



Australian Government

Department of Health

Executive Summary Report – Exploratory Review of Palliative Care Assessment Tools



This Executive Summary Report summarises the outcomes of the Exploratory Review of Palliative Care Assessment Tools project.

Background

The Exploratory Review of Palliative Care Assessment Tools project was undertaken by the Australian Commission on Safety and Quality in Health Care (the Commission), with funding from the Australian Government Department of Health.

Providing safe and high-quality end-of-life care requires recognition of those patients who would be likely to benefit from such care. Indicators can provide signposts for clinicians that a discussion should take place with patients and their family members or carers about preferences for end-of-life care. There are various tools that are used routinely by palliative care services to assist in the identification of patients nearing the end of their life. Similar tools are not routinely used outside palliative care settings and it is important to ascertain whether they are transferable.

The purpose of this project was to build on the current evidence base of palliative care prognostic tools used by health care professionals and increase their application across a range of health care settings. This includes determining the types of tools used; the extent of usage in different settings for tools; and the benefits and barriers to the usage of the tools.

The Project was undertaken between May 2019 and February 2021.

Key Findings

The main aim of project was to develop a healthcare workforce survey, which involved conducting a literature review and consultation.

Literature Review Findings

The literature review explored the evidence base for clinical assessment tools indicating or predicting the likely death of people within one year, and the key enablers and barriers to the successful use of the tools.

Several of the clinical assessment tools identified were in development and had not been tested in clinical settings. In addition, while there are many tools widely available and in use, the evidence to support their implementation in clinical settings remains limited.

Studies specifically examining the use of mortality risk-prediction tools in prompting clinicians to initiate end-of-life discussions with patients and their families or carers are particularly lacking. It is apparent that development work in relation to a variety of tools targeting different conditions, patient populations and clinical settings, is continuing in this area. Within this review, the evidence base to support the use of most of the tools was relatively poor.

The studies included in the review contained similar enablers and barriers; however, they contained little discussion of key implementation issues including the training, time and clinical expertise required to administer these tools in practice. The studies also provided limited insight into the practical and operational aspects of using tools prospectively in clinical settings.

Much of the literature identified in the review related to new tools that were largely under development. Hence, these studies provided limited insight into the operational aspects associated with implementation of these tools in clinical settings and the practical and resource constraints that may influence clinicians' ability to utilise them.

Consultation Findings

The consultation involved interviewing 62 stakeholders from 35 organisations. These consultations included key professional bodies and other stakeholders, including the Commission's Palliative Care Assessment Tools Steering Committee. The consultations informed the drafting of the survey and the dissemination strategy.

Survey Findings

In March 2020, the survey was distributed to a number of settings including intensive care units, medical units, and emergency departments, residential and community aged care facilities, and general practitioner practices. However, due to Covid-19 only 309 participants responded and a second survey was completed in October 2020 with a total of 1,455 healthcare workers responding to the second survey.

The majority of respondents worked in hospitals (excluding outpatient departments) (741 of 1,455, or 51%), followed by community settings (258 of 1,455, or 18%) and residential aged care facilities (RACFs) (181 of 1,455, or 12.5%). All states and territories were represented by the survey respondents. Most of the respondents were nurses (846 of 1,455, or 58%), followed by medical officers (229 of 1,455, or 16%) and allied health professionals (171 of 1,455, or 12%).

A total of 533 respondents (37% of the 1,455 respondents) reported using a tool to identify people likely to die within the next 12 months and/or next few hours or days. Over half of the healthcare workers who reported using tools (306 of 533, or 57%) indicated they used them to identify people who were likely to die both in the next few hours/days and in the next 12 months. The highest proportion of healthcare workers who used tools worked in hospitals (212 of 533, or 40%), followed by community settings (123 of 533, or 23%) and RACFs (99 of 533, or 19%).

The three most commonly used tools to identify people approaching end of life were the Karnofsky Performance Status Scale (KPSS), the Supportive and Palliative Care Indicators Tool (SPICT), and the Residential Aged Care End of Life Care Pathway (RAC EoLCP) tool (used by 118 (22%), 80 (15%) and 72 (14%) of 533 respondents respectively). However, the most frequently used tools (with frequency being measured by average number of times used per month) were the KPSS, Surprise Question and Active Daily Living (RUG-ADL) (used for a median of 24, 15 and 15 times per month respectively).

The frequency of use of the tools does not appear to be dependent on the specific resources, knowledge or skills required to use the tool, or the number of benefits of using the tool. It was, however, associated with the amount of time required to complete it; with those tools that were used most frequently also requiring the least time to complete.

The vast majority of healthcare workers who used tools identified at least one benefit of using the tool. Benefits most often reported were improvements to the end-of-life care provided (408 of 510, or 80% of respondents), improved support for families and/or carers (365 of 510, or 72% of

respondents) and led to discussions about advance care planning (343 of 510, or 67% of responses). Healthcare workers who used tools also identified a number of barriers. The most common barriers were: tools not being integrated into everyday workflows (124 of 430, or 29% of respondents); the administrative burden of completing the tool (88 of 430, or 20% of respondents); and potential for false positive results / inaccuracy of the tool (69 of 430, or 16% of respondents).

Also, of note, is the relatively high proportion of healthcare workers who use tools (104 of 533, or 26% tool users) citing using 'other' un-validated tools to identify people approaching the end of life.