

# **Palliative Care in advanced respiratory disease**

Denise Roddick  
Respiratory Nurse Specialist  
October 2012

# **Pilot study 2009-2010**

## **Aim**

- **To improve palliative care provision for patients with advanced COPD**

# Objectives

- Assess physical needs
- Screen for underlying anxiety and depression.
- Offer assistance with financial and social concerns.
- Meet information needs of patient and carers about living with advanced COPD

# Objectives

- Facilitate and document discussions with patients around advanced care planning
- Formulate with the patient a written care plan for primary care team.
- Prevent unnecessary admission to hospital

## Methodology-clinic background

- Clinic held monthly at Falkirk Royal Hospital over a 6 month period
- Maximum of 4 patients
- Selected by respiratory nursing team
- Criteria as per Gold Standards Framework Prognostic Indicator Guidance

# Methodology

- **Team members**
- **Patient profile**
- **Patient Outcome Scale-at clinic, 4 weeks and 4 months after clinic**
- **GP feedback- palliative register and Gold standards register**
- **Patient experience questionnaire**
- **Strathcarron day hospice- 12 week programme**
- **Hospital admissions- 1 year prior to clinic and 1 year after 6 month pilot**

# Findings- POS

- POS designed specifically for palliative care patients.
- Measures physical well being, including patient and carer psychological needs practical concerns and information requirements.
- Scores vary between 0 and 40, with 0 identifying minimal problems and 40 maximum severity

# POS

- Scores were taken at initial clinic 4 weeks and 4 months after.
- 47% were lower at 4 months, 40% higher and 13% the same.

# GP outcomes

- Palliative care register –  
9 patients, 5 patients not on register and  
6 not recorded
- Gold standard framework –  
9 patients, 5 patients not on register and  
6 not recorded.

# Patient evaluation

- Clinic was acceptable to patients and carers, positive comments around communication, felt at ease and involved in future care.
- 85% of patient expectation of what the clinic would achieve were met.
- Respiratory nurse professional most valued at clinic!

# Patient evaluation

- Patients viewed the follow up care as positive, knowing who to speak to, symptoms were better managed, more involved in their treatment, less time in hospital.
- Felt better communication between those involved in their care

# Findings

- 20 patients- 5 died during their 6 months in the pilot and a further 5 died a year following the pilot
- Ceiling of treatment discussed with all patients
- Desired place of death more difficult
- 10 patients completed (8) reduced hospital admissions and (2) remained the same

# Present model of care

- Clinic held monthly
- 2 patients- advanced respiratory disease
- Respiratory consultant, palliative care specialist registrar and respiratory nurse specialist.