Pop-Up Palliative Care

Initiative Type

Model of Care

Status

Deliver

Added

04 March 2022

Last updated

06 September 2023

URL

https://test.clinicalexcellence.qld.gov.au/improvement-exchange/pop-palliative-care

Summary

While Palliative Care Services are a well-established model of care across Australia, within Torres and Cape communities the same results are not being achieved due to unique community needs, geography and healthcare settings. Specialist consultation can be delivered through the provision of Telehealth. However, specialist physical care can currently only be delivered in Cairns, resulting in patients not only having to travel long distances but also being removed from their normal support

systems. The Framework for a pop-up care model, is inclusive of palliative care principals, whilst encouraging and supporting flexibility and broad community engagement. It also supports the community to identify gaps and provides resources to assist communities to meet their needs. The principles of the pop-up model are that it functions in a coordinated approach only when it’s required (i.e. pops up). The model is flexible, sustainable, owned and developed by the local community (not imposed by others) and tailored to meet community needs. It also importantly increases the knowledge and skills base in palliative care for communities and clinicians.

Key dates

Jan 2020

Dec 2021

Implementation sites

Bamaga, Cooktown, Weipa, and Thursday Island

Key Contacts

Lynda Mason

2322

william.vanheerden.ced

Pop-Up Palliative Care Project Manager

Torres & Cape Hospital and Health Service

0448619431

Lynda.Mason@health.qld.gov.au

Aim

To develop a model that is holistic, patient-centered, flexible, sustainable, owned and developed by the local community (not imposed by others), tailored to meet community needs and offer home-based services. To coordinate care that will facilitate the patients in returning home to spend their last days on country.

Benefits

A broad desire is both expressed and understood across all consultations that end-of-life patients wish to 'die on country'. The view was strongly expressed that end-of-life care outside community results in loss of identity that has unresolved ongoing impact on family and community wellbeing.

Background

Quite often, poor access to palliative care services results in avoidable hospital transfers and travel, dislocation from community and associated stress for family members. Historically, there has been a poor understanding of cultural considerations related to death and dying within Torres Strait and Cape communities. Furthermore, end of life care can be a sensitive topic within any community and a high level of community engagement and support is needed for patients to return to their remote communities for care.

Solutions Implemented

The project team is currently developing comprehensive resources, processes and procedures and project tools that supports not only the successful implementation of this program but also a sustainable and flexible program that will serve communities for years to come. Formal training has commenced with hospital and clinic staff. Hub sites have also been set up for equipment. This reduces any delay in providing equipment required for end of life care.

Evaluation and Results

Community feedback was undertaken which resulted in constructive suggestions. It identified poor access to palliative care services that results in avoidable hospital transfers and travel, dislocation from community and associated stress for family members. There is poor understanding of cultural considerations related to death and dying within Torres Strait and Cape communities. A broad desire is both expressed and understood across all consultations that end-of-life patients wish to 'die on country'. The view was strongly expressed that end-of-life care outside community results in loss of identity that has unresolved ongoing impact on family and community wellbeing.