Safer Care Victoria

Anticipatory medicines

Evidence-based guidance supplement

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VICTORIA State Government

1. What we delivered

TOPIC SELECTION

Why did we develop this guidance?

Safer Care Victoria's (SCV) Palliative Care Clinical Network work was commissioned by the Department Health and Human Services (DHHS) Palliative Care Unit to develop and implement statewide guidance for prescribing, dispensing and administering anticipatory medicines for people receiving palliative care or end of life care at home.

Consumers tell us that they want to be cared for and die at home. Anticipatory medicines are one part of enabling this to happen. When anticipatory medicines are in place, the common symptoms in the last days of life such as pain, nausea, breathlessness and agitation are more easily managed and may prevent ambulance attendance and/or admission to hospital.

This initiative developed an evidence-based clinical practice guidance to serve as a framework for supporting clinical decisions and best practice regarding the process for the provision of anticipatory medicines in community-based palliative care

The guidance was developed with the help of an expert working group. It has used existing resources from caring@home and local services. These resources have been adapted for the Victorian context. The caring@home resources can be found at www.caringathomeproject.com.au.

This document aligns with SCV's 'Evidence based guidance: A new approach to sharing best practice'. It supports the priorities of the Victorian end of life and palliative care framework that people receive services that are coordinated and integrated, and that quality end of life and palliative care is everyone's responsibility.

Scope of the guidance

Population

This document is intended to guide all healthcare professionals in inpatient and community settings providing a palliative approach, or specialist palliative or end of life care to adults. This includes but is not limited to:

- general practitioners
- specialist palliative care professionals
- medical practitioners discharging patients home for end of life care
- nurse practitioners
- nurses
- pharmacists
- out of hours services
- paramedics.

Exclusions

This guidance does not cover:

- paediatric patients
- catastrophic events.

EXPERT WORKING GROUP

An expert working group was convened by SCV to develop this clinical guidance.

- An expression of interest (EOI) was promoted by SCV and network communications. Applicants were asked to submit relevant information about their interest and expertise in being part of the working group.
- All expressions of interest were reviewed by SCV staff, and final membership of the group was endorsed by Palliative Care Clinical Network clinical lead.
- Two consumer members were involved in the expert working group process. Consumers were reimbursed for their time and travel expenses.
- The membership of the expert working group included experts from medical, nursing, pharmacy and paramedic disciplines. Recruitment was purposeful to ensure representation from metropolitan and regional areas.
- The working group was co-chaired by a senior palliative care physician and a palliative care nursing director, both members of the Palliative Care Clinical Network Governance Committee.

Table 1: Anticipatory medicines guidance expert working group membership

Member	Role	Organisation
Dr Scott King	(Chair) Palliative Medicine Specialist	Calvary Health Care Bethlehem
Angela Dredge	(Chair) Director of Nursing, Continuing and Palliative Care	Peninsula Health
Ka-Yee Chen	Chief Pharmacist	Calvary Health Care Bethlehem
Dr Peter Eastman	Co-head of Palliative Care Department, Palliative Medicine Specialist	Barwon Health
Dr Claire Hepper	General Practitioner	Creswick Medical Centre
Dr Naomi Katz	Palliative Medicine Specialist	Alfred Health
Dr Hanan Khalil	Pharmacy Academic Associate Professor	La Trobe University
Dr Chien-Che Lin	Palliative Medicine Specialist	Banksia Palliative Care
Melanie Mattinson	Palliative Care Nurse Specialist	Ballarat Hospice Care

Member	Role	Organisation
Jeremy McKnight	Lived experience	
Adriana Mulla	Lived experience	
Kirsten Oataway	ANUM Palliative Care	Austin Health
James Oswald	Paramedic	Ambulance Victoria
Joanne Spurge	Clinical Nurse Consultant	Portland District Health
Dr Anh Tran	Emergency Physician	Mercy Health
Tim Wendt	Director of Pharmacy	West Gippsland Healthcare Group
Heather Wickham	Palliative Care Nurse Consultant	Northeast Health Wangaratta
Anita Wild	Nurse Practitioner	Bendigo Health
Loretta Williams	Palliative Care Nurse Consultant	Western Health

Conflict of interest

No relevant conflicts were identified.

METHODOLOGY TO DEVELOP THE GUIDANCE

Development timeline

This guidance was developed from November 2018 to January 2020.

Search method to review the evidence

- A comprehensive literature review was performed. Existing guidelines were identified and reviewed.
- Working group members were allocated one of 11 existing guidelines to assess and asked to determine its appropriateness for implementation in Victoria.
- Members of the working group presented their research, specific to the topic, at the first learning session.

Sources of evidence

- The strengths and limitations of three guidelines were compared and reviewed – caring@home (QLD), Last Days of Life Toolkit (NSW) and the Scottish Palliative Care guidelines. caring@home was identified and endorsed as the guideline that could be implemented in Victoria.
- The caring@home guideline was selected on consensus.

Referencing

Modified Vancouver style with superscript.

REACHING CONSENSUS

Consensus was reached through a variety of techniques, including:

- the use of a standardised Existing Guidelines Assessment Tool (Appendix 1) to compare guidelines
- voting on key definitions for anticipatory prescribing and on the appropriateness of the caring@home guideline for Victoria
- circulation of a draft guideline for comments from the group.

CONSULTATION

After the expert working group developed a draft document, we ran targeted public consultation. The draft guidance was shared with representatives from two community palliative care services who shared their feedback on the useability of the document. The services subsequently carried out testing and implementation of the guidance (see 'Implementation').

Response to feedback

Feedback from consultation with experts is summarised below.

Table 2: Feedback themes and decisions

Feedback theme	Decision
Definition of anticipatory prescribing as used in guidance	The definition was decided by voting within the expert working group.
Exclusion of oral medications in anticipatory prescribing from scope of guidance	Consultation with experts from the working group supported the statements used in this guidance.
Exclusion of catastrophic events from scope of guidance	The management of catastrophic events is out of scope for this guidance.
Exclusion of carer availability to administer medications as a criterion for eligibility	Consultation with DHHS Palliative Care and expert working group members supported the statements used in this guidance.
Table 2: Challenges and solutions to obtaining anticipatory prescriptions and medications	Consultation with DHHS Palliative Care and expert working group members, including pharmacists and healthcare practitioners from remote and regional areas, informed the development of the content in this table.
Preparing and administering medications – healthcare practitioner role in preparing medications for later administration by carer	Extensive consultation with DHHS Legal Services Branch, DHHS Medicines and Poisons Regulation, Health Protection and Emergency Management Division, DHHS Palliative Care and members of the multidisciplinary expert working group supported the statements used in this guidance.
Table 5: Patient's own medication and stock medication	Extensive consultation with DHHS Medicines and Poisons Regulation, Health Protection & Emergency Management Division and members of the multidisciplinary expert working group (including pharmacy) supported the content of this table.

Feedback theme	Decision
Appendix 2: Drugs commonly used as anticipatory medicines	Consultation with a wide range of experts including members of the multidisciplinary expert working group (including pharmacy), sector leaders and palliative care services involved in testing guidance, supported the content in this section of the guidance.

Endorsement

The guidance was endorsed by DHHS Palliative Care Unit and the Palliative Care Clinical Network Governance Committee in January 2020.

CONSUMER INFORMATION

Two consumers were involved in the expert working group phase of this project and provided consumer insights as the guidance document was drafted.

REVIEW

At the time of development, the expert working group determined that the guidance will be reviewed by the Palliative Care Clinical Network Governance Committee every five years, or more frequently if required, to reflect any changes in evidence and best practice.

2. Supporting health services to implement guidance

IMPLEMENTATION

As part of our implementation activity, two community palliative care services participated in the clinical testing and refinement of the guidance.

The aim of the testing was to develop guidance to support clinicians in participating health services to increase the number of patients with anticipatory medicines in place, by December 2019.

A measurement strategy and data collection tool were developed.

Health services collected data in order to identify and test change ideas. Data collection involved:

- baseline data collection – retrospective audit of 20 consecutive days of service
- daily data collection over a period of five weeks.

As a result of testing, one health service increased their percentage of eligible patients with anticipatory medicines in place from 13 per cent to 29 per cent.

Several change ideas were identified during the testing period. These included:

- development of an eligibility checklist
- addition of a team huddle that identified patients requiring injectable medicines
- addition of a 'flag' on the electronic patient management system to identify patients requiring follow up re: anticipatory medicines.

DISSEMINATION

The guidance will be uploaded to the SCV website.

Promotion of the new guidance will occur via SCV social media and newsletter platforms.

Health services are encouraged to link to the guidance page on the SCV website in their local policies and education packages.

A webinar will be held to introduce the guidance to the sector.

MEASURING THE IMPACT OF OUR GUIDANCE

Evaluation strategy

The guidance will be available to health services on the SCV website to use and adopt into their local policies.

In addition to the completed testing with two health services, a 'pulse check' survey will be conducted six months after the guidance is published to determine use/reach.

Auditable measures

The list below of locally collected measures may assist services to locally govern and monitor quality and safety in palliative care.

These measures were tested as part of a smallscale improvement project.

Data is collected for all eligible* patients seen on each day of service.

Table 3: Auditable measures

Measure	Numerator/Denominator
Outcome measures	
1. Percentage of eligible* patients with anticipatory medicines in place at their residence	Numerator: Number of eligible* patients with anticipatory medicines in place at their residence Denominator: Number of patients identified as eligible* for anticipatory medicines
Process measures	
2. Percentage of patients documented as eligible* for anticipatory medicines	Numerator: Number of patients identified as eligible* for anticipatory medicines Denominator: Total number of patients
3. Percentage of prescriptions written for anticipatory medicines	Numerator: Number of eligible* patients with written prescriptions for anticipatory medicines Denominator: Number of patients identified as eligible* for anticipatory medicines
4. Percentage of patients with anticipatory medicines dispensed	Numerator: Number of eligible* patients with anticipatory medicines dispensed Denominator: Number of eligible* patients with prescriptions written for anticipatory medicines
Balancing measures	
5. Number of patients who had anticipatory medicines in place but were admitted to hospital	Count of patients admitted

*__Eligible patient__: wishes to be cared for and/or die at home, no contraindications and carer in place

3. Governance

APPROVAL

This guidance was approved by the Palliative Care Clinical Network Governance Committee and Clinicians as Partners Director.

FUNDING

Funding was received from the DHHS Palliative Care Unit to enable the development of this clinical guidance.

Appendix 1. Existing guidelines assessment tool

Name of guideline:	

Source:				
1. RELEVANT				
Applicability The guideline is applicable to palliative care or end of life care at home setting. Clinical management options, clinical risks and benefits are mentioned. This guideline is not covered in other areas.				
☐ Strongly disagree*	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree
* no further assessment required				
Scope Is the guideline for:				
☐ Adults	☐ Children	☐ No age specification	☐ All ages	
Does the guideline include common symptoms?				
☐ Pain	☐ Nausea	☐ Dyspnoea	☐ Respiratory symptoms	☐ Delirium
Are there symptoms missing that you think should be included?				
What is the timeframe of the guideline?				
☐ Last days	☐ Week to days	☐ Weeks to months	☐ Months to years	☐ Unspecified
Are there any exclusions?				
☐ No	☐ Yes, please specify			
Does the guideline include medications and dosages?				
☐ No	☐ Yes			
Does the guideline specify who can administer the medication?				
☐ Health professionals	☐ Carers			

Does the guideline include or refer to educational resources?				
☐ No	☐ Yes			
Comments:				
2. Reliable				
Guideline creation **The guidelines were created in consultation with individuals from all relevant professional groups. This was clearly mentioned as were potential conflicts of interest.**				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree
Comments:				
3. Valid				
Use of evidence Systematic methods[1] were used to search for evidence. The quality of evidence was assessed and graded[2]. Good quality evidence was used to support the key recommendations.				
☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree
Comments:				

Currency

The guideline was developed in the last five years or is not due to expire in the next year. There is a planned review date or process which is clearly stated.

☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

Comments:

4. Usable

Presentation

The key recommendations are:

- summarised in a flow chart or algorithm
- easily identified, for example summarised in a box, highlighted in bold
- easy to read (unambiguous, specific)
- actionable (available in the palliative care or end of life care context)

☐ Strongly disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly agree

Comments:

Overall assessment

This guideline is recommended for use:			
☐ Yes	☐ Yes (with modification)	☐ No (needs a guideline developed)	☐ No (not a priority area)
Name of reviewer		**Date of review**	
Expert working group comments:			
Governance committee comments:			

NB. This tool will be assessed in the context of SCV's Palliative Care Clinical Network where the guideline review and development process is undertaken in partnership with consumers.

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