

section 3.3: what do specialist services offer?

what can I expect from a specialist palliative care service?

The services provided by palliative care specialist teams occur across a spectrum, from a one-off assessment, through periodic review, to ongoing direct inpatient care for those patients with continuing complex needs. Often it will be episodic care rather than sustained care that is needed.

The practical and positive benefits of appropriate involvement of the specialist team include skills and proficiency in symptom control provided by specialist clinicians who do such work “all day, everyday”, and the capacity to coordinate services, rather than simply adding new services.¹ Specialist palliative care staff also offer assistance in complex decision-making and care planning for patients with advanced disease² and assessment and support for complex symptom management.

The majority of the specialist team’s work is consultative and is delivered alongside primary health care providers using a partnership approach. Specialist palliative care services play a role in supporting primary health care providers in **acute hospitals and community settings** and in residential aged care and other supported facilities. This may be through advice, clinical review following assessment or support and assistance in coordination and care planning. Assessment may occur in the inpatient setting or through a community visit. The focus of care is on an integrated approach with streamlined movement from the inpatient and outpatient to community setting, assessment of patient and family needs and matching needs with community based and resources and supports.

An initial referral and subsequent assessment does not necessarily imply that ongoing input from the palliative care team is required. At the time of referral, an initial consultation (including medical input) with subsequent recommendations for clinical management or community supports may be all that is necessary and the case may be closed at that time. Flexibility for patients is crucial – should the situation change at a future time and active follow-up become necessary, this can be done by notifying the local palliative care service and a discussion initiated with the appropriate member of the clinical team.

Complex psychosocial issues related to adjustment, loss, grief and bereavement may also be present for the patients or their family and caregivers – staff of the specialist palliative services provide skills in the assessment, support and referral of those requiring this level of counselling and intervention.

Access to **outpatient follow-up** by the specialist palliative care team varies across the metropolitan area and can be explored with the appropriate team. In these circumstances the primary health care providers remain responsible for the coordination of patient’s care.

Direct medical management by the specialist palliative care service is available to inpatients with complex needs, in a hospital or hospice setting, for whom the palliative care medical consultant takes primary medical responsibility (i.e. under that consultant’s bed card).

assessment

Following appropriate referral the specialist palliative care team will undertake a comprehensive assessment which will focus on the strengths and limitations of the patient, the family and caregivers and the primary health care providers involved in care.³ Clinical recommendations and/or care and support needs will be identified and the patient and family and/or caregiver's requirements for ongoing follow-up either in the inpatient or community setting will be determined at that time and the referrer advised accordingly.

benefits of the involvement of specialist palliative care teams

Specialist palliative care services also:

- identify and deal with more patient and family needs
- provide better pain control
- reduce the overall cost of care by reducing the amount of time patients spend in acute hospital settings
- increase the likelihood of people dying where they want to
- increase satisfaction of both patients and their caregivers⁴
- increase people's understanding of what to expect during illness and the approach of death
- assist caregivers in moving on with their lives⁵ after the patient has died.

references

¹ Campbell D, Currow D (2002) Updates in medicine-Palliative Medicine. *MJA* 176 (1) 33.

² Glare P, Auret K, Aggarwal G, Clark K, Pickstock S, Lickiss J (2003) The interface between palliative medicine and specialists in acute-care hospitals: boundaries, bridges and challenges. *MJA* 179 (6 Suppl) S29-S31.

³ A Guide to Palliative Care Service Development: A population based approach. (2005) Palliative Care Australia. ACT.

⁴ Hearn J, Higginson I (1998) Do specialist palliative care teams improve outcomes for cancer patients? A systematic literature review. *Palliative Medicine* 1998; 12:317-332.

⁵ Omnibus study: South Australia 2002/3.