 to 100 years (combined mean : 86.33 years, SD 6.12)
<b>Cultural background:</b>	96% Australian
<b>Current major health diagnoses:</b>	96% non-malignant diagnosis (31% dementia)
<b>Co-morbidities:</b>	53% had three or more co-morbidities
<b>Functional abilities:</b>	72% (n=67) scoring 50 or below on Barthel Index
<b>Length of time requiring HLC:</b>	1 month to 89 months (mean 18.8months, SD 15.71).
<b>No. symptoms (ESAS):</b>	range of one to nine symptoms and a mean of 4.68 symptoms (SD 1.9).

63% (n=59) were categorised as high-level care on admission to the hostel

### Transitioning towards end of life: The meaning of health

'it's pretty obvious that my health won't improve...my age is against.. and my history...I've heart problems...it simply means that I can just hope to survive in...comfortable situation as I can ...that's all part of being old...we all have some effect of age and I suppose I'm one of the more fortunate ones and I think to myself well I look like I might make it without getting too bad (laughing) ah I'm 90'

(Resident: 71), Male, 90 years; CCF, CAL, and depression).



### Hostel Staffing Levels

	Hostel 1	Hostel 2	Hostel 3	Hostel 4	Hostel 5	Hostel 6	Hostel 7	Hostel 8
	13 (13) 100%	13 (13) 100%	52 (48) 92%	63 (55) 87%	52 (19) 36%	83 (52) 63%	63 (20) 32%	73 (17) 23%
<b>DAY SHIFT</b>	PCA 2 PCA (1 short shift)	PCA 2 PCA (1 short shift)	RN 1 EEN 7 PCA	RN 1 EEN 8 PCA	EEN 3 PCA	RN 2 EN 9 PCA	RN 1 EN P/T 4 PCA	RN 4 PCA
<b>PM SHIFT</b>	2 PCA	2 PCA	2 PCA	1 EN 5 PCA	2 PCA	2 EN 4 PCA-spilt	3 PCA	3 PCA
<b>NIGHT SHIFT</b>	1 PCA	1 PCA	2 PCA	1.5 PCA	1 PCA	3 PCA	1 PCA	1 PCA
<b>PCA RATIO</b>	1 : 6	1 : 6	1 : 7	1 : 8	1 : 6	1 : 9	1 : 16	1 : 18

### End of life care: uncertainty / fear

'It's the last time in their life, they're been living here for so many years and we're going to shove them down there for a week just till they die. No I don't feel that's...can't say civilised but ...it's not a comfortable way for them to go, so it'd be nice if they could stay...in the room they've used to' (PCA: 2).

### End of life care: emotional consequences

'people transitioning from here [hostel] down to there [nursing home] is very difficult for us, it's very difficult thing for them because we don't actually want to see them go down there we'd rather keep them here and it can be emotional for everyone really...it's emotional for the staff, it's emotional for the family. The family don't want them to go, they like the bond, they like...the relationships that ...have been made...it can get quite emotional'

(Manager: 2).

### The mix-match between policy and practice

- Ageing in place does not equate to dying in place within hostel settings. More resources are needed in these facilities if the ageing in place policy is to a reality.
- Moving residents in the final weeks of their life is not the preferred place of death for staff, residents, and their families and is seen as another trauma experienced

