Collaborative Approach to Improving End-of-Life Care

at Canossa Services

Oxley.

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Canossa Services

- Independent living units
- Hostel style rooms
- Aged care facility – high and low care needs with dementia specific unit
- 24 bed rehabilitation unit
- 24 bed palliative care unit
- Day oncology unit.

Our aims were …

- Develop end-of-life care pathways and protocols

- Deliver quality end-of-life care.

Improving End-of-Life Care

- Why
- What we did
- What we did then
- What we are doing now
- What we will continue to do
- Lessons we have learned.

In the beginning …

- Audit of charts using principles of “good death” as guideline …

- To know when death is coming and to know what to expect.
- To be able to maintain a sense of control … to have your wishes respected.
- To be given dignity and privacy.
- To have control over pain and any other symptoms that may develop.
- To have a choice over where death occurs.
- To have a choice about who is present at this time.
- To have access to relevant information and excellent palliative care.
- To have spiritual and emotional support as needed.
- To have time to say good-bye.
- To not have life prolonged unnecessarily.

Smith R (editor) *A Good Death*. British Medical Journal 2000; 320: 129-130

Our Audit Tool …

CANOSSA PRIVATE HOSPITAL

Audit Tool for Existing Documentation

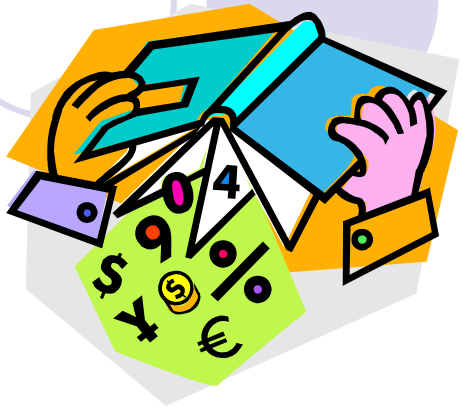
Date of Audit:	Yes	No	N/A
1 … Was patient / family aware of imminence of death			
2 … Was patient / family aware of what to expect during dying process			
3 … Were all non-essential medications ceased			
4 … Were all non-essential tests ceased			
5 … Hydration issues discussed and same documented			
6 … Was patient observed regularly for comfort / symptom management and documented			
7 … Were appropriate prn medications ordered			
8 … Was a record kept of effectiveness of prn medications			
9 … NFR orders documentated in chart and on care plan			
10… Advanced Health Directive / Enduring Power of Attorney in chart / care plan			
11… NOK and other contact persons noted clearly … including 24 hour contact			
12… Organ donation discussed with patient and family and documented			
13… Special needs for care of body following death noted			
14… "Will" completed and documented			
15… Unfinished business … funeral arrangements, family relationships, financial issues			
16… Patients ability to communicate clearly discussed and addressed as needed			
17… Councelling / pastoral care offered … patient / family			
18… Family conference if appropriate			
19… Follow up bereavement arranged as needed			
20… Patient express wish as to who be present at time of death			
21… Family / Carers given information about visiting, meals, parking etc			
22… GP and community services contacted at deterioration / death			

Date of death: _____

Date put on EOL path: _____

Comments …

Why …



- Chart audit showed us that …
  - No standard process for care delivery
  - No formal framework to measure the care
  - Difficult to assess effectiveness or outcomes.

What we did …

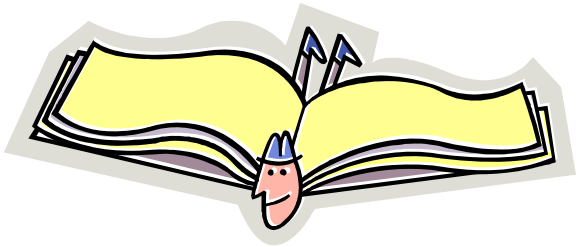
- Sought funding from DoHA
- Project officer appointed
- Establish a working party / advisory panel
- Survey of nurses
- Reviewed the literature.

What we did next …

- Develop end-of-life care pathways
- Trial them in Palliative Care Unit
- Introduce the pathways in Aged Care … educate
- Develop role of Resource Nurses in Aged Care Facilities … *Nurse Champions*
- Encourage support network from Palliative Care Unit.

What we are doing now …

- Ongoing chart audits …



	before	after 4 months	after another 6 months
Know death is coming and what to expect	*40%*	*86%*	*90%*
Appropriate medications ordered	*41%*	*95%*	*100%*
Unnecessary medications and tests ceased	*60%*	*91%*	*93%*
Unfinished business	*30%*	*50%*	*65%*
Access to information	*41%*	*86%*	*88%*
Have symptoms managed and effect recorded	*50%*	*100%*	*95%*
Spiritual and emotional support.	*25%*	*41%*	*47%*

What we are doing now …

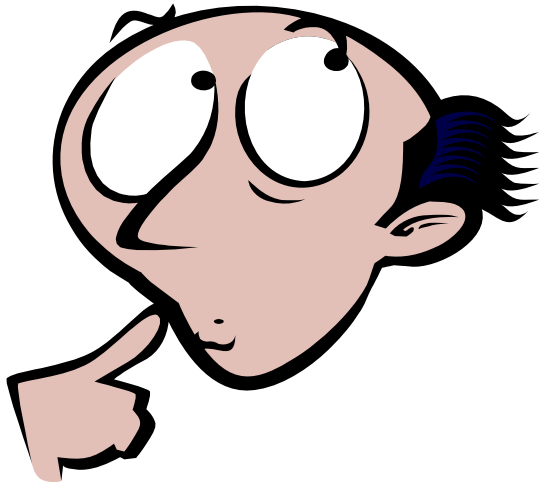
- Questionnaires for families and nurses
- Education program for aged care nurses
- Nurse Champions role strengthened
- Palliative care nurses role reinforced.

What we will continue to do …

- Ongoing education program for aged care nurses
- Promote role of our Nurse Champions
- Promote palliative care nurses role
- Measure effectiveness of program.

Lessons we have learned …

- Engage all nurses
- Provide support
- Communicate
- Engage GP’s … most difficult.



To sum up …

- We assessed the need
- We developed and educated
- We surveyed nurses and families and reviewed documents
- We demonstrated improved outcomes
- We ensured sustainability.

Thank you

for your attention.