

6 August, 2012

Committee Secretary  
Health and Community Services Committee  
Parliament House  
Brisbane Q. 4000

By email: [hcsc@parliament.qld.gov.au](mailto:hcsc@parliament.qld.gov.au)

Dear Committee Secretary

*Health and Community Services Committee of the Queensland Parliament: Inquiry into palliative care services and home and community care services in Queensland.*

Palliative Care Nurses Australia (PCNA) welcomes the opportunity to provide a submission to the Health and Community Services Committee of the Queensland Parliament's Inquiry into palliative care services and home and community care services in Queensland.

PCNA has prepared a submission to the inquiry that specifically addresses the following Terms of Reference:

- **the capacity and future needs of palliative care and home and community care services (including children and adolescents' palliative care)**
- **the effectiveness, efficiency and adequacy of palliative, frail and chronic care services**

We trust that PCNA's submission will inform the inquiry in a way that is meaningful and look forward to hearing of the findings later this year.

Thank you once again for the opportunity to provide this submission.

Yours sincerely,



John Haberecht  
President, Palliative Care Nurses Australia Inc.



Suite 124, 1B/192 Ann Street  
Brisbane  
Q. 4000

T: 07 5429 8480

F: 07 5429 8486

[secretary@pcna.org.au](mailto:secretary@pcna.org.au)

[www.pcna.org.au](http://www.pcna.org.au)



# **Palliative Care Nurses Australia Inc Submission**

## **Inquiry into palliative care services and home and community care services in Queensland**

*Health and Community Services  
Committee of the Queensland  
Parliament*

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August, 2012

This submission is made on behalf of Palliative Care Nurses Australia Inc. (PCNA).

It has been approved by the National Committee of Palliative Care Nurses Australia Inc..

**Submitted by:**

John Haberecht, President, Palliative Care Nurses Australia Inc.  
Email: president@pcna.org.au  
Tel: 043 043 8375

**Mailing address:**

Suite124, 1B/192 Ann Street  
Brisbane  
Q. 4000



John Haberecht  
President, Palliative Care Nurses Australia Inc.

## **Palliative Care Nurses Australia Inc**

Palliative Care Nurses Australia (PCNA) is a national membership organisation for all nurses working with people at, or approaching, end of life and their families. The PCNA membership base includes specialist palliative care nurses as well as nurses of all levels working in non-specialist roles caring for people at end of life. Nurses work in a variety of settings, including but not limited to palliative care units, hospices, community, acute hospitals, residential aged care facilities, universities and research centres. The vision of PCNA is to promote excellence in palliative care nursing for our community through leadership, representation and professional support.

### **The role and contribution of nurses within palliative care**

Palliative care nurses bring a unique set of skills and qualities that enhance the care and support provided to people facing the end of life and to the families and communities that support them. These skills and qualities are developed through many years of interdisciplinary clinical practice and continuing education and are informed by the founding philosophies of palliative care and nursing.

Palliative care nurses demonstrate leadership in autonomous and collaborative practice, in modelling end of life care, and in providing mentorship and education to other nurses and health care professionals. They have extensive knowledge and experience in the management of pain and complex symptoms associated with terminal illness.

Palliative care nurses work collectively and with other professional groups to advance the body of knowledge about end of life care, initiating and conducting research and incorporating research findings into their practice where appropriate. They work collaboratively with others to advocate for change and provide policy advice to Government and professional organisations regarding a wide range of clinical, professional and service related issues.

Palliative care nurses' knowledge of end of life issues, combined with a strong commitment to the palliative care philosophy, often extends the work of the specialist nurses beyond the bedside to advocating the need for palliative care on the socio-political level, and to promoting optimal well-being at the end of life regardless of a patient's geographic location or financial position.

Palliative care nurses are advocates for the families and friends of palliative care patients, and by promoting and teaching positive approaches to grieving they extend the benefit of palliative care to promote health in the wider community.

### **Palliative care services and home and community care services in Queensland – Terms of Reference**

Palliative Care Nurses Australia welcomes the opportunity to offer input to this inquiry, recognising that quality improvement in palliative care provision is a

significant matter for the Queensland community.

PCNA's submission specifically addresses the following terms of reference:

**1. the capacity and future needs of palliative care and home and community care services (including children and adolescents' palliative care)**

A succession of health ministers have identified that nurses form the backbone of any health system. In palliative care, this backbone of nurses must be valued with investment of funds for workforce staffing, support and development. The current number of full time equivalent (FTE) nurses is inadequate to provide quality palliative care for our ageing population. There are also increasing demands for palliative care nursing from chronic disease and disability groups. Within an already under resourced sector, nurses currently practising in the highly demanding field of palliative care face the prospect of 'burnout', which can lead to workplace injury/illness and palliative care workforce attrition. Such attrition leads in turn to poorer care outcomes for palliative care patients and their families.

In addition to the ageing population, the palliative care workforce itself is ageing. This presents pressing issues of generational change within the profession, with issues of recruitment and retention requiring specific consideration for the future palliative care workforce. Generation Y for example, present a markedly different employee profile to that of current and past generations of palliative care nurses. The unique needs of younger palliative care nurses should be addressed by education initiatives that take into account the different education preferences of that group, and complement the Palliative Care Curriculum for Undergraduates (PCC4U).

*Recommendation 1: Develop palliative care education programs using innovative education strategies that complement the PCC4U program.*

To ensure effective knowledge transfer between workforce generations and succession planning within a workforce development frame, a structured mentoring program between senior and junior palliative care nurses would be effective, not only to consolidate undergraduate learning but to support nurses already practising in the sector.

*Recommendation 2: A structured mentoring program be devised for experienced palliative care nurses to mentor less experienced nurses and assistants in nursing/personal carers.*

Advanced practice nursing roles in palliative care need to be effectively embedded within service models; this includes the training and employment of Palliative Care Nurse Practitioners (PCNPs) with prescribing authority according to their scope of practice.

*Recommendation 3: Current restrictions on PCNP prescribing be removed so PCNPs are able to practise according to their scope of practice.*

*Recommendation 4: Specialist palliative care services are funded to provide appropriate numbers of PCNPs*

## **2. the effectiveness, efficiency and adequacy of palliative, frail and chronic care services**

Careful monitoring is needed of numbers of staff from non English speaking backgrounds (NESB) providing care in the community, and any implications for end of life care. High numbers of NESB staff in aged care facilities have created issues such as communication and language barriers. Cultural issues around death and dying in this context include differing attitudes to pain management and to the use of opioids.

In the same way that the Australian Government Department of Health and Ageing has a strong emphasis on use of a palliative approach in aged care, PCNA contends that all palliative and end of life care provided in Queensland should be provided by specialist palliative care services, or services using an evidence based palliative approach. All palliative and end of life care should be guided by Palliative Care Australia's standards (2005).

*Recommendation 5: Queensland Health provide education in a palliative approach for all health professionals working with people at end of life*

Where appropriate, such services should be assessed by the National Standards Assessment Program (NSAP), and provide data about their service to the Palliative Care Outcomes Collaboration (PCOC).

*Recommendation 6: It is highly recommended that all services providing palliative/end of life care be associated with the PCOC and NSAP Programs*

Excellent palliative care in the community has the potential to significantly decrease unnecessary presentations to hospitals. Reasons for this include:

- Patients and families feel supported and confident to be able to manage at home
- Patient symptoms are well managed
- Palliative care community nurses liaise closely with the GP and with specialist palliative care teams; they anticipate problems which might arise and put measures in place to help prevent them or help families feel confident to deal with them

Such palliative care in the community requires an increased level of funding for community palliative care, but should not require any increase in funding overall. The savings from decreased presentations to hospital Accident and Emergency (A&E) departments, and consequent decreased numbers of unnecessary hospital admissions, would provide significant funding for community based palliative care. While difficult to quantify, the decreased trauma and disruption for patients able to stay in their own homes with their families is something we should be aiming for as a society.

*Recommendation 7: Sufficient funding for community based palliative care to ensure that Queenslanders who wish to die at home are able to do so*

Current palliative care funding is focused on beds in acute hospitals. It is imperative that an alternative unit of community funding be developed.

*Recommendation 8: That Queensland Health develop an alternative community based unit of funding*

Where patients present at A&E, services such as the Royal Brisbane and Women's Hospital's nurse led Hospital in the Nursing Home Program have also reduced inappropriate admissions.

*Recommendation 9: Use the RBWH Hospital in the Nursing Home Program model across Queensland to reduce inappropriate admissions to hospital*

### **Summary of Recommendations**

- 1. Develop palliative care education programs using innovative education strategies that complement the PCC4U program.*
- 2. A structured mentoring program be devised for experienced palliative care nurses to mentor less experienced nurses and assistants in nursing/personal carers.*
- 3. Current restrictions on palliative care Nurse Practitioner (PCNP) prescribing are removed so they are able to practise according to their scope of practice*
- 4. Specialist palliative care services are funded to provide appropriate numbers of PCNPs*
- 5. Queensland Health provide education in a palliative approach for all health professionals working with people at end of life*
- 6. It is highly recommended that all services providing palliative/end of life care be associated with the PCOC and NSAP Programs*
- 7. Sufficient funding for community based palliative care to ensure that Queenslanders who wish to die at home are able to do so*
- 8. Use the model of the RBWH Hospital in the Nursing Home Program across Queensland to reduce inappropriate admissions to hospital*
- 9. That Queensland Health develop, or use an already existing, unit of funding for community based care to facilitate an appropriate level of funding for palliative care patients in the community*

## References/Bibliography

Hospital in the Nursing Home (HINH).

<http://www.health.qld.gov.au/rbwh/services/hinh.asp>

Palliative Care Australia (2005). *Standards for Providing Quality Care to All Australians*. Available from [www.palliativecare.org.au/Default.aspx?tabid=1661](http://www.palliativecare.org.au/Default.aspx?tabid=1661)

Palliative Care Curriculum for Undergraduates (PCC4U). Available from [www.pcc4u.org/](http://www.pcc4u.org/)

Palliative Care Outcomes Collaboration. [www.pcoc.org.au/](http://www.pcoc.org.au/)