

# Quality Care at the End of Life



## What does it *really* mean?

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3<sup>rd</sup> Gippsland Palliative Care Conference

## Overview

1. **A good death.** *What do we want? What's important? Meeting needs.*
2. **Reforming health.** *On track? Do we fit?*
3. **Good practice.** *Equal for all? Possible to align?*
4. **Priorities for dying well in Australia-** *Leadership – who and what?*



# A good death?

What is it that we aspire to as individuals?



## Values

- Dignity
- Empower
- Compassion
- Equity
- Respect
- Advocate
- Excellent
- Accountable.



## Two diametrically opposed messages from patients to services

- Keep us alive at all costs
- Let us die, even help us die



Why do some people experience pain that can be prevented?

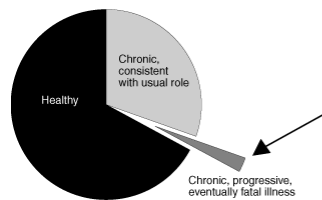


# Demographics of Dying

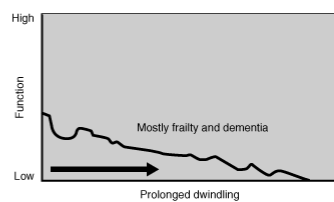
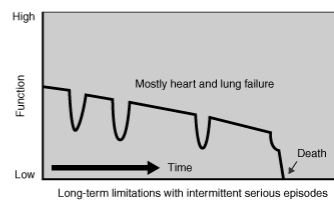
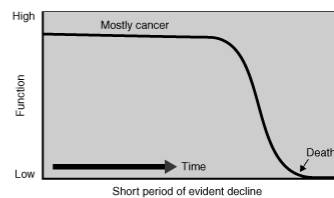
- Who dies?
- Where do we die?
- What of?



## Illness Trajectories



Adapted from: Lynn J, Adamson DM. Living well at the end of life; adapting health care to serious chronic illness in old age. Arlington, VA, Rand Health, 2003



National Palliative Care Week **23 – 29 May 2010**

# If only I knew...

...how to talk about dying

Before Dad died,  
he made sure we  
all knew what he  
wanted. I'm going  
to do that with  
my family too.



Talking about dying isn't easy, but it's important.



My daughter  
knows what kind  
of treatment  
and care I want  
at the end of  
my life.



Have you told someone what you want at the end of your life?

Palliative  
Care  
Australia

Health literacy  
means a lot more  
than simply knowing  
the right words to  
describe an illness, or  
the terminology of  
treatment.



HEALTH  
LITERACY —  
ADVANCE  
DIRECTIVES

- patients and health professionals need health literacy
- decisions about care must be clearly communicated
- authority and significance of advance care directives must be established



## Person and Carer Focused

- Patients empowered to make fully informed decisions
- Needs based care
- Involved and supported carers
- Culturally competent, appropriate & safe



## Good systems?

Where does PC fit?





Many people end up in hospital unnecessarily.

## CONSUMER CHOICE – CARE SETTING

- consumer choice
- investment in primary care to prevent unnecessary hospitalisation
- introduction of electronic medication management

A strengthened health system is dependent on the interface and dynamics between the structural tiers in the health care system.




## PALLIATIVE CARE – A PRIMARY HEALTH CARE PERSPECTIVE




...job entry knowledge, skills, experience, health and character to provide safe and competent care, including palliative care and pain management.

## AGED CARE – QUALITY CARE AT END OF LIFE



## Organised for quality and safety

- Seamless, well coordinated care
- Flexible, optimised and effective workforce
- Appropriately resourced.



# Good practice?

What are the barriers?



The importance of all health care professionals recognising they have a role to play in end-of-life care is critical.

SYSTEMIC  
INTEGRATION –  
END-OF-LIFE CARE

- development of a comprehensive and integrated primary care platform
- broaden the scope of speciality palliative care services
- increase options for individuals to identify the setting in which they choose to die

## Driven by information

- Informed and empowered community
- Data collected and used to support quality improvement
- Knowledge led continuous improvement
- Supported research, knowledge translation and exchange



## Priorities for Development

- **Leadership**
- **National EOL Guidance Document**
  - 3 domains
    - Consumer and Carer Focus
    - Driven by information
    - Organised for quality and safety
- **National PC Strategy**
- **National Primary Care Strategy**



