



# Palliative Medicine

## 2012 RESEARCH REPORT

# PALLIATIVE MEDICINE

## ➔ PROGRAM DIRECTOR: DR SONIA FULLERTON

Eastern Health's palliative care service spans the whole organisation with outpatient, consultation and inpatient services. Palliative care clinicians are engaged in clinical research including audits of clinical practice and a dedicated research committee meets monthly. The majority of research activity is undertaken outside of clinicians' daily responsibilities and activities. Whilst the division remains relatively compact with no external funding, multiple presentations have been successfully presented at state and national conferences.

The palliative medicine research focus is on service delivery reform, clinical audits that will have real impact on patient care, patient experience, ensuring right care right patient right time, and encapsulates multidisciplinary team approaches.

Collaborative links exist with Deakin University, La Trobe University, University of Melbourne, Centre for Palliative Care Education and Research, the Austin Health palliative care unit, and other palliative care units across Australia.

**AWARDS 2011-12**

**Fullerton S.** Highly Commended, *Fast track pathway – anywhere to palliative care*. 2011 Victorian Public Healthcare Awards. Further information <http://www.health.vic.gov.au/healthcareawards>, November 2011.

**Marriot J.** 2011 Eastern Health Continuing Care Program Health Super Employee Value Award for Excellence, Healesville & District Hospital. (Jonathan went on to win the overall Eastern Health Value award for Excellence. October, 2011.)

**Fullerton S.** Eastern Health Continuing Care Program Health Super Employee Value Award for Excellence, Wantirna Health. October, 2011.

**Fullerton S.** 2010 Support Network Group Champion for CJD families award for assisting families of patients with CJD.

**INVESTIGATIONS IN PROGRESS**

*Investigations successfully progressing across the year have included:*

**Varying patterns of extended release opioid prescription at Box Hill Hospital from 2006-2009**

Lead investigators: **Kenner D, Fullerton S.** There has been a change in the prescription pattern of extended release (ER) opioids over a three-year period. ER morphine prescription has declined as it has been replaced by other opioids. This retrospective study details these changes and advances reasons why these changes have occurred.

**Factors that predispose to terminal restlessness**

Lead investigators: **Booth L, Bhagat S, Fullerton S.** Around 1% of dying patients suffers from severe terminal restlessness. The investigators examined the medical records of 43 patients with severe terminal restlessness requiring phenobarbitone. Factors that may predispose to severe terminal restlessness were: male gender, younger patients, brain metastases (lung, melanoma), dexamethasone use and pain.

**Sonia's sign – is sticky eye a predictor of death?**

Lead investigators: **Fullerton S.** Anecdotal evidence suggests that palliative inpatients suffering from conjunctivitis may have a very poor prognosis. This prospective audit evaluates outcomes of palliative patients who are suffering from conjunctivitis.

**A prospective audit of the use of subcutaneous parecoxib (Dynastat) in the palliative management of severe cancer-related bone pain**

Lead investigators: **Kenner D.** This is a clinical study to assess the efficacy of parecoxib, a potent injectible Cox-2 inhibitor, in cancer related bone pain. Parecoxib is administered as a daily subcutaneous injection on three consecutive days, with pain data recorded prior to and during treatment. Interim analysis to date on 14 assessable treatment episodes indicates a 71% response rate.

**Introduction of the Liverpool Care Pathway (LCP) for care of dying patients and families into acute wards at Eastern Health**

Lead investigators: **Bhagat S, Fullerton S.** The LCP represents best practice in multidisciplinary care for dying patients and families. The outcomes of the first 100 patients cared for on acute wards in Eastern Health will be evaluated. An economic analysis of the impact of the pathway will be the first in the world. Staff knowledge and confidence will be evaluated.

**INVESTIGATIONS COMPLETE**

*Investigations successfully completed during the course of the year have included:*

**Clinical experience with methylnaltrexone – how does it compare with the initial research?**

Lead investigators: **Moran J, Fullerton S, Kenner D.** Methylnaltrexone (MNTX) is a quarternary opioid antagonist recently added to the PBS for the treatment of opioid-induced constipation. This is a collaboration between several Australian palliative care units assessing the effectiveness of this medication in a non-research setting. The treatment was successful in 77% of patients. Of 12 patients treated, five patients needed more than

one dose (total 18 doses); five patients were given 8 mg and 13 were given 12 mg; four patients had no response to the MNTX.

**You don't have any pain, do you? Prevalence of unrecognised pain in acute hospital patients**

Lead investigators: **McGregor D, Street M, Fullerton S, Livingston PM.** This project assessed the prevalence of pain reported by Eastern Health inpatients. 100 patients were surveyed, 78 participated, and of these 72% complained of pain during their admission. There was room to improve in the documentation and assessment of pain by nursing and medical staff, providing evidence that an Eastern Health-wide pain tool would be of benefit in improving the quality of patient care.

**Emergency department to palliative care: fast track pathway**

Lead investigators: **Fullerton S, Leach D, Tucker M.** A case series of palliative patients fast-tracked both day and night from emergency departments to an inpatient palliative care unit was undertaken. Demographics, characteristics and outcomes of patients transferred were collected. 62 patients were transferred from Eastern Health emergency departments to the palliative care unit for a total of 600 bed days over 13 months, saving an estimated \$170,000. Patients' median age was 77, and three quarters had cancer. Four print media articles were published and many oral and written compliments were received from patients and relatives.

**Victorian palliative care satisfaction survey**

Lead investigators: **Rosenquist P, Fullerton S.** This mandatory survey aims to evaluate consumer satisfaction with inpatient, community and outpatient palliative services in Victoria. 77 inpatients and carers returned surveys, at a very high response rate of 46%. Consumer satisfaction with care at Wantirna Health was reported at 4.63 out of 5, an excellent result. Areas for relative improvement related to carer support. 66 of 77 consumers gave a satisfaction rating of 5 out of 5. While clinical activity continues to increase at in Eastern Health's palliative care unit, consumer satisfaction remains high.

### Effectiveness of palliative care outpatients clinic

Lead investigator: **McLeod F.** This project evaluated the effectiveness of a multidisciplinary palliative care outpatients' clinic in meeting the needs of people diagnosed with a life threatening illness, their caregivers, staff and stakeholders. The study used questionnaires, medical record audits and an emergency department presentation reports to measure effectiveness. 16 patients (53% response rate), 23 carers (38% response rate) and 19 staff/stakeholders (55% response rate) returned the questionnaires. A high level of satisfaction with service was reported by all survey groups. The medical record audit identified areas of improvement around documentation but showed high levels of communication occurring between Yarra Ranges Health palliative care coordinators and other providers. The emergency department report tracing of the presentations of current patients' pre and post clinic referral showed a 54% reduction in presentations to the emergency department.

### Coordination and communication between palliative care services: staff perspectives

Lead investigators: **Bhagat S, Fullerton S.** The project analysed the current level of care coordination and communication between Wantirna Health inpatient palliative care unit, and Eastern Palliative Care, the domiciliary palliative care provider. Communication and relationships between the services was improved as a result of the project.

### HIGHER DEGREE INVESTIGATORS IN TRAINING

**Imogen I**, PhD (year 2), Music's influence on the physical activity levels of older adults in healthcare settings. School of Allied Health, La Trobe University, P/T

**Bhagat B**, Fellow, Victorian Palliative Medicine Training Program

### IN CONCLUSION

The palliative care service continues to excel in clinical research, despite the challenge of increasing clinical activity. The unit may be small yet remains in the top 10 of units across Eastern Health for research activity underway or complete which is a remarkable achievement. The research committee is active, fun and productive and ever encouraging of new researchers.

The division aims to continue to improve its transition to publication rate, and establish firmer links with academics and academic centres. The unit remains focused on influencing patient care with real clinical research.

### PUBLICATIONS

#### Journals

#### Published

**Fullerton S, Kenner D, Tucker M.** Anywhere to palliative care – a fast-track pathway from the emergency department to palliative care. *MJA*. 2012; 196(9): 566.

**Clark I, Baker F, Taylor N.** The effects of live patterned sensory enhancement on group exercise participation and mood in older adults in rehabilitation. *Journal of Music Therapy*. 2012; 49(2): 181-205.

**Horne-Thompson A, Bramley R.** The benefits of interdisciplinary practice in a palliative care setting: a music therapy and physiotherapy pilot project. *Progress in Palliative Care*. 2011; 19(6): 304-308.

#### In press

**Wilkinson J, Street M, Fullerton S, Livingston P.** End of life care for aged care residents presenting to emergency departments. *J Pall Care Med*. 2012 (in press)

**Clark I, Taylor N, Baker F.** Music interventions and physical activity in older adults: A systematic literature review and meta-analysis. *J Rehab Med*. 2012; 44 (in press)

### CONFERENCES

#### International

**Clark I, Baker F, Taylor N.** A music therapy and physiotherapy rehabilitation group for older adults. Asia/Oceania Region of the International Association of Gerontology and Geriatrics - Aging Well. Melbourne, October 2011.

**Clark I, Taylor N, Baker F.** Patterned Sensory Enhancement: Neurologic music therapy for older adults during rehabilitation. World Federation for Neurorehabilitation 7<sup>th</sup> World Congress. Melbourne, May 2012.

#### National

**Wilkinson J.** End of life care for aged residents presenting to emergency departments. 11<sup>th</sup> Australian Palliative Care Conference. Cairns, August/September 2011.

**McLeod F.** Methadone titration in the outpatient setting. 11<sup>th</sup> Australian Palliative Care Conference. Cairns, September 2011.

**Fullerton S.** 1,2,3, everybody pull! 8<sup>th</sup> Australasian Redesigning Healthcare Summit. Brisbane, May 2012.

**Fullerton S.** Death, data and the dollar – these are a few of my favorite things. Plenary speech, The Australian Health Services Financial Management Association Conference. Torquay, April 2012.

**Fullerton S.** Cerner, palliative care and aboriginal health – an unlikely partnership? Cerner/Healthsmart Regional Users Group. Melbourne, May 2012.

**Clark I.** Exercise with music makes everyone join in: An interdisciplinary exercise group for older adults. 37<sup>th</sup> National Australian Music Therapy Association Conference. Brisbane, September 2011.

**Guerra P, Evans L, Monk J.** Multidisciplinary case conference redesign. 8<sup>th</sup> Australasian Redesigning Healthcare Summit. Brisbane, May 2012.

**Local**

**Fullerton S.** Emergency department to palliative care fast track pathway. Annual Doctors Research Forum: Victorian Consultants, Registrars and Palliative Care GPs working in Palliative Care Doctor's Research Forum. Melbourne, May 2012.

**Fullerton S.** *1,2,3, everybody pull!* Annual Doctors Research Forum: Victorian Consultants, Registrars and Palliative Care GPs working in Palliative Care Doctors' Research Forum. Melbourne, May 2012.

**Fullerton S.** You've got mail! Using HealthSMART to improve identification and support for Aboriginal patients. Victorian Aboriginal Health Conference. Melbourne, May 2012.

**Fullerton S.** Advance care planning: Have you had the talk? Life Circle State Conference. Melbourne, May 2011.



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## Accessing program reports

Eastern Health is committed to building a culture of research and ensuring such research is embedded in everyday clinical practice. Eastern Health contributes to local, national and international research activity.

The 2012 Eastern Health Research Report forms part of the broader fifth annual Eastern Health Research Report reflecting the high-calibre research, commitment and strength of research programs across Eastern Health. The complete 2012 Eastern Health Research Report including clinical program reports is available in hard copy by contacting The Office of Research & Ethics on 9895 9551 or via download from [www.easternhealth.org.au](http://www.easternhealth.org.au)

*Readers note: Where projects are collaborative with our respective research partners, Eastern Health staff names are in bold.*

### Clinical program reports available include (list not exhaustive):

- Eastern Health Clinical School
- Medical student programs
- Research division
- Eastern Clinical Research Unit (ECRU)
- Eastern Clinical Research Unit – Translational Division (ECRU-TRD)
- Turning Point Alcohol & Drug Centre
- Allied Health
- Breast oncology
- Cardiology
- Emergency medicine
- Endocrinology
- Haematology
- Integrated renal and obstetric medicine services
- Intensive care medicine
- Mental health programs
- Neuroscience
- Nursing and midwifery
- Palliative Medicine
- Pharmacy
- Post Graduate Education Unit
- Respiratory and sleep medicine
- Rehabilitation programs
- Rheumatology