AGED CARE STAFF TRAINING NEEDS ANALYSIS REPORT

Greater Townsville Region - Connecting End of Life Care in Townsville (CELC-T) Project

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1. KEY MESSAGES

200

Townsville Residential Aged Care staff identified their palliative care training needs

Top 6 challenges to providing palliative care in RACFs in Townsville

01 | Lack of communication skills
02 | Lack of knowledge
03 | Lack of skilled staff
04 | Lack of resources
05 | Lack of cultural understanding
06 | Lack of funding

5 key reasons for hospital transfer from RACF for Residents with palliative care needs in Townsville

01 | To control pain
02 | Perception that hospital has more available responses
03 | Family requesting transfer
04 | Skill deficit of RACF staff
05 | Lack of resources to manage complex care needs

SELF IDENTIFIED PALLIATIVE CARE TRAINING NEEDS FOR RESIDENTIAL AGED CARE STAFF IN TOWNSVILLE

1. Communication skills
2. General training on palliative care
3. Pain management

**CATEGORY 1:
EG: RN /EN /QUALITY & EDU TEAM**

1. Communication skills
2. General training on palliative care

**CATEGORY 2:
EG: AINS / ACTIVITIES TEAM**

1. Communication skills
2. General training on Palliative care
3. Compassion

**CATEGORY 3:
EG: ADMINISTRATION / DOMESTICS STAFF ETC**

2. BACKGROUND

ABOUT THE PROJECT

Palliative Care Queensland (PCQ) is an independent, not-for-profit peak body representing palliative care providers, consumers and their families and those with an interest in palliative care.

Connecting End of Life Care in Townsville (CELC-T) project aims to improve the capacity of Aged care and General Practice service providers within The Greater Townsville region, to provide quality palliative care and end-of- life planning thereby assisting in the management of after-hours service need.

This will be achieved by building culture, systems and practice improvements which increase the quality of end-of-life care.

CELC-T project will be conducted over a 12-month period and will concentrate on building connection between end-of- life services and community groups to achieve project aims.

The project is administered by PCQ, funded by North Queensland Primary Health Network (NQPHN) and working in collaboration with the Townsville Palliative Care Service at Townsville Hospital and Queensland Health Centre for Palliative Care Research and Education (CPCRE).

ABOUT THE TRAINING NEEDS ANALYSIS

The training need analysis (TNA) was conducted in March 2018 as a foundational aspect of the practice improvement activity of the CELC-T project. The primary objective of the TNA was to determine needs for training of aged care staff; to overcome the knowledge/ skills gaps; and reduce the barriers to provide good palliative care in the aged care facilities in Greater Townsville.

The TNA was based on a rationale that, before defining the content of the training action plan, it was necessary to define the needs of the aged care facilities in Townsville and obviously to find out if all facilities have the same needs or if they can be differentiated through different categories.

The results of the TNA and conclusions of this analysis will form the basis upon which the training programs will be planned and scheduled.

3. METHODOLOGY

The TNA included an **all staff training needs survey** (The All Staff Survey) and **facility manager training needs interviews** (The FM Interviews).

The following section outlines the process taken to develop *The All Staff Survey* questions and *The FM Interviews* question guide.

SURVEY & INTERVIEW TOOLS DEVELOPMENT

The *All Staff Survey* tool was developed based on recommendations from the PA Toolkit and discussion with Steering Committee members.

The topics to be included in the TNA were discussed with the **CELC-T project steering committee** (The Committee).

THE SURVEY PARTICIPANTS

The CELC-T Project Steering Committee identified that all levels and roles of staff in Residential Aged Care Facilities (RACFs) play a role in delivering End-of-Life Care in Aged Care, and therefore recommended that the All Staff Survey try to reach as many staff as possible within the RACFs. This was achieved by creating three staffing categories for the All Staff Survey:

- *Category 1.*
  Registered Nurses, enrolled nurses, managers, quality staff and education staff
- *Category 2.*
  Carer/ Assistant in Nursing (AIN), team leaders, activities coordinators/officers and pastoral/spiritual carers
- *Category 3.*
  Reception staff, catering and kitchen staff, cleaners/domestic staff, laundry staff, volunteers and all other staff

THE FM INTERVIEW QUESTIONS

A structured interview questionnaire was developed to guide the CELC-T Project Coordinator to ask a series of questions to the Facility Managers to get a qualitative understanding of their need in providing quality palliative care, which will help PCQ to design and implement education and training programs.

THE ALL STAFF SURVEY QUESTIONS

Survey questions focused around the following four topics:

1. Their current knowledge about palliative and end of life care
2. Their confidence in supporting and caring of palliative or end of life care residents
3. Identification of challenges and barriers in providing good palliative care in aged care during after hours
4. Training interest

Questions were modified for each category.

DATA COLLECTION METHODOLOGY

FACILITY MANAGER INTERVIEWS (FM INTERVIEWS)

All RACFs were offered a face to face interview; eight interviews were conducted and 2 did not have the capacity to participate. Eight face to face interviews were conducted by the CELC-T Project Coordinator with Facility Managers in the Greater Townsville area. The purpose of this interview was to gather the interviewees perception of gaps, barriers and needs in providing better palliative care.

Average time to complete the interview was 45 minutes. The interview questions were divided into three areas:

1. Staffing and Facility structure
2. Training interest and practice development opportunities
3. Barriers and gaps in relation to palliative care

The analysis explored several angles to increase the understanding of the groups particularities and commonalities. As thus, we determined elements that would be useful for the training program designer for gaining a deep view to identified target groups and respond to their specific need.

ALL STAFF SURVEY

A Training Needs Analysis (TNA) Survey Kit was provided. This included:

- Instruction letters for Facility Managers
- A large plastic container
- 3 tier survey holders
- Pens
- Black and White paper based All Staff Survey (3 categories),
- Multiple flyers about the All Staff Surveys
- Plastic flyer holder for the staff-room to promote the survey
- a box to store all completed surveys

Eight facilities were provided TNA Survey Kits, two facilities did not receive a kit due to administrative error but were offered Facility Manager interviews and one of the RACFs which didn't participate in the All Staff Survey participated in the FM Interview.
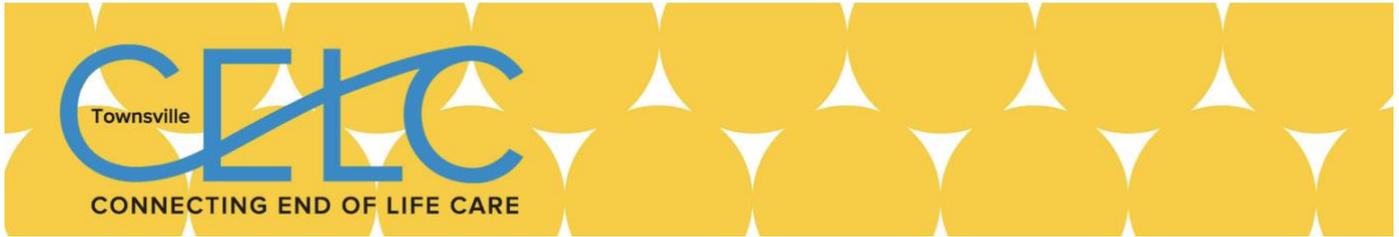
TIMELINE

Data was collected over a six week period - from 14th March 2018 to 30th April 2018.

INCENTIVE

As an incentive to completing the All Staff Survey the following vouchers/grants were offered for services staff completed the highest number of survey's (based on number of staff eligible) in each category - including:

- 2 Palliative care Nurse Australia Nurse Grant (Valued over $1500 each)
- 2x $50 Coles voucher
- 2x $50 Coles Voucher

SURVEY CONFIDENTIALITY

Palliative Care Queensland regards the confidentiality of the survey data to be of utmost importance.

Data from each facility was collected on paper-based surveys and entered into SurveyMonkey by the Project Coordinator and administration staff. No personal identifiable information is presented in the report. Additionally, the responses are combined and summarized in a report to further protect respondent's anonymity.
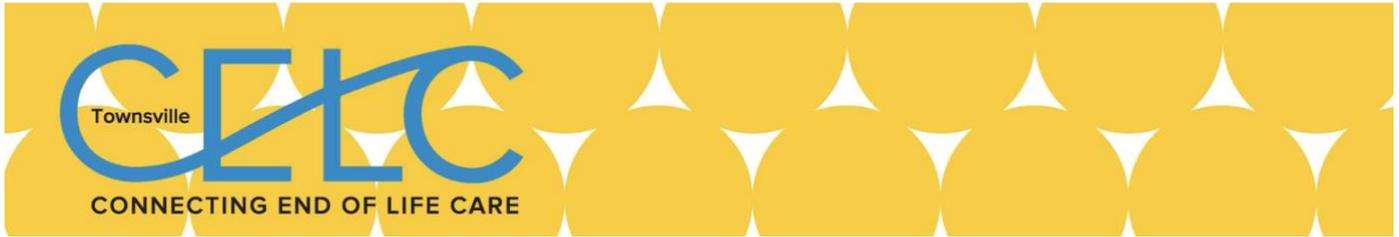
4. KEY FINDINGS / RESULTS

FACILITY MANAGERS INTERVIEWS

Interviews were conducted across eight facilities in Greater Townsville region. Interviews with facility managers indicate the need of training and education for residential aged care staff.

STAFFING AND FACILITY STRUCTURE

Facility Name	Total No of staff	No of beds
RACF 1	97	70
RACF 2	44	98
RACF 3	79	90
RACF 4	65	126
RACF 5	33	28
RACF 6	97	70
RACF 7	45	27
RACF 8	128	102
RACF 9	290	246
Total*	878	857

*did not receive data from 1 RACF

Table 1: Indicates the aged care facility size in Greater Townsville region

TRAINING AND PRACTICE DEVELOPMENT

- o Training Structure:
    - - Participative workshop
    - - Small training courses
    - - Webinar
    - - Small face to face sessions during facility staff meeting
    - - Education resources available on PCQ website
    - - Scheduling and phasing training activities

- o Training program development advice:
    - - Design training in response to education needs
    - - Clearly market the benefit that can be expected from the training
    - - Practical training is preferred - opportunities to discuss case studies was highlighted
    - - Identify other training programs available to ensure things are not duplicated.
    - - Work collaboratively with Palliative care service in Townsville hospital, North Queensland Primary Health Network, GPs and aged care providers to deliver education and training systems

BARRIERS AND OPPORTUNITIES

Most facility managers identified the **greatest barriers to** providing good after-hours palliative care in RACF are:

- lack of resources,
- lack of skilled RNs,
- lack of collaborations from GPs
- lack of access to medications after hours

The biggest gaps in relation to the provision of good after-hours palliative care was identified as:

- Resources and funding
- Staff skill mix after hours and management not available after hours
- Minimal support from GPs or specialist palliative care for advice

The main **opportunity** identified were that staff were willing and keen to learn.

ALL STAFF SURVEYS

A total of 200 responses were received from the All Staff Surveys.

KNOWLEDGE

Most participants indicated they had **good knowledge** about palliative care.
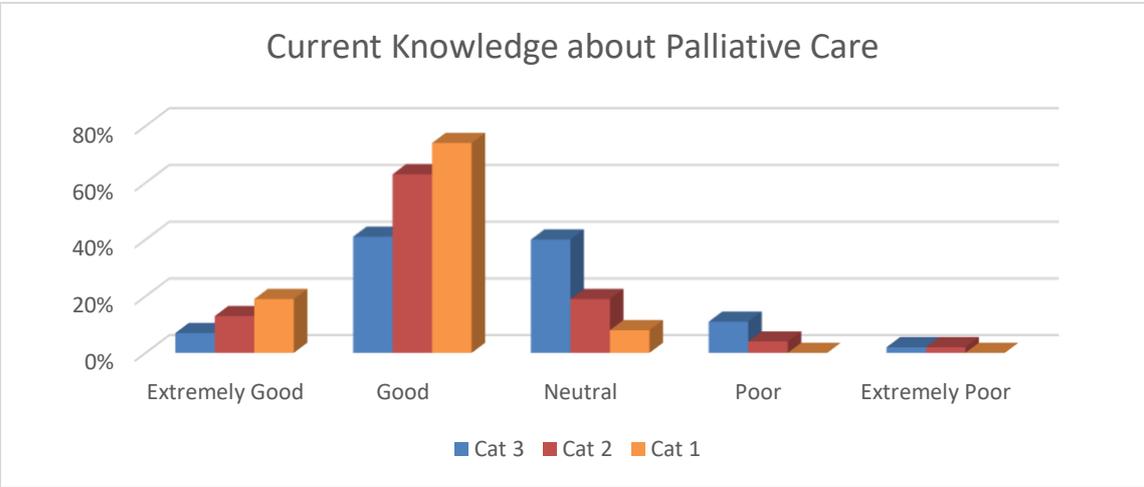

Over **60% of all Cat 2 and Cat 3 staff indicated they had knowledge of Advance Care Planning** documents, with the majority recognizing the term **Advance Health Directives**.
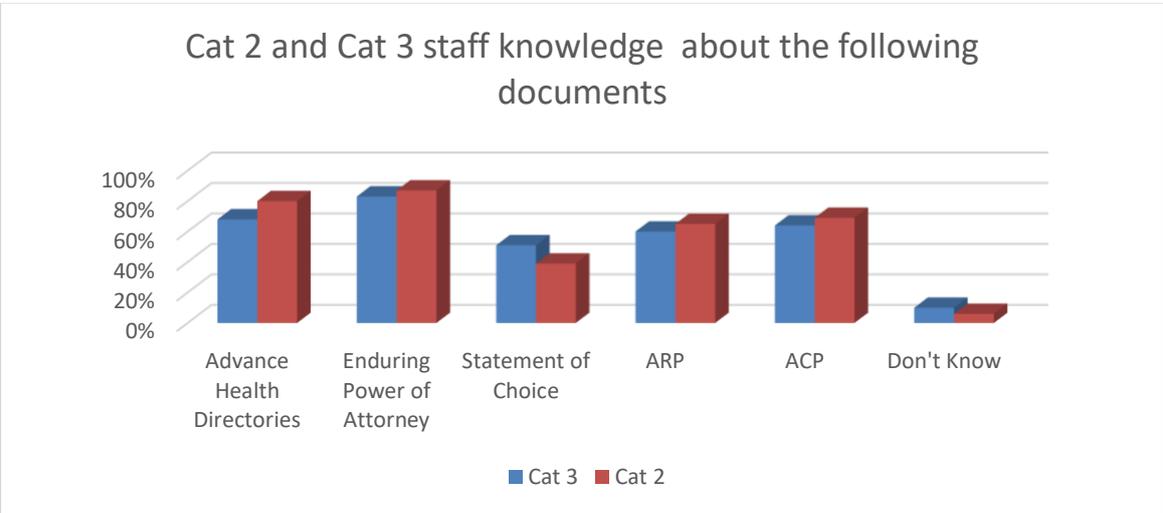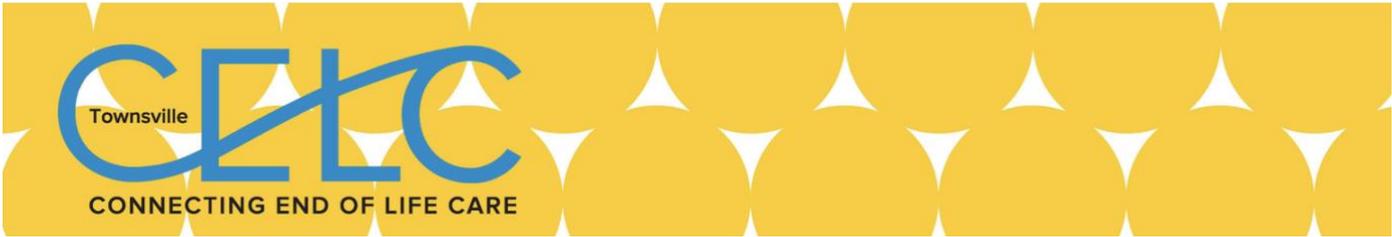
Over **80%** of Cat 1 staff indicated they were **reasonably-very confident with Advance Care Planning** documents.
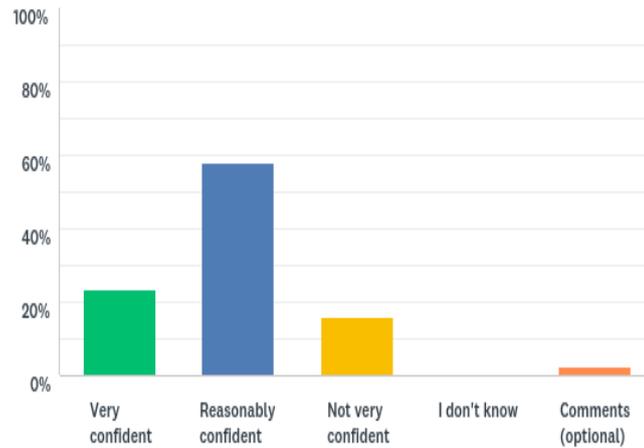
Indicate Nursing staff knowledge about Advance care Planning and other associated documents

Most Category 1 staff participants indicated in general their knowledge is moderate for the majority of key aspects of palliative care. **The aspect that was ranked the lowest was anticipatory care planning.**
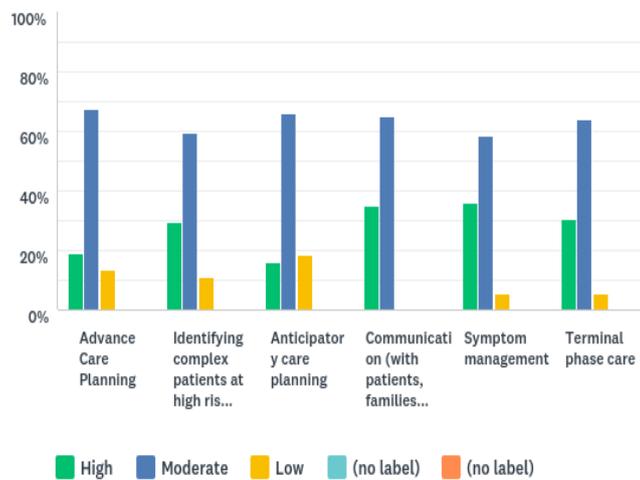
Category 1 staff rating their knowledge in following areas

CONFIDENCE

Category 1:

- o 58% participants feel reasonably confident with identifying complex patients that are at the high risk for requiring extra support after-hours
- o 61% participants feel reasonably confident about anticipatory care planning
- o 63% participants feel reasonably confident with having discussions about end of life with patients, families and other health professionals
- o **66% participants feel reasonably confident about dealing with different palliative are symptoms issues like pain, nausea, seizures**
- o 53% participants feel very confident about providing excellent care for residents who are in the last days of their life

Category 2:

- o 54% participants feel Reasonably confident supporting/caring for a resident who is at end stage of life and is in pain during after hour shifts
- o 56% participants feel they are reasonably prepared to support/care for residents who are at the last days of their life
- o 46% participants feel reasonably confident while having discussion about life and death with residents or families
- o **30% participants feel reasonably confident when they need to organize to transfer a palliative /end of life resident to hospital after hours**

Category 3:

- o **56% participants feel reasonably confident to support residents who are at the last days of their life**
- o 51% participants feel reasonably confident about having discussions with residents or their families about life and death

CHALLENGE AND BARRIERS

Several key themes and topics emerged from the All Staff Survey responses in relation to **challenges to provide palliative care in RACFs**. Top six are identified below:

01	Lack of communication skills
02	Lack of knowledge
03	Lack of skilled staff
04	Lack of resources
05	Lack of cultural understanding
06	Lack of funding

Top 6 challenges to providing palliative care in RACFs in Townsville

Transferring a Palliative RACF resident to Hospital is not considered good palliative care. We asked staff to identify why palliative residents are transferred to hospital and the 5 key areas were identified.

5 key reasons for hospital transfer from RACF for Residents with palliative care needs in Townsville

01	To control pain
02	Perception that hospital has more available responses
03	Family requesting transfer
04	Skill deficit of RACF staff
05	Lack of resources to manage complex care needs
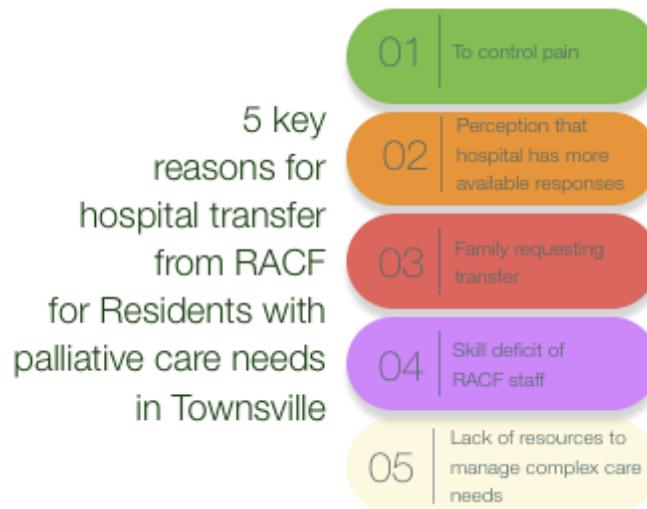
Staff often feel they experience personal or professional barriers to providing good palliative care. We asked staff to identify some of these barriers – these were there 5 responses:
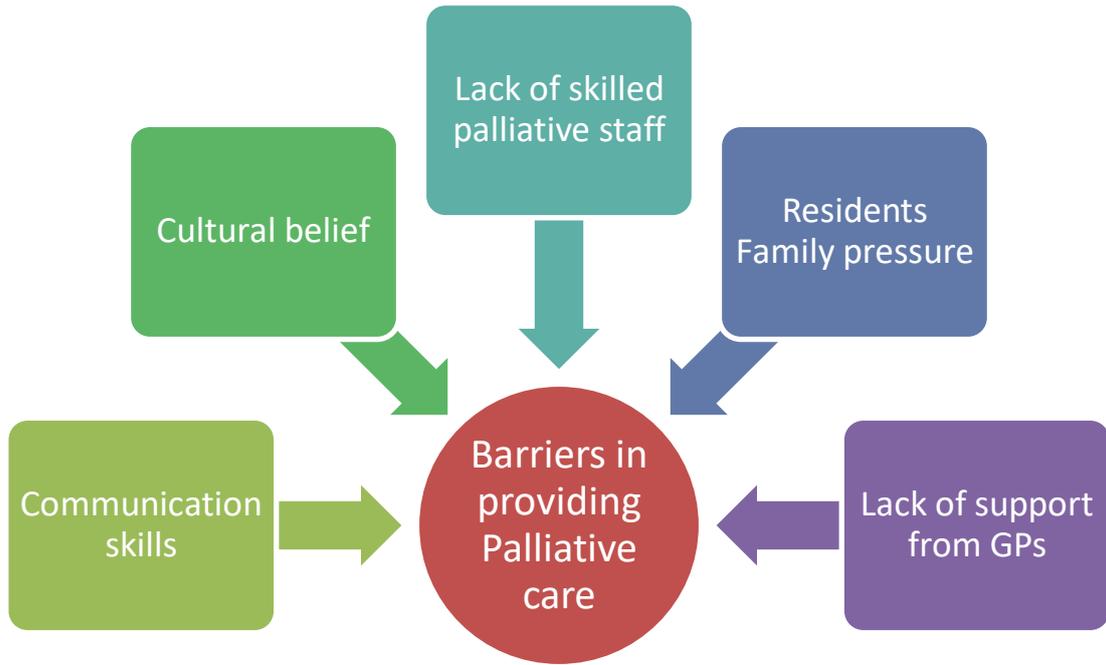
INTEREST

Across all three categories communication skills training was the highest area of interest identified in relation to palliative care

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Summary of the preferred training for each category

5. TRAINING NEEDS ANALYSIS LIMITATIONS

PROCESS LIMITATIONS	
Time frame	The survey was for a short period and therefore facilities were unable to get maximum response on time
Distribution of the survey kits	Due to unavailability of Project coordinator, the survey kits were not delivered to all the facilities in the Greater Townsville region.
Data collection	Most of the surveys were filled in hard copies, therefore adding survey data manually on SurveyMonkey is time consuming
Survey template	The paper survey was black and white, and it confused participants which led them to complete the incorrect survey for their category
Scheduling appointments	Interview participants have multiple appointments or obligations, resulting in difficulty in scheduling appointments
Facility managers in new in their role	Most facility managers have been recently appointed, so they were unaware about the prior palliative care trainings provided in the facility
Travel time	Excessive resources required due to regional travel time for project coordinator to visit each facility in Greater Townsville region to conduct interview and collect the survey kits
Survey Promotion	Survey kits were not promoted by facility to gain more feedback from the facility staff

6. RECOMMENDATIONS

The purpose of this Training Needs Analysis was to understand the training needs of RACF staff in the Greater Townsville Region to assist with designing a six month Practice Development Program for the CELC-T project.

In addition, recommendations have been identified for conducting Training Needs Analysis.

PRACTICE DEVELOPMENT PROGRAM RECOMMENDATION

CELC-T TRAINING PROGRAM FOR AGED CARE RECOMMENDATIONS:

The future training action plan should be focused on the aspects that are influenced by training, either by improving facilities staff skills or by reducing their perception of barriers.

Based on these outcomes, the following training is recommended as part of the CELC-T Training Program for Aged Care Facilities:

Target Audience	Training Type	Training Topics
Cat 1, 2, 3:	• RACF All Staff Meeting • Embed into orientation & performance appraisals	• Communication skills *(Inc. communicating with GPs, residents and families)* • General Training on Palliative Care
Cat 1:	• Conference participation • Workshop day • 2-hour workshop • Webinars • App training • List of education resources relevant to them & training in how to source	• Communication skills • Pain Management • General Training on Palliative Care
Cat 2:	• 2-hour workshop • Webinars • App training • List of education resources relevant to them & training in how to source	• Communication skills • General Training on Palliative Care
Cat 3:	• Webinars • App training • List of education resources relevant to them & training in how to source	• Communication skills • Compassion • General Training on Palliative Care

MAPPING OF TRAINING TOPICS TO ELDAC RESOURCE LIBRARY

It is highlighted that any existing resources should be used to develop these practice development sessions rather than reinvent the wheel. Therefore the training needs results have been mapped to the End of Life Direction for Aged Care (ELDAC) library.

Learning Need		Relevant links		
Communication (including with GPs, residents and families)		**How to Guide**	**Forms and Templates**	**Carer/Family Resources**
Talking about dying	Toolkits > Residential Aged Care > What I can do > Manage Dying	> Residential Aged Care Palliative Approach Toolkit (PA Toolkit) has a webinar Someone is dying. What do I say? > CareSearch provides an End-of-Life Essentials factsheet on discussing the process of death and dying Both helpful for communicating dying to residents and their families		> Understanding the Dying Process Brochure: for relatives and friends - explains some of the physical symptoms and emotional changes likely to occur to their loved ones as death approaches and aims to answer common questions about the dying process.
Clinical communication	Toolkits > Working Together > Do > Key Service Partnering Activities > ISBAR	> link to more information on ISBAR at SA Health ISBAR - Identify, Situation, Background, Assessment and Recommendation		
End of life Conversations	Toolkits > Residential Aged Care > What I can do > Provide Palliative Care	> Residential Aged Care Palliative Approach Toolkit (PA Toolkit) has a webinar Someone is dying. What do I say? > CareSearch provide a webpage on communication at the end of life that has resources to assist in communicating with families > Palliative Care Australia (PCA) website provides information on talking about palliative care that links to Dying to Talk		> The Department of Health provide a webpage with general information for staff or families on palliative care and end of life care

Case conferences	Toolkits > Residential Aged Care > What I can do > Work Together	> Video on how to conduct a Palliative Care Case Conference in a residential aged care service called All on the Same Page.	> CareSearch has factsheets and other resources available on working with families and communicating well. > The Residential Aged Care Palliative Approach Toolkit (PA Toolkit) has forms to assist in holding palliative care case conferences with residents' families and staff - Staff Communication Sheet, Planning Checklist, Palliative Care Case Conference Summary, Palliative Care Case Conferences Factsheet	> The Invitation and Family Questionnaire is available for families to identify their needs at the palliative care case conference.
General training on palliative care (including what is palliative care)	**How to Guide**		**Forms and Templates**	**Resources**
Definitions palliative care	About ELDAC > Terminology describes the terms specialist palliative care and advance care planning in aged care			
Principles of Palliative Care	Toolkits > Residential Aged Care > What I can do > Provide Palliative Care	> The PCA website has a section called 'Understanding Palliative Care' that includes information on what is palliative care? and understanding palliative care		

Pain and symptom management (basic level)		How to Guide	Forms and Templates	Resources
Assessing pain	Toolkits > Residential Aged Care > What I can do > Assess Palliative Care Needs has a list of tools for the assessment of pain	> The Symptom Assessment Scale allows clinicians to assess common symptoms on a scale from 1 to 10. > The Residential Aged Care Palliative Approach Toolkit (PA Toolkit) has symptom factsheets on pain	> **A list of pain assessment** tools include: ▪ Modified Resident's Verbal Brief Pain Inventory (M-RVBPI) ▪ Abbey Pain Scale ▪ Pain 10-point Numeric Rating Scale (NRS, Horizontal) ▪ Pain 10-point Numeric Rating Scale (NRS, Vertical) ▪ Pain six-Category Verbal Descriptor Scale (VDS)	
Pain management	Toolkits > Residential Aged Care > What I can do > Provide palliative	> LASA has a short video and accompanying factsheet on pain management > The PA Toolkit has symptom factsheets on pain > CareSearch provides links		> PCA provide a downloadable pdf on pain and pain management for patients and families

	care has a list of tools for the assessment of pain	on the management of pain > PalliAGED website has collated a comprehensive list of resources including ones on pain and pain management		> PalliAGED website has a link to a Booklet from the Cancer Council of NSW Overcoming Cancer Pain - A guide for people with cancer, their families and friends and Facts about morphine and other opioid medicines in palliative care (PCA)
End of life medications		> Flowcharts summarising the pharmacological management of common end-of-life symptoms including pain can be found in the Guide to the Pharmacological Management of End of Life (Terminal) Symptoms in Residential Aged Care Residents		
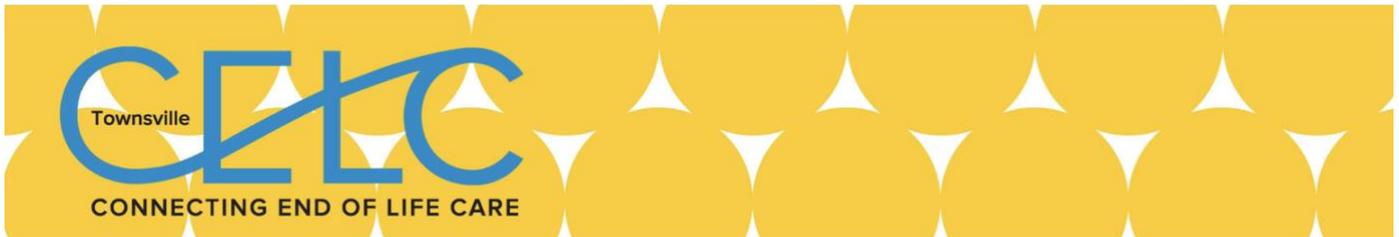
Recommendations for future TNAs	
Time frame	Provide more time to facility to conduct the All Staff Survey.
Distribution of the survey kits	TNA kits should be distributed on time and logged in with Facility Managers and logged when returned.
Data collection	Data can be collected through focus group interviews from different categories regarding their understanding and knowledge about palliative care.

Choosing appropriate answer scale format in survey questionnaire. |
| Survey template | All three survey category templates need to be different and printed in color.

Survey questions for Managers could be revised to include question about Palliative Care education during orientation and as part of mandatory updates. |
| Survey promotion | TNA required to be more promoted in the staff by the facilities to get better understanding of their facility staff needs and understanding in palliative care. |