Diamantina Health Partners

• Delivering excellence through integration of research, education and care

• Pathways to discovery, improved treatment and patient centred care

• Palliative care – a multidisciplinary approach improving patient experience and outcomes
Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Early palliative care

- better QoL
- less depression
- fewer investigations
- less aggressive end of life care
- longer survival
DHP – palliative care

- Mater Health Services/Mater Research/UQ/CPCRE
  Prof Janet Hardy

- Metro South Palliative Care/PA/Griffith University
  Prof Liz Raymond

- University Queensland – Prof Geoff Mitchell

- Centre for Palliative Care Research and Education (CPCRE)/QUT – Prof Patsy Yates
Mater Research - Palliative and Supportive Care

- Optimising pain management with fentanyl in patients with cancer (Mater Health Services $8500; Griffith Health Institute $10,000)

- Randomised, double blind, placebo-controlled phase III study of oral risperidone, haloperidol and placebo in the management of delirium (PaCCSC)

- Evaluating the effectiveness of opioids in breathlessness (Dept of Health and Ageing [Palliative Care Clinical Studies Collaborative - PaCCSC])
Mater Research

• Pilot study of intraperitoneal bevacizumab for palliation of malignant ascites (Mater Foundation Palliative Care Research Fund)

• Pilot study to assess sleep apnoea in patients taking opioids (Mater Foundation Palliative Care Research Fund; Qld Sleep Disorder Clinic)

• Vitamin D deficiency in palliative care inpatients (Mater Foundation Palliative Care Research Fund)
Mater Research

• Does acupuncture improve chemotherapy induced nausea and vomiting? (Smiddy Foundation [Mater Oncology Unit])

• Whether pilocarpine drops improve symptoms of dry mouth in cancer patients (Cancer Council Qld $81,680 [UQ])

• Efficacy of paracetamol in advanced cancer patients taking regular opioids (NHMRC $49,996 [UQ])
Randomized, Double-Blind, Placebo-Controlled Study to Assess the Efficacy and Toxicity of Subcutaneous Ketamine in the Management of Cancer Pain

Janet Hardy, Stephen Quinn, Belinda Fazekas, John Plummer, Simon Eckernann, Meera Agar, Odette Spruyl, Debra Rowett, and David C. Currow

ABSTRACT

Purpose
The anesthetic ketamine is widely used for pain related to cancer, but the evidence to support its use in this setting is weak. This study aimed to determine whether ketamine is more effective than placebo when used in conjunction with opioids and standard adjuvant therapy in the management of chronic uncontrolled cancer pain. Ketamine would be considered of net benefit if it provided clinically relevant improvement in pain with limited breakthrough analgesia and acceptable toxicity.
Mater Ovarian Cancer Research Collaborative (MOCRC)
Paracentesis

Abdominal paracentesis sites

Abdominal wall anatomy showing the author’s preferred site for abdominal paracentesis and the inferior epigastric artery, which should be avoided.
Bevacizumab

- A recombinant humanised monoclonal antibody that binds and inhibits the biological activity of VEGF
Pilot Study of Intraperitoneal Bevacizumab for the Palliation of Malignant Ascites

Dr Joanna Jones¹, Prof Janet Hardy¹, Dr David Munster²
Angela Tapuni¹, Helen Anderson¹, Dr Catherine Shannon¹.

¹Department of Oncology and Palliative Care,
Mater Health Services, South Brisbane, Queensland, Australia.
²Mater Medical Research Institute, South Brisbane, Queensland, Australia.
Australian Centre for Paediatric Pharmacokinetics (ACPP)

- ability to undertake PK studies
- supported by state of the art laboratory facilities for drug analysis
- therapeutic drug monitoring for clinical practice
- linked to pharmacodynamic/pharmaco-genomic expertise (pharmacy/UQ/Griffith Uni...
Is saliva a valid substitute for plasma in pharmacokinetic studies of oxycodone and its metabolites in patients with cancer?

Janet Hardy • Ross Norris • Helen Anderson • Angela O’Shea • Bruce Charles

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Abstract

Purpose Little is known about the pharmacokinetics (PKs) of oxycodone in saliva. Aims To determine if saliva could be a suitable alternative to plasma. Methods Saliva and plasma samples were collected from 20 patients treated with oxycodone. Concentrations of oxycodone and noroxycodone were measured by LC-MS/MS. Results Plasma concentrations of oxycodone and noroxycodone ranged from 1.0 to 256.0 and 0.9–269.4 μg/L, respectively.
Metro South Palliative Care Service (MSPCS)

- works across MSH providing in-patient (consultatory and direct care) and community based (residential and aged care facilities) care

- works in collaboration with specialist and generalist healthcare providers to provide the right care at the right time in the right place.

- particular educational and research interest in service development
MSPCS – Recent Collaborative Service Development Educational and Research Projects

- Residential Aged Care End of Life Care Pathway – development and implementation in QH Residential Aged Care Facilities (RACFs)
- “A Palliative Approach Toolkit”. Development and national implementation
- “Caring safely at home” Development and evaluation of resources for lay carers
- “Niki Pump” Educational package for clinicians
MSPCS – Recent Collaborative Service Development Educational and Research Projects

- accredited through the RACP to provide registrar training across four core units (in-patient, community and residential aged care)
- “Palliative Care Fellowship Training Program” 18 month project for the Vietnamese Government
- Brisbane South PC Collaborative (MSH/Griffith Uni)
  - implementing quality improvement programs
  - delivering evidence based palliative care education
  - developing intersectorial PC research programs
National implementation of the Palliative Approach Toolkit for residential aged care facilities

New resources and staff training opportunities

By Prof Elizabeth Reymond, Clinical Director, Metro South Palliative Care Services Queensland Health

THE PALLIATIVE APPROACH (PA) Toolkit has been developed to assist staff working in Australian residential aged care facilities (RACFs) to deliver high quality evidence-based end-of-life care.

In 2009–2010, the Comprehensive

- deliver workshops across Australia for RACF managers, clinical leaders and staff trainers, focusing on how the PA Toolkit resources can be used to implement a ‘whole of organisation’ and sustainable approach to the provision of palliative care. No registration fee will be charged to attend these workshops and RACFs participating in the national rollout will receive a free copy of the PA Toolkit.

The project is being led by the

University of Queensland/Primary Care – Prof Geoff Mitchell

- International Primary Palliative Care network
- Primary Care Cancer Collaborative Trials Group
- UQ palliative care teaching (general practice rotation)
- PCC4U – 70% all undergraduate education programs
- Therapeutic guidelines for palliative care
UQ/Primary Care

• Research lead
-N of 1 trial methodology (gabapentin, NSAID, methylphenindate, paracetamol, pilocarpine)
-communication and care planning between GPs and specialty teams
-care for carers of people with advanced disease
"...then in 1953 my dog died...."
Centre for Palliative Care
Research and Education

Prof P Yates – Director
John Haberecht – Director of Learning and Development
Centre for Palliative Care Research and Education

An initiative of Queensland Health to improve Queensland palliative care services through research and education.

Activities include:
- Print and online education calendars
- GP Palliative Care Education Program
- Queensland Palliative Care Research Group
- Workforce development programs, workshops
  - Clinical skills/advanced practice, online education
*Program of Experience in the Palliative Approach (PEPA)
  *Funded by Australian Government Department of Health & Ageing

For more information or regular email updates about palliative care events contact CPCRE

363 61449
cpre@health.qld.gov.au

“Securing the Future for Palliative Care in Queensland”

Queensland Health
The Centre for Palliative Care Research and Education (CPCRE), established in 2001, is a Queensland Health funded initiative to enhance palliative care education and research throughout Queensland.

T: 07 364 61449
E: cpcre@health.qld.gov.au
PCOC
palliative care outcomes collaboration
PCOC is a national approach towards the routine assessment in palliative care practice using standardised assessment tools:

- Patient Assessment (5 validated clinical assessment tools)
- Data collection – reporting against nationally agreed benchmarks

Funded under the National Palliative Care Program and is supported by the Australian Government Department of Health and Ageing.
National Standards Assessment Program

NSAP Home

National Standards Assessment Program (NSAP)

Improving quality of care at the end of life

NSAP is a quality improvement program available for all specialist palliative care services across Australia. It is a program that enables services to engage in continuous quality improvement through self assessment against the National Palliative Care Standards (Standards for Providing Quality Palliative Care for all Australians, 2005, Palliative Care Australia), action plan development and implementation, as well as peer mentorship.

Participation in NSAP enables palliative care services to:

- Review (every 2 years) how the Service meets the National Palliative Care Standards
- Prioritise key improvement quality areas to better meet the National Palliative Care Standards
- Develop and implement a quality improvement action plan (based on the Services quality resources, strategic plan and latest evidence)
- Receive a peer mentorship visit from an experienced palliative care practitioner external to the Service to
CPCRE Research

- CPCRE’s research primarily undertaken by:
  - Prof Patsy Yates
    - Acting Executive Director, IHBI (Institute of Health and Biomedical Innovation), QUT
    - Joint academic-clinical appointment with Div of Oncology, RBWH
    - President, Palliative Care Australia
  - Prof Janet Hardy
    - Director, Palliative and Supportive Care, Mater Health Services, Brisbane
CPCRE Research

- Evaluating efficacy of aetiology based antiemetic guidelines in managing nausea in advanced cancer (NHMRC $1,111,000 [QUT])

- Application of tailored psychosocial support to reduce distress and depression in cancer patients: a randomised trial (Beyond Blue, $591,305 [UQ])
CPCRE Research

- A behavioural intervention for managing menopausal symptoms in women with breast cancer (Cancer Council Qld, $130,825 [QUT])

- Non-pharmacological management of dyspnoea in patients with lung cancer (NHMRC $487,125 [QUT])
CPCRE Research

- Tracking pathways at end of life to improve health services  (Cancer Council Qld $200,000 [QUT])
- To develop and implement indicators for evaluating palliative care outcomes  (Mater Foundation Palliative Care Research Fund)
- A sociological study of patient, carer and clinician experiences at the end-of-life  (Australian Research Council [UQ])
Achieving needs-based end-of-life services
A prospective, longitudinal study of pathways for advanced cancer patients.

Principal Investigator: (CIA) Prof Patsy Yates

• CIB Prof Geoff Mitchell (UQ)
• CIC Dr Shirley Connell (QUT) (Project Manager)
• CID Dr Helen Skerman (QUT)
• CIE Prof Andrew Wilson (QUT)
• CIF Ms Shoni Colquist (Qld Health, QCCAT)
• CIG Dr Carol Douglas (Qld Health, RBWH Palliative Care Service)

Funded by: Cancer Council Queensland
Supported by: PC4
CPCRE Education

- General Practitioner Education
- Workshops and Education forums
- Accredited RACGP & ACRRM learning provider
  - sector led topics
  - targeted to generalist or advanced practitioner
  - rural/regional areas
  - multidisciplinary (doctors, nursing, allied health)
  - concepts and skills
PCC4U – Palliative Care Curriculum for Undergraduates
• Provides placements for interested clinicians with specialist palliative care services

• Indigenous program – workshops & placements

• Generous backfill and travel/accommodation provisions

• Contact Aurora Hodges
  PEPA Queensland Manager
  Ph: 07 3646 6216  or
  Email: pepaqlq@health.qld.gov.au
  Web: www.pepaeducation.com/
I HAVE BIG PLANS FOR MY LIFE.

LIKE WHAT?

LIKE NEVER DYING... I DON'T PLAN TO DIE.

WE HAVE NO CHOICE, PIG. WE DIE WHETHER WE WANT TO OR NOT.

THAT'S GONNA AFFECT MY OTHER PLANS.