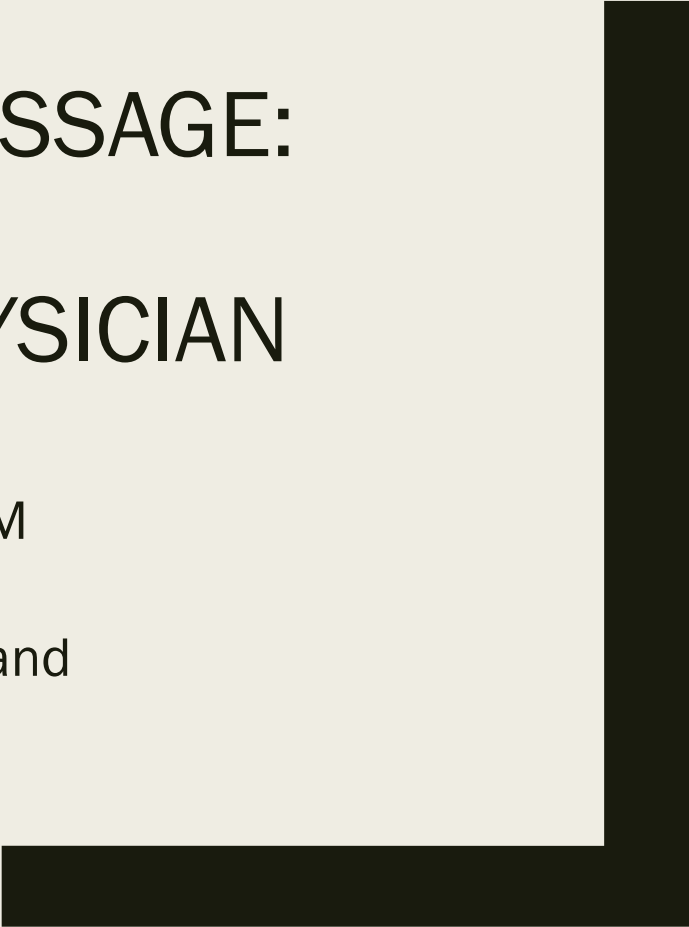




SPREADING THE EVOLVE MESSAGE:
EXPERIENCES OF A
RURAL PALLIATIVE CARE PHYSICIAN

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EVOLVE Top 5 Recommendations for Palliative Medicine

1. Early palliative care referral
2. Early advance care planning
3. No oxygen if patient is not hypoxic
4. Oral assisted feeding instead of percutaneous feeding in severe dementia
5. Routine medication review when starting drugs

Presenting to Various Groups



Use of Case Studies to highlight recommendation

EVOLVE: Top 5 Low-value practices and interventions in Palliative Medicine

Consultant: Specialty _____
 Registrar Intern JHO SHO Others: Specify _____

Pre-Lecture Survey

	Yes	No	Unsure
Case 1: Referral to Palliative Care John, 68y/o M, with metastatic <u>non small</u> cell cancer on palliative chemotherapy, has asked if he can be referred to palliative care. He has symptoms of mild fatigue but otherwise has a good quality of life and good support from family. Would you recommend referral to palliative care outpatients now?			
Case 2: Advance Care Planning Frank is a 70 y/o M, currently living at home with good community support, relatively asymptomatic except for poor mobility due to a CVA 5 years ago. He has the following co-morbidities: HTN, CCF, COAD, PVD, and diet controlled DM. He is enjoying a good quality of life. Would you recommend discussing advance care planning at this stage?			



Feedback from audience

- Good list
- Clinically relevant
- Current
- Integrates well with other specialties
- Work in Progress
- Call to Action



Clinical impact to our district

- Integrated Projects for Advance Care Planning
 - *ACP stickers*
 - *End of Life Packs*
 - *ACP for Indigenous Population App Development*
 - *Liasing with PHN and QAS*
- Dramatic Decreased in Funded Oxygen
- Collaboration with other Subspecialties into early Palliative Care Integration



Points to Ponder

- People want to choose wisely
- But this is a work in progress
- Call to action... we can all make a difference



THANK YOU

