

Improving palliative care in primary health care with an emphasis on the rural setting

Laura Southam RN

Introduction

Palliative care patients can be present in any area of health care. In the rural setting specifically it is important to ensure resources are available as these patients are likely to have limited options regarding care. In order to provide the best possible care health care workers should ensure that they are adequately prepared.

Aim

To identify the importance of rural health care workers improving their knowledge of palliative care and potential strategies to do so.

Processes

The literature assessed in this study was gathered through a database search of CINAHL Plus, Proquest and Medline, using the key terms: palliative care, end of life care, rural, remote, improvement, education and support.

Outcomes

Health care workers employed in a rural setting are unlikely to have a specific skill set in relation to palliative care in addition to having limited specialist support. Therefore, to offer patients high quality care, rural health care workers need to be further educated and supported within the area of palliative care. Doing so will lead to improved service delivery and access. The literature identifies some potential cost effective strategies for consideration, many of which focus on education. Strategies identified include the support and education of rural health care workers.

Implications for practice: Supporting health care workers

- Implementation of a volunteer service to reduce the burden on patients and caregivers.
- Information systems that provide easy access to patient information, thus allowing staff to be better prepared.
- Links with tertiary centres to provide further support to staff.
- Providing education to rural health care workers.

Implications for practice: Educating health care workers

Rural health care workers are not specialists; education has been shown to be an effective and efficient strategy to improvement.

Education improves confidence and capacity to provide care

A demonstrated effective education strategy is a workshop series with follow up support

Education should include the importance of early palliative care, which has been shown to improve patient outcomes

Education should include resources for participants to then train colleagues

Improved health care worker confidence and capacity to provide care

Improved patient care

Reflection, guidance and education help to prevent staff burnout.

Lectures are ineffective, as participants are unable to absorb the large volume of information presented

Education should include information on available support and how to access it

Education should be provided to the entire healthcare team together, not occupation specific, to promote teamwork, understanding and communication

Conclusion

- Palliative care patients are likely to have limited choices for care in a rural setting.
- It is important that health care providers working in a rural environment consider strategies to improve palliative care services.
- Simple, cost effective strategies e.g. targeted education, support from specialists and volunteer aid have been shown to be effective.
- Education is the strategy that can have the largest impact upon improving palliative care.
- All health care providers within the rural setting should be encouraged to participate in programs, which will enhance their knowledge and as a result their delivery of palliative care.

Conflict of interest

This poster has been prepared as part of the requirements for the graduate diploma in nursing run by the University of Notre Dame. The author currently works at a rural health care centre where community palliative care is provided and sits on the committee for the National Standards Assessment Program at this centre.

References

- Brumley, D., Fisher, J., Robinson, H., & Ashby, M. (2005). Improving Access to Clinical Information in After Hours Community Palliative Care. *Australian Journal of Advanced Nursing*, 24(1), 27-32.
- Reymond, L., Charles, M., Israel, F., Read, T., & Treston, P. (2005). A strategy to increase the palliative care capacity of rural primary health care providers. *The Australian Journal of Rural Health*, 13(3), 156-161.
- Auret, K., Sinclair, C., Averill, B., & Evans, S. (2015). Advance care planning and end-of-life care in a network of rural Western Australian hospitals. *The Australian Journal of Rural Health*, 23(14), 195-200.
- Platt, V., O'Connor, K., & Coleman, R. (2015). Improving regional and rural cancer services in Western Australia. *The Australian Journal of Rural Health*, 23(1), 32-39.
- McConigley, R., Platt, V., Holloway, K., & Smith, J. (2011). Developing a sustainable model of rural cancer care: the Western Australian Cancer Network Project. *The Australian Journal of Rural Health*, 19(6), 324-328.
- Potter, G., Pesut, B., Hooper, B. P., & Erbacker, L. (2015). Team-based education in a palliative approach for rural nurses and unlicensed care providers. *The Journal of Continuing Education in Nursing*, 46(6), 279-288.
- Kelley, M. L., Habjan, S., & Aegard, J. (2004). Building capacity to provide palliative care in rural and remote communities: does education make a difference? *Journal of Palliative Care*, 20(4), 308-315.
- Eriksson, G., Bergstedt, T. W., & Melin-Johansson, C. (2015). The need for palliative care education, support, and reflection among rural nurses and other staff: A quantitative study. *Palliative & Supportive Care*, 13(2), 265-274.