DELIVER CARE SERVICES USING A PALLIATIVE APPROACH

CHCPA301B

Page 494 – 499 in Text Book
Page 314 – 318 (Activity 1, 2, 4 & 5) in Learner Study Guide
ASSESSMENTS FOR THIS UNIT

Video presentation with associated theory assessment
OUTCOMES

By the end of this session the learner will be able to:

• Differentiate between curative and palliative approaches to care

• Apply the principles and aims of a palliative approach in caring for clients

• Use an approach that reflects and understanding of the client’s needs as holistic and extending overtime, not just end-of-life
• http://www.youtube.com/watch?v=ttW8pxF__g4
WHAT IS PALLIATIVE CARE

“An approach that improves the quality of life of individuals and their families facing the problems associated with a life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual”

(World Health Organisation Definition of Palliative Care 2002)
THREE FORMS OF PALLIATIVE CARE

• End-of-life care
• Specialist palliative care services
• A palliative approach
END-OF-LIFE CARE

• Final days or weeks of life

• Goals sharply focused on the resident’s physical, emotional & spiritual comfort and support for family

• Difficulties arise with determining if a resident is moving into a terminal phase with co-morbidities - requires discussion about needs/wishes with the individual/family.
SPECIALIST PALLIATIVE CARE SERVICES

• Provide specialist input to clients with complex end-of-life care requirements and needs
• Provide consultation (information/advice) on complex issues in partnership with primary care service/practitioner
• Interdisciplinary team provides additional resources
A PALLIATIVE APPROACH

- Improve quality of life
- Physical, spiritual, cultural, psychological, social
- Open approach to death and dying
- Includes caring for the family
- Active treatment for a disease is still appropriate
BENEFITS OF A PALLIATIVE APPROACH

• What are the potential benefits of a palliative approach for:
  – residents and their families
  – staff
• Discuss possible misconceptions/ concerns about a palliative approach in Residential Aged Care Facilities (RACFs)
WHEN SHOULD A PALLIATIVE APPROACH BE IMPLEMENTED

• Guideline No 1

Methods used to identify survival time have limitation in accuracy and precision, and are therefore not recommended. Rather, a combination of active treatment to manage difficult symptoms while continuing to follow a palliative approach is considered best practice.
WHERE SHOULD A PALLIATIVE APPROACH BE IMPLEMENTED

• **Guideline No 2**
  Implementing a palliative approach in RACFs can reduce the potential distress to residents and their families caused by a transfer to an acute setting.

• **Guideline No 3**
  A palliative approach can be provided in the resident’s familiar surroundings if adequately skilled care is available.
WHERE SHOULD A PALLIATIVE APPROACH BE IMPLEMENTED

• Guideline No 4

Providing information about a palliative approach may help residents and their families to consider a palliative approach as active care rather than withdrawal of treatment.
WHERE SHOULD A PALLIATIVE APPROACH BE IMPLEMENTED

• **Guideline No 5**
  A multidisciplinary team that promotes goal setting in collaboration with the family is critical to the success of a palliative approach. This approach decreases discomfort for residents, saves valuable resources and improves satisfaction levels for the family when they recall the care provided.
CURATIVE AND PALLIATIVE APPROACH

• In your groups please discuss the differences between practices applicable in curative and palliative approaches to client care
VIDEO PRESENTATION

• Watch the video “Suiting the Needs”, then complete the activities in the learner study guide.