



# Palliative Care – everybody's business

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# Overview

- A bit about my NP journey
- New role at Nelson Tasman Hospice
- Using this role to reduce inequity for all patients who would benefit from palliative care
- Why NP for this?

# My journey to NP



# First NP job – Presbyterian Support Southland

- Residential Aged Care
- 289 beds, all level of care, 4 facilities
- Responsible for palliative care delivery across the organisation
- ACP implementation
- Integrating palliative care into everyday practice
- Policy development
- Clinical guidelines development
- Culture change!

# NP role at Nelson Hospice

- Enhance palliative care provision across non-specialist settings
- Reduce inequity
- Support integration of palliative care into everyday practice for all individuals who would benefit
- Prepare for increased palliative care need of population

# NP role overview

- ARC team
- Rural clinics:
  - Motueka (fortnightly)
  - Golden Bay (monthly)
  - Wakefield (fortnightly)
  - Murchison (work in progress)
  - Mapua (work in progress)
- Clinical Leadership community team
- Clinical Governance

# Where ACP fits in

- ACP promotes smooth and timely transition to palliative care
- Not just about palliative care but impacts palliative care (among other things)
- Enables future clinical planning – NP in good position to do this

[www.advancecareplanning.org.nz](http://www.advancecareplanning.org.nz)

# Outcomes so far - internal

- Fewer requests for support from GPs
  - IPU Dr has more time for quality improvement initiatives
- Collegial support for Doctor
- Increased clinical support for community nurses
  - More effective and efficient outcomes for patients
  - Increased confidence
  - Increased guidance for GPs
- Policy and clinical guidelines



# Outcomes so far – primary care

- 35 clinic consults so far in 2017 (Motueka)
  - 10 were hospice patients
- Increased support and confidence for GPs
  - More able to manage treatment changes after initial consult
- ACP more integrated into GP consults
- ACP processes being established in primary care
- Increased support for DNs

# Outcomes so far - ARC

- Enhanced clinical input for ARC facilities
  - Closer support for facility nurses for complex situations
  - Prescribing support for GPs
- Nursing guidelines for use of PRN meds
- GP prescribing guidelines for PRN/pre-emptive meds
- 3/12 review checklists – to incl ACP and pall care issues
- ACP implementation support and written guidelines
- Establishing concept of “goals of care” for all residents

# Why an NP role

- Leadership across settings and disciplines is key
- Ideal role to initiate culture change
- “Been there” when supporting nurses in ARC
- Nursing guidelines
- Can demonstrate and support optimal nursing documentation / care planning
- Treatment decision-making and prescribing ability add authority and confidence to nursing plans
- Medication administering AND prescribing
- Effective conduit between nursing and medical staff

# Looking ahead

- Future-proofing the NP role
  - Trainee position?
- Medical Specialist arrival in June
- Meeting changing and evolving needs:
  - Within the specialist service
  - In the non-specialist settings



Thank you

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