Defining Allied Health Interventions in Palliative Care

Introduction

Unlike other areas of health where the focus is on cure and return to health, in palliative care the focus is on patients goals and needs and the provision of holistic care. In palliative care it can be difficult measuring interventions by Allied Health professionals due to the continued decline in the condition and functioning of clients and the complexity of the psychosocial, cultural and spiritual issues faced.

Method

The Palliative Care phase is a clinical tool which can be used to describe the stage of the client's illness and their clinical needs.

PALLIATIVE CARE PHASES	SOCIAL WORK	PHYSIOTHERAPY	OCCUPATIONAL THERAPY
Stable Phase: Patient problems and symptoms are adequately controlled by established plan of care. Interventions to maintain symptom control and quality of life have been planned. Family/Carer situation is relatively stable and no new issues are apparent	• Placement-Referral for ACAT assessment and then organising appropriate placement • Home-Organise services and appropriate supports If patient is to return home • Information on legal, financial issues etc. for future planning	• Initial mobility assessment and prescription of aids • Recommendations to MDT team on mobility/transfers status • Advice on falls prevention strategies • Manual handling education.	• Placement-Level of function assessment OT • Home-ADL assessment, home safety assessment as indicated. Recommendations for equipment and modifications • Education is provided on falls prevention, energy conservation and pressure injury prevention as appropriate
Unstable Phase: Patient experiences a new problem that was not anticipated in the existing plan of care. Patient experiences a rapid increase in the severity of a current problem. Family and carers circumstances change suddenly	• Initial psychosocial assessment • Counselling and support for pts and families • Information and education in regards to psychosocial situation	• Initial assessment and then re-assessment of mobility/transfers due to deterioration. • Lymphoedema management if indicated	• Assist Medical team with comfort and pain management (Electric recliners, positioning pillows etc.) • Pressure injury prevention (Roho cushions, mattresses etc.) • Dyspnoea management with MDT members
Deteriorating phase: The person experiences a gradual worsening of existing symptoms or the development of new but expected problems. These require the application of specific plans of care and regular review but not urgent or emergency treatment. The family/carers experience gradual worsening distress that impacts on the patient care	• Reassessment regarding psychosocial situation • Facilitating last wishes • Facilitate discharge planning if patient wishes to return home • Counselling and support of patient and family	• Initial assessment and then re-assessment of mobility/transfers due to deterioration • For end of life care at home, equipment prescription, manual handling and falls prevention education is done	• Continued effort is on pressure injury prevention and comfort care • Discharge planning is commenced if patient is for end of life care at home
Terminal phase: Death is likely in a matter of days. Frequent daily interventions aimed at physical, emotional and spiritual interventions is required.	• Focus on emotional/spiritual issues • Counselling and support of patient and family • Assistance with practical issues as requested	• Advice on manual handling to Nursing staff if indicated	• Continued effort is on pressure injury prevention and comfort care
Post Death Support: Death of the patient has occurred and the carers are grieving.	• Bereavement follow up • Referral for bereavement counselling • Assistance with practical issues as needed		

Discussion

The focus in palliative care is on providing holistic care to maximise the quality of life of patients and their families. The palliative care phase tool is important in identifying clinical needs and appropriate interventions. An attempt has been made to identify client needs and define interventions allied health interventions based on the palliative care phases. However because palliative care patients change rapidly and frequently ,it is unrealistic to clearly define roles based on the phases. The recommended approaches are to:

- Provide individualised care tailored to address patients goals on a needs basis.
- Allied health interventions should be planned to recognize that palliative care patients may move between the phases frequently. Frequent reassessments are indicated with every change in phase to guide our interventions.

With the changing health system and move to activity based funding it is important for Allied Health Professionals to be able to define what we do and measure patient outcomes effectively. Achieving this in palliative care setting remains a challenge.

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