

Palliative Care Update

South Island Alliance Palliative Care Workstream (PCW)

March 2021



Some exciting news to start the year....

St John staff now able to access HealthOne on the road (news release)



St John paramedics across the South Island have now been given direct access to key patient information via HealthOne's Shared Care Record View. This is a secure record that stores patient health information, including GP records, prescribed medications and test results.

From March 2021, paramedics can use their portable electronic devices to access key information, such as advance care plans, acute plans and hospital discharge summaries, at the point of care. Acute Plans contain patient specific information on how to deliver care for complex patients during an acute exacerbation. Advance Care Plans record a person's wishes and preferences for future healthcare and end-of-life.

St John Right Care Advisor and Paramedic Orla Fowden says paramedic access to HealthOne was something she wanted to make happen for some time. "I was ecstatic when I was approached by the South Island Alliance Palliative Care Workstream, who identified us as a vital partner in their patient's journey and that our paramedics have been under resourced with regards to our patient's health information. They agreed this left us ill-equipped to provide the best possible care to this cohort of patients, with limited access to their acute plans and advance care plans."

The South Island Alliance connected St John with the HealthOne/Health Connect South team, and an initial working group was formed. "The Alliance was very keen to make access available to front line ambulance personnel. They were vital in instigating the initial working group and have demonstrated immense advocacy for us. They have been a part of the working group from start to finish and arranged regular meetings to check in and help where they can. Throughout the project, I was made to feel welcome and supported – I couldn't have done it without their encouragement."

"Although HealthOne has been providing access to St John's clinical desk staff since 2017, enabling paramedics to have remote access is an exciting extension of this work" says Grant Wells, Senior Project Manager for HealthOne.

Jo Hathaway, South Island Alliance Regional Programme Facilitator – Palliative Care Workstream (PCW), says improving information sharing between health services in the South Island is one of their key goals. "Patients nearing the end of their life are often cared for by multiple health services in many different settings, all with their own patient management systems. This can make it difficult for clinicians to access and/or share patient information, for example acute plans, and can lead to inefficiencies and inconsistencies in patient care. With this in mind, the PCW has been bringing together key stakeholders to look at ways to improve information sharing so all patients can get the best care possible, regardless of which service is currently caring for them.

"From very early on in the discussions, it was clear that greater access to patient information via HealthOne would assist St John paramedics with their assessment and treatment plans when called out to see palliative patients in the community, as their symptoms were often due to underlying illnesses that could be managed differently, thereby achieving better results for patients and potentially avoiding unnecessary trips to hospital."

With the support of the Canterbury Clinical Network, Jo says the PCW has been working with St John and HealthOne since September 2019. "We are thrilled to see the result of everyone's efforts with St John paramedics now being able to directly access patient information via HealthOne from their portable devices. The PCW would especially like to acknowledge the hard work of everyone who was instrumental in bringing this complex project to fruition."

St John Extended Care Paramedic Saxon Ross is grateful for the "endless benefits" of accessing HealthOne as it allows him to gain thorough medical histories for all his patient's [not only those with palliative care needs]. Saxon now finds himself utilising HealthOne on a daily basis as "historically we relied heavily on a patient's personal knowledge of their medical history, whereas HealthOne access allows confirmation and provides a significantly more detailed history. This is useful in managing patients with complex conditions and complex management requirements, as well as identifying patients with specific DHB alerts and care plans" says Saxon.



While there are still some technical challenges to work through, Orla says the tool is a huge step forward for paramedics. "So far, I have had nothing but great feedback. We had over 100 new HealthOne applications from paramedics in the first week of going live and I'm anticipating more over the coming weeks."

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Vacancy – Consumer Representative for the PCW



Do you know what it's like for tūroro/patients and whānau/families using health services in end-of-life illness?

Are you willing to talk about end-of-life care with your whānau/family, friends and community?

Can you attend monthly meetings and help the PCW understand what's important to consumers?

We are looking for a new Consumer Representative to join the South Island Alliance Palliative Care Workstream (PCW).

We are especially interested in recruiting someone who:

- Is a strong advocate for Māori
- Knows the challenges faced by small/rural communities

If you live in the South Island of New Zealand, have recent experience of end-of-life health services and have worked with other community or professional groups, please get in touch.

Further information and the application form can be found on our website: <https://www.sialliance.health.nz/vacancies/>

Applications deadline **extended to Wednesday 21st April 2021.**

New 'Te Ara Whakapiri South Island Network'

Many thanks to those who got in touch about joining this new network of champions for the South Island who will meet regularly to share resources and support each other with any implementation challenges. So far, the group consists of:

Annie Wallace (CNS, Nelson Tasman Hospice, NMDHB)
Carla Arkless (NP, NMDHB)
Nicky Featherstone (CNS, Grey Base Hospital, WCDHB)
Vicki Telford (CNS, Nurse Maude Hospice, CDHB)
Jane Smith (CNS, Ashburton Hospital, CDHB)
Faye Gillies (CNM, Hospice South Canterbury, SCDHB)

Sally Fleming (NP, Otago Community Hospice, SDHB)
Eve Thorp (CNS, Otago Community Hospice, SDHB)
Jo Mitchell (NP, Otago Community Hospice, SDHB)
Helen Sawyer (CNS, Dunedin Hospital, SDHB)
Leah Brown (CNS, Southland Hospital, SDHB)
Lisa Henderson (NP, Hospice Southland, SDHB)

If you would like further information, or are interested in joining the network (especially if you work in an ARC facility), please contact Vicki Telford (Te Ara Whakapiri Facilitator, ARC CNS, Nurse Maude Hospice) by emailing:

Victoria.Telford@nursemaude.org.nz

NZ palliative care data - continued

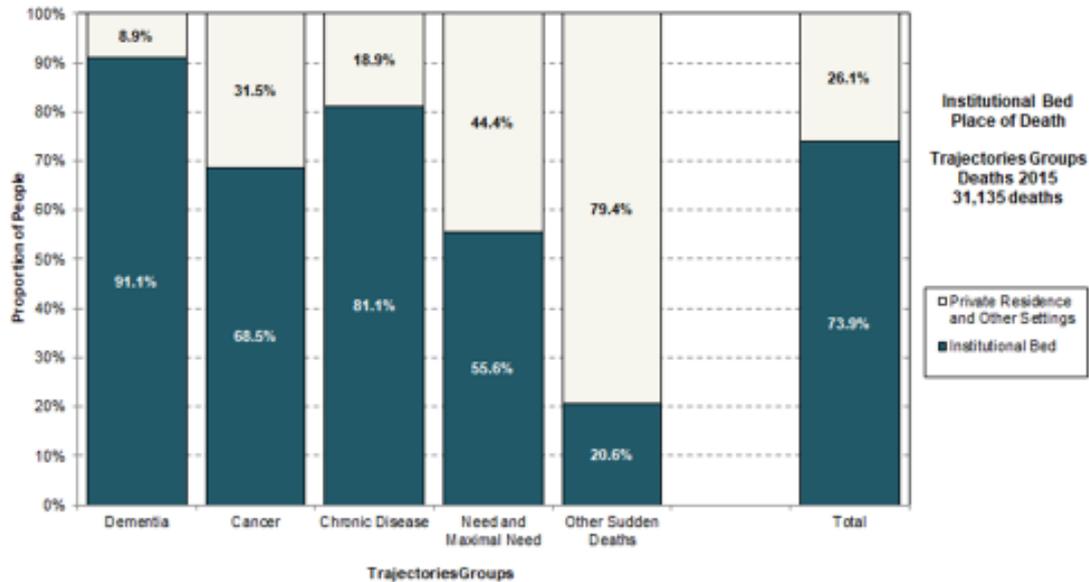
So far we have looked at the projected dramatic increase in the number of deaths in NZ, the increasing age at death, the prevalence of dementia at death and use of hospice services by age and diagnosis. Now we share two graphs showing the prevalence of death in inpatient settings by diagnosis and age.

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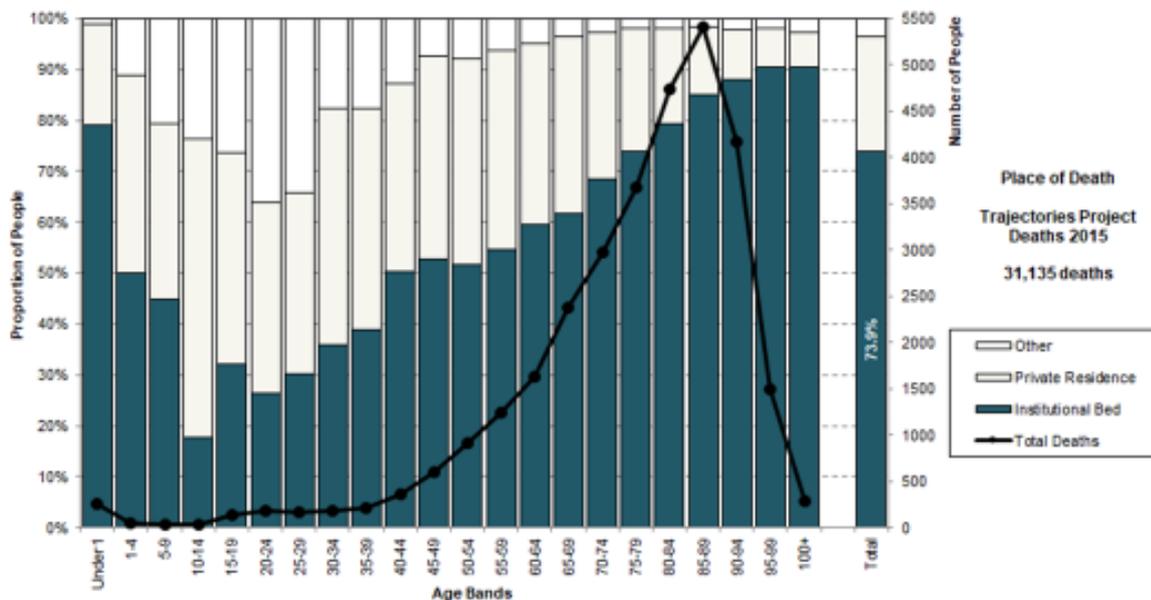


Institutional Bed for Place of Death



The first graph (above) shows that in 2015, the majority (73.9%) of people who died in NZ, died in some form of institutional bed (public hospital, Aged Residential Care facility or hospice). Those with dementia had the highest percentage of death in care (91.1%), followed by chronic disease (81.1%) and cancer (68.5%).

Institutional Bed for Place of Death



When we look at death in care by age, the data shows the percentage of deaths is almost linear with age from the age of 10 onwards, reaching 90% by age 95.

Source of data: Heather McLeod (www.heathermcleodnz.com) and June Atkinson (june.atkinson@otago.ac.nz)

Thanks everyone, until next time, Jo Hathaway Regional (South Island) Programme Facilitator for Palliative Care
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Our PCW vision: high quality, person centred, palliative and end-of-life care available to the population of the South Island according to need and irrespective of location.