Integrating hospice and palliative care in Austrian nursing homes

In 2006, Hospice Austria launched an ambitious project aimed at integrating hospice and palliative care in nursing homes across the country. **Sigrid Beyer** and **Anna H Pissarek** describe how the project was set up, what has been achieved so far and what will happen next

In Austria, in the 1990s, Marina Kojer, a doctor specialised in geriatrics, took over the largest geriatric hospital ward in Vienna and started applying palliative care to the care of the elderly. However, despite her pioneering work, palliative geriatrics is still poorly understood by Austrian GPs and other healthcare professionals who care for the elderly. This often results in poor pain management, overtreatment and unnecessary hospital admissions.

Nursing homes in particular are facing new challenges, briefly listed below:

- Many nursing home residents have multiple co-morbidities and go through phases of progressive deterioration. Up to 70–80% have dementia, and around 30–50% die in the nursing home in the first year following their admission.
- The number of qualified nurses working in nursing homes has gone down, because nursing homes are cutting down their costs and because nurses do not consider them to be attractive workplaces.
- Austrian patients have the right to choose their GP, which results in nursing homes having to sometimes deal with a large number of different GPs.
- Many GPs have no experience or expertise in geriatrics, palliative care or palliative geriatrics; and, even if they do have such experience or expertise, GPs are not available at night or during the weekend.

Taking all of the above into consideration, it is clear that all nursing home staff need some level of expertise or training in hospice and palliative care, and that hospice and palliative care must be initiated as soon as an individual is admitted to a nursing home.

Key points

- In 2006, Hospice Austria – the umbrella organisation for hospice and palliative care in Austria – started working on a project aimed at integrating hospice and palliative care in nursing homes in order to improve the quality of life of residents and carers.
- The project consists of a two-year organisational development process combined with staff training in palliative geriatrics. Nursing homes are expected to train 80% of all their staff.
- In May 2015, out of around 800 nursing homes in Austria, 100 had implemented the project or were in the process of doing so.
- Hospice Austria is now working on improving advance care planning in nursing homes, and has also set itself a new challenge: introducing hospice and palliative care in organisations that provide basic home care.

Enhance residents' quality of life

In 2006, Hospiz Österreich (or Hospice Austria), the umbrella organisation for hospice and palliative care in Austria,[1] launched a project with the goal of integrating hospice and palliative care within the nursing home setting. The project, called HPCPH (Hospizkultur und Palliative Care im Pflegeheim, which translates as 'hospice and palliative care in the nursing home'), aimed to enhance the quality of life of residents and carers, both professional and informal; change the culture in nursing homes; and give better support to residents' families. At the start of the project, the main questions were:

- What are the core problems and how do we deal with them?
- Who are the target groups?
- How is it possible to enhance the quality of life of nursing home residents until the end, and enable them to die with dignity?

Setting up the project

The first step in setting up the project was to define and introduce guidelines for the quality

of hospice and palliative care in nursing homes. These guidelines were discussed and subsequently introduced as recommendations for the whole of Austria in 2008. They refer to doctors, nurses, residents, residents' families, providers of spiritual care and hospice volunteers, as well as to the environment of the nursing home itself. They cover the medical, nursing, psychological, social and spiritual aspects of the care provided in nursing homes.

The second step was to create an 'architecture' for the project implementation and design the organisational development process. The different elements of the process are somewhat flexible, with the aim of making implementation sustainable. Here are some of these elements:

- Involvement of the management at all levels
- Establishment of a palliative care representative (PCR) and palliative care team (PCT) within each nursing home
- Organisation of meetings between PCRs and PCT members, in each nursing home and at regional level for all participating homes.

The third and final step was the creation of a 36-hour curriculum in palliative geriatrics designed for nursing home staff, as well as a train-the-trainers workshop. The curriculum was created by Marina Kojer and Ulf Schwänke, a professor of educational science in Germany, and launched in 2009.

Where are we today?

In 2009, the HPCPH project started to be implemented in nine pilot nursing homes in the federal state of Lower Austria. By May 2015, 100 nursing homes – out of around 800 in total in Austria – had implemented the HPCPH project or were in the process of doing so. To these 100 nursing homes one must add four homes in Vienna, which have independently followed a similar process of hospice and palliative care integration before the start of the HPCPH project.

Today, the HPCPH project consists of a two-year organisational development process combined with staff training in palliative geriatrics. We expect participating homes to train 80% of their staff – all their staff, not just nurses and carers. The development process is flexible to a certain extent, and is constantly adapted to better meet the challenges encountered along the way. However, the core aspects of the project, such as staff training, are 'non-negotiable'.

The residents' GPs are involved in the project: they are invited to participate in what we call 'quality circles'. At these meetings, GPs, nurses and a palliative medicine and/or palliative geriatrics doctor discuss residents' cases with regard to end-of-life care, pain management, transfers to hospital, and so on.

Core aspects of the project, such as staff training, are 'non-negotiable'

As partners in a European Union project called Narzisse (2012–2014), we shared our expertise with a Hungarian group and with the Hungarian Hospice and Palliative Care Association, helping them in setting up a pilot project in the town of Zalaegerszeg.

Key lessons from the first evaluation

Three years after the start of the project, in 2012, a quantitative and qualitative evaluation was conducted in the first 12 nursing homes to implement the project in Lower Austria. It must be noted that these 12 homes started from an already high base level of care and commitment. Here we describe the key lessons learned from that evaluation.

The successful implementation of the HPCPH project requires a combination of organisational development and ongoing training in palliative geriatrics, preferably of all staff.

The training methods have to meet the diverse needs of learners, who have different educational backgrounds, and encourage their involvement. This is ensured by the storyline method used in the training programme.

The successful integration of hospice and palliative care in nursing homes:

- Improves communication, both internally between nursing home carers and other staff, and externally with GPs, mobile home palliative care support teams, and so on
- Enhances nursing home carers' awareness, confidence and courage
- Strengthens the multidisciplinary team
- Supports the team in dealing with difficult ethical issues
- Improves the quality of life of residents (especially with regards to pain assessment and treatment) and their families.

A prerequisite to achieving the project's objectives is the availability of sufficiently qualified staff and of medical care provided by

specialists in palliative geriatrics. Of note: this is the ultimate goal, but there is still a long way to go to achieve it, as costs are not yet covered by the Austrian healthcare system.

Better communication, better advance care planning and increased confidence result in a decrease in the number of unnecessary hospital admissions and an increase in the number of residents able to die in the nursing home, rather than in hospital.

Once the project has been implemented, ongoing measures (networking, staff training, regular meetings of all PCRs and PCTs within a region) are necessary to ensure that the results are sustained in the long term; for example, in the federal state of Styria, the regional umbrella organisation Hospiz Styria has introduced a 'quality label' for participating nursing homes that homes will need to re-apply for every five years.

Challenges

The establishment of an HPCPH advisory board, which included all policy-makers and stakeholders involved, proved essential to guarantee the sustainability of the project, in the whole of Austria (national level) and in each participating federal state (regional level). We also found that it was useful to encourage networking at national and international level.

One of the main issues encountered is that nursing homes are struggling to find the money to finance the project, which is only one among various quality-improvement schemes that they are expected to undertake. Often, because of scare resources, nursing homes have to choose between the HPCPH project and other endeavours.

Nursing homes are struggling to find the money to finance the project

There are a growing number of nursing homes participating in the project, and it has become clear that the guidelines, which are comprehensive and complex, cannot serve as an easy-to-handle quality assessment tool after the initial assessment has been made. We have therefore developed more simple and self-explanatory indicators that homes will use for ongoing quality assessment once they have gone through project implementation.

What happens next?

Hospice Austria and the HPCPH advisory board have started working on advance care planning in nursing homes. An extensive discussion is currently taking place across Austria on this topic. A group of experts has developed a document consisting of introductory material, a manual for ongoing advance care planning conversations, and documentation sheets. This now needs to be approved by all relevant stakeholders – the Medical Association of Austria, the Ministry of Health, the Ministry of Social Affairs, the Association of Nursing Homes in Austria, to name but a few. This is proving quite challenging.

We are also developing a specific training programme to help professionals conduct advance care planning conversations. But advance care planning in nursing homes really is a project in itself, and needs a good foundation with a combination of training and organisational measures.

Finally, we have just started working on integrating hospice and palliative care in organisations that provide basic home care. These organisations, which are different from the home palliative care support teams that also exist in Austria (although not in sufficient numbers), offer practical help with things like getting out of bed, getting dressed, washing, cooking, doing errands or cleaning. Few of their staff are qualified nurses, most are assistant nurses and carers. Here again, a dedicated training programme and an organisational development process will be needed. When we started the HPCPH project, we knew that this would be our next step.

Declaration of interest
The authors declare that there is no conflict of interest.

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