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**Document Title:** Models of Palliative Care

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### **Elements of Effective Palliative Care Models**

- Effective models of palliative care, include the following elements:
  - a public health approach that integrates care into national health systems to increase accessibility and sustainability for individuals with life-threatening illnesses across the lifespan including neonates, children, adolescents, young adults, adults and the elderly<sup>(1-5)</sup>;
  - specialist and generalist palliative care provision in all setting across the continuum of care, recognizing that palliative care is the responsibility of all health and social care professionals regardless of care setting<sup>(1, 3, 4)</sup>; and
  - an interdisciplinary approach to address the needs of patients and their families<sup>(1, 5)</sup>.

### **Specialist Palliative Care Services**

- Specialist palliative care services have the following features:
  - Are composed of health professionals from various disciplines including medicine, nursing, and allied health and pastoral care who have specialist palliative care training/education<sup>(6, 7)</sup>;
  - Provide direct care and or consultative services in the tertiary, secondary and/or primary care settings<sup>(6, 7)</sup>; and
  - Provide local leadership, research, quality initiatives, training, mentorship and supervision to support the delivery of generalist palliative care by other health professionals<sup>(6, 7)</sup>.

### **Transitions**

- Palliative care patients receive sub-optimal care if appropriate models of care are not in place to facilitate seamless transitions between care settings (community, aged care and hospital, children's and adult's services)<sup>(1, 3)</sup>;
- Transitional care models need to ensure that patients and caregivers don't 'fall through the cracks' and/or can access timely support when their clinical status changes and/or their preference for place of care changes (e.g. wishing to leave acute care to return home)<sup>(1, 3)</sup>;
- As patients and caregivers may lack knowledge of available services and how to access them, helping them to navigate the transition from inpatient to community-based care requires effective coordination to ensure that appropriate management plans and caregiver supports are in place<sup>(1, 3)</sup>;
- Care transitions are especially important for cancer patients with advanced dementia, to ensure they are not exposed to treatment and care that will do little to enhance their quality of life<sup>(1, 3)</sup>; and
- Transitional care between pediatric, young adult and adult palliative care services requires intensive support and new models of care to better support the needs of these populations with palliative care needs whatever the transitions<sup>(8)</sup>.

## **Home-based Palliative Care Models**

- Home-based palliative care models support the provision of palliative and end-of-life care to people living in the community (private residence and/or residential aged care facility)<sup>(9, 11, 13)</sup>.
- Establishing a home-based palliative care model requires involvement of local communities and consideration of mechanisms to provide ongoing support, training and health professional remuneration<sup>(9, 13)</sup>;
- Key characteristics of effective home-based models of care include:
  - advanced symptom management and support,
  - communication and coordination,
  - a focus on partnering and building the palliative care capacity of the generalist palliative care team (including general practitioners [GPs]) and informal caregivers/patients, and
  - clarifying goals of care through advanced care planning<sup>(9-10, 12-13)</sup>.
- Palliative care principles can be integrated into existing home-based care models to extend service provision and enhance sustainability. These services can be provided by specialist palliative care teams, generalists, community health workers and family members and ought to be integrated into the overall continuum of care<sup>(9-10, 14)</sup>.

## **Acute Care Models**

Acute palliative care models often consist of specialist consultative services, in-patient palliative care units/beds and/or advanced practice nurse models.

- Consultative services provided by hospital palliative care teams improve symptom control and quality of life, alleviate emotional burdens and improve caregiver and patient satisfaction<sup>(15, 16-19)</sup>. In addition, they have resulted in hospital cost savings<sup>(20)</sup>.
- Specialist consultative service models focus on:
  - Discussion about prognosis and goals of care
  - Symptom management
  - Pursuing documentation of advanced directives
  - Discussion about foregoing specific treatments and/or diagnostic interventions
  - Family and patient support
  - Discharge planning<sup>(14, 17)</sup>
- These acute palliative care models need to be augmented with the generalist palliative care provided by the patient's acute care team and be part of the overall continuum of care, with clear referral pathways with the community and non-acute sector<sup>(17, 21-22)</sup>.

## **Nursing Home Models of Palliative Care**

- Given population ageing, older people admitted to a nursing home increasingly have multiple comorbidities, including cancer<sup>(23)</sup>;
- Embedding generalist palliative care into nursing homes has proven to be quite challenging and requires changes at the consumer, health professional and systems levels<sup>(23-24)</sup>;
- Older people in nursing homes are less likely to be referred to specialist palliative care services for consultation or ongoing management and more likely to have poor symptom control, unnecessary

hospitalizations, sub-optimal communication, inadequate advance care planning and families who are dissatisfied with end of life care<sup>(23, 25)</sup>; and

- The provision of a generalist palliative care model (augmented with specialist palliative care input and active patient and primary care/GP engagement) is recommended for nursing homes<sup>(23-25)</sup>.

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