

palliAGED Practice Tips for Nurses in Aged Care



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PALLIATIVE CARE AGED CARE EVIDENCE

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**Introduction &
Care Provider
Issues**

Tips for Nurses: Aged Care Access and Assessment



What it is: The aged care system provides support for older Australians living in their own home or residential aged care. Access to government-funded aged care requires an assessment of the person's needs. The older person is asked questions about what they would like help with to keep them as independent as possible, safe, and connected with their community. This is used to make a recommendation for the type and level of care that will best meet the needs of older Australians with low to complex needs.

This includes access to the following government-funded services:

- home care support and packages
- residential aged care
- transition care
- respite care
- short-term restorative care.

Why it matters: Sometimes care decisions and expectations about who will provide what care can be a source of worry for the person. It might also result in arguments in the family or with care providers. Understanding how access to aged care including assessment works means that you can better support clients and residents to navigate the system to receive the care they need. It can also help to manage expectations related to care.

What I need to know: Aged care assessment has a focus on client needs. It also aims to support wellness and reablement where appropriate. The amount of funding provided depends on the level of care approved. This will affect the type and amount of care provided.

Following approval and allocation of funds, the aim is to arrange services according to the person's needs and what is important to them. My Aged Care should be referred to for any questions relating to assessment or eligibility for government-funded services.

An older person or their representative can register with My Aged Care for an assessment, or they can be referred by a health professional. Assessment can take place at the older person's home, or in a hospital. There is a process in place for review of the assessment outcome if requested.

If you care for a client who requires more support than their current package allows, they can apply through My Aged Care to be reassessed.

Actions

If clients or families have any questions about access to aged care, refer them to your supervisor and/or My Aged Care.

Speak with your supervisor to arrange a case conference if you notice increasing care needs.

Anyone with consent can register an older person with My Aged Care for screening. They can also be referred from a hospital, or by a GP or other health professional with patient consent.

Tools

MyAgedCare website www.myagedcare.gov.au

palliAGED has information on access to aged care for older Australians www.palliAGED.com.au

Name:

My reflections:

How many aged care assessments of my clients or residents have I read?

In my organisation where are records of aged care assessments filed?

My notes:

See related palliAGED Practice
Tip Sheets:
Advance Care Planning
Frailty
Palliative Care

For references and the latest version of all the Tip Sheets visit
www.palliaged.com.au/Practice-Centre/For-Nurses

CareSearch is funded by the Australian Government Department of Health and Aged Care

Tips for Nurses: Palliative Care



What it is: Palliative care is an approach that improves the quality of life of people and their family and carers who are facing concerns associated with a life-limiting illness. This means that the person is expected to die in the foreseeable future and before they would have without the condition. This can be true for people at any age including the elderly.

Why it matters: The prevalence of chronic life-limiting conditions and the number of older people requiring palliative care is increasing. Nurses in aged care have a key role in assessing individual needs and supporting the person, their carers, and families in line with their care goals.

What I need to know: The aim is to support people with life-limiting illness to live the best life they can to the end.

Dementia, cancer, and advanced heart, lung, kidney and liver disease, are all examples of life-limiting chronic conditions. People with these conditions can benefit from palliative care in addition to usual acute and primary care as needed. The time course from diagnosis to death varies.

Palliative care can provide the person with pain relief and manage symptoms and medicines associated with the condition(s), as well as providing spiritual, emotional, and social support. The timing of palliative care depends on the individual and the condition.

Palliative care is a person-centred approach to care often taken with older people requiring daily support to improve quality of life and minimise any pain and discomfort. Difficulty in managing symptoms may reflect unrecognised palliative care issues and needs. This could signal the need for palliative care specialist intervention.

People needing palliative care may have social and cultural needs. Common care issues include:

- pain
- anxiety
- dyspnoea
- dry mouth
- dysphagia
- fatigue
- constipation
- depression.

The metabolism of older people and people with a serious illness can change over time. Monitoring for adverse reactions to medications is required.

Actions

As a person's needs change, palliative care helps with care planning, declining health, dying, and bereavement.

A complete biopsychosocial history should be documented and include the presence of any life-limiting or chronic illness.

Refer to the person's advance care directive when planning palliative care. Consider psychosocial needs, review symptoms and emotional and psychological needs. Allied health professionals may assist in providing care.

Some common signs that may indicate things are changing and palliative care needed are:

- less interest in doing things they enjoyed before
- changes in how they act and talk
- less interest in food and eating
- weight loss
- being less physically active e.g., getting slower and less mobile
- incontinence
- difficulties swallowing.

Notify the prescriber or other health professional if you notice any adverse reaction to pain or other medications. A review by a pharmacist may identify concerns with medications.

Tools

In line with the policies of your organisation the following tools may be useful:

SPICT tool helps health and care professionals to identify people who are declining in health and might benefit from better supportive and palliative care.

Needs Assessment Tool: Progressive Disease (NAT:PD)

Name:

My reflections:

How many of the people I care for would benefit from palliative care? What changes would prompt me to make a referral to a GP or palliative care specialist?

Careworkers spend a lot of time with the clients and residents. In my organisation how do they relay information to nursing/supervisory staff?

How do I support the team that I work with to provide palliative care?

My notes:

See related palliAGED Practice
Tip Sheets:
Advance Care Planning
End-of-Life Care Pathways
Pain Management

For references and the latest version of all the Tip Sheets visit
www.palliaged.com.au/Practice-Centre/For-Nurses

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Tips for Nurses: Self-Care



What it is: Self-care is a range of knowledge, skills, and attitudes that health care professionals can use for themselves or to support others to maintain mental and physical wellbeing.

Why it matters: Grief over the death of clients is not unusual and may contribute to stress or burnout. Factors unique to palliative care include:

- accumulated losses
- emotionally-charged care
- sustained and exclusive focus on terminal illness and care
- acknowledging and living with grief
- loss within your own personal life.

Nurses, including those who care for only a few palliative care clients, may experience:

- difficulty shifting from curative mode to a palliative and supportive role, accepting death as an inevitable and appropriate outcome
- guilt, if perceiving that a diagnosis was missed or delayed
- stress, if unable to relieve difficult symptoms or intense distress in the patient or their family
- difficulty in handling their own mortality.

What I need to know: Self-care can include self-reflection and self-awareness, identification and prevention of burnout, appropriate professional boundaries, and grief and bereavement support.

Being part of a team that provides the opportunity for support, reflection and debriefing is beneficial. This may be particularly helpful in developing realistic expectations of the degree of support that can be provided to dying patients. A team may be your work colleagues or a network of people outside of work.

Actions

Acknowledge your grief and recognise that it is a normal reaction to loss.

Talk to your supervisor and colleagues about what you are experiencing and request their help or support from a professional counsellor if needed.

Develop your self-awareness by reflecting on how you care for yourself. Consider:

- Physical: Am I getting enough sleep, exercise, and healthy food?
- Psychological: Am I doing enough to keep myself mentally stimulated?
- Social: Do I get enough time for my relationships?
- Emotional: What am I doing to process my emotions?
- Spiritual: What questions do I ask myself about life and my experience?

Reflective practice includes a conscious look at emotions, experiences, actions, and responses, and using that information to understand our responses.

Look out for signs that demonstrate a person is not coping such as:

- physical and emotional exhaustion
- poor sleep
- headaches
- negativity and cynicism
- lack of enjoyment
- not working effectively
- absenteeism
- use of drugs or alcohol as ways of coping.

Tools

Developing a self-care plan and strategies that promote your physical and emotional well-being.

Visit the ELDAC Self-care room.

Name:

My reflections:

What support does my organisation provide for self-care?

Have I created a self-care plan and, if so, does it need to be reviewed?

My notes:

See related palliAGED Practice
Tip Sheets:
Grief and Loss among Staff
Talking Within the Aged Care Team

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