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Project Omega: Changing Clinical Practices in EOL care

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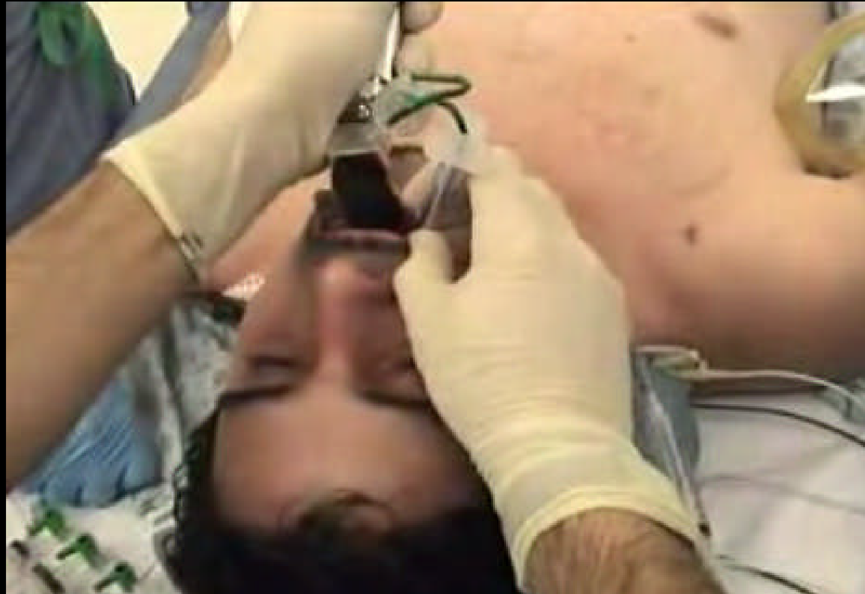
Background



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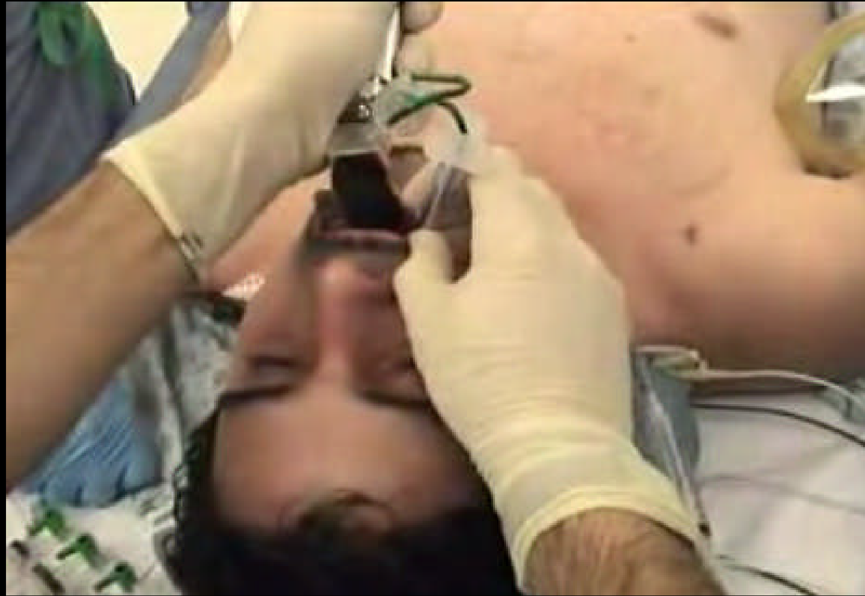

Confusion

PRS "issues"

Rescue the patient!

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Formation of a Taskforce

- Determine what ails the system.
- Systematically deal with the various problems.
- Audit changes.

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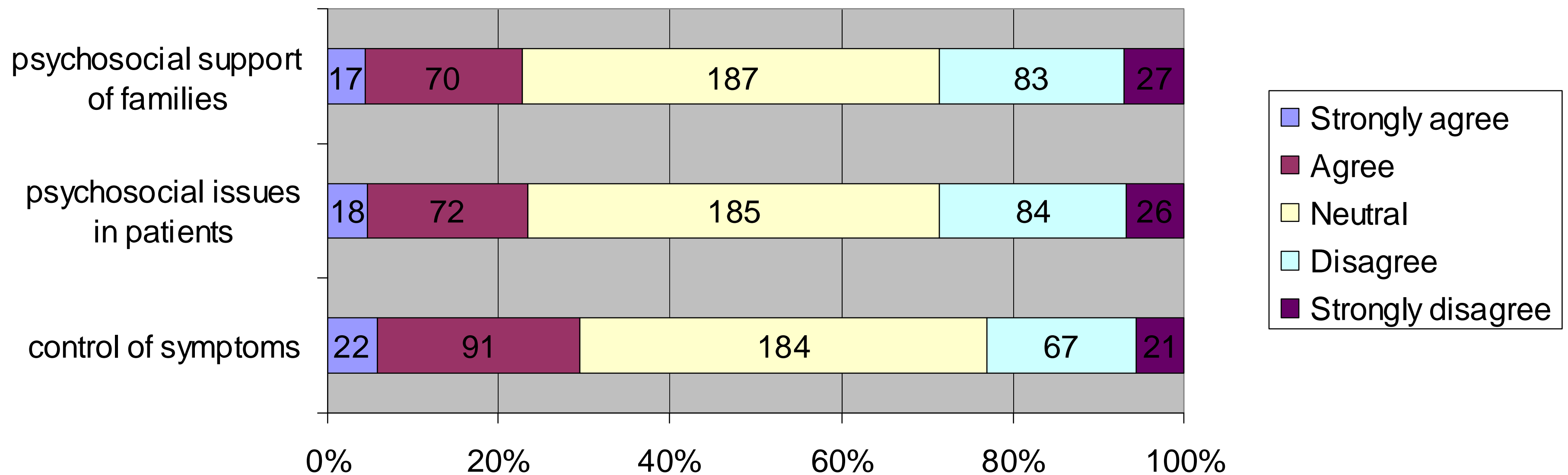
Phase 1 – nursing staff survey



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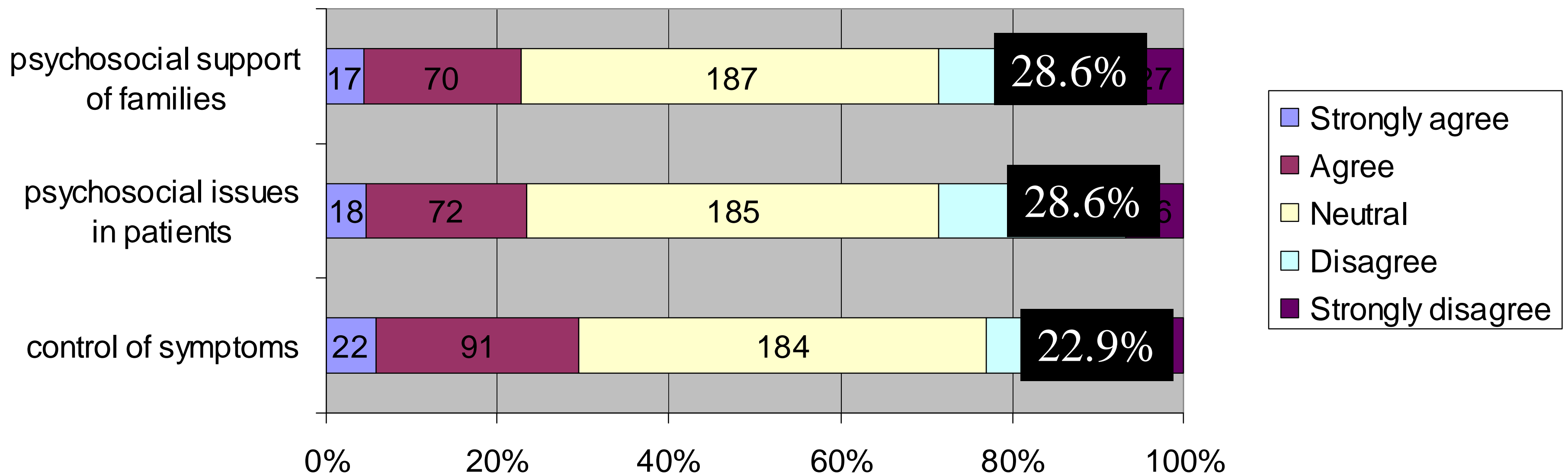

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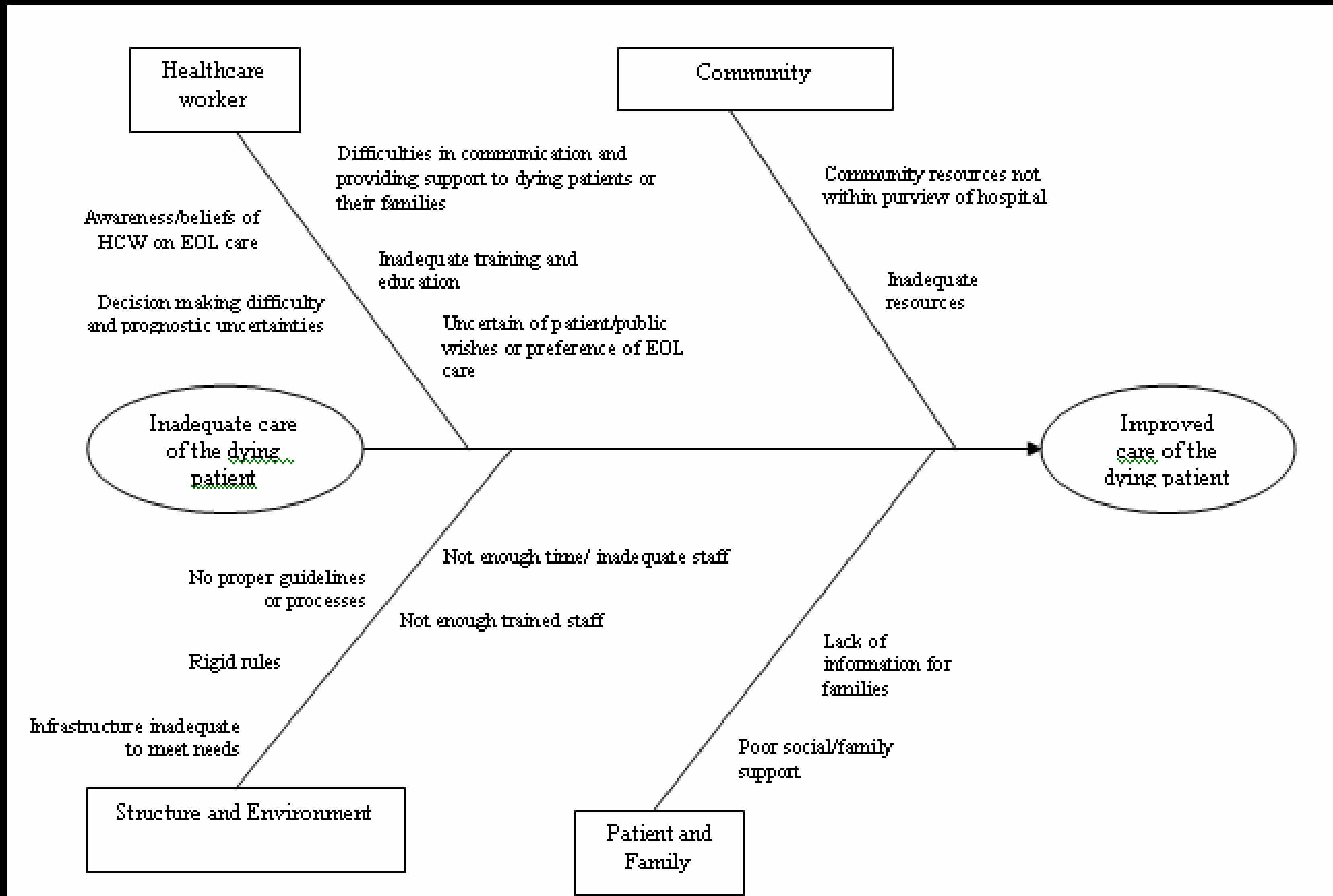
Phase 1 – multidisciplinary focus grp



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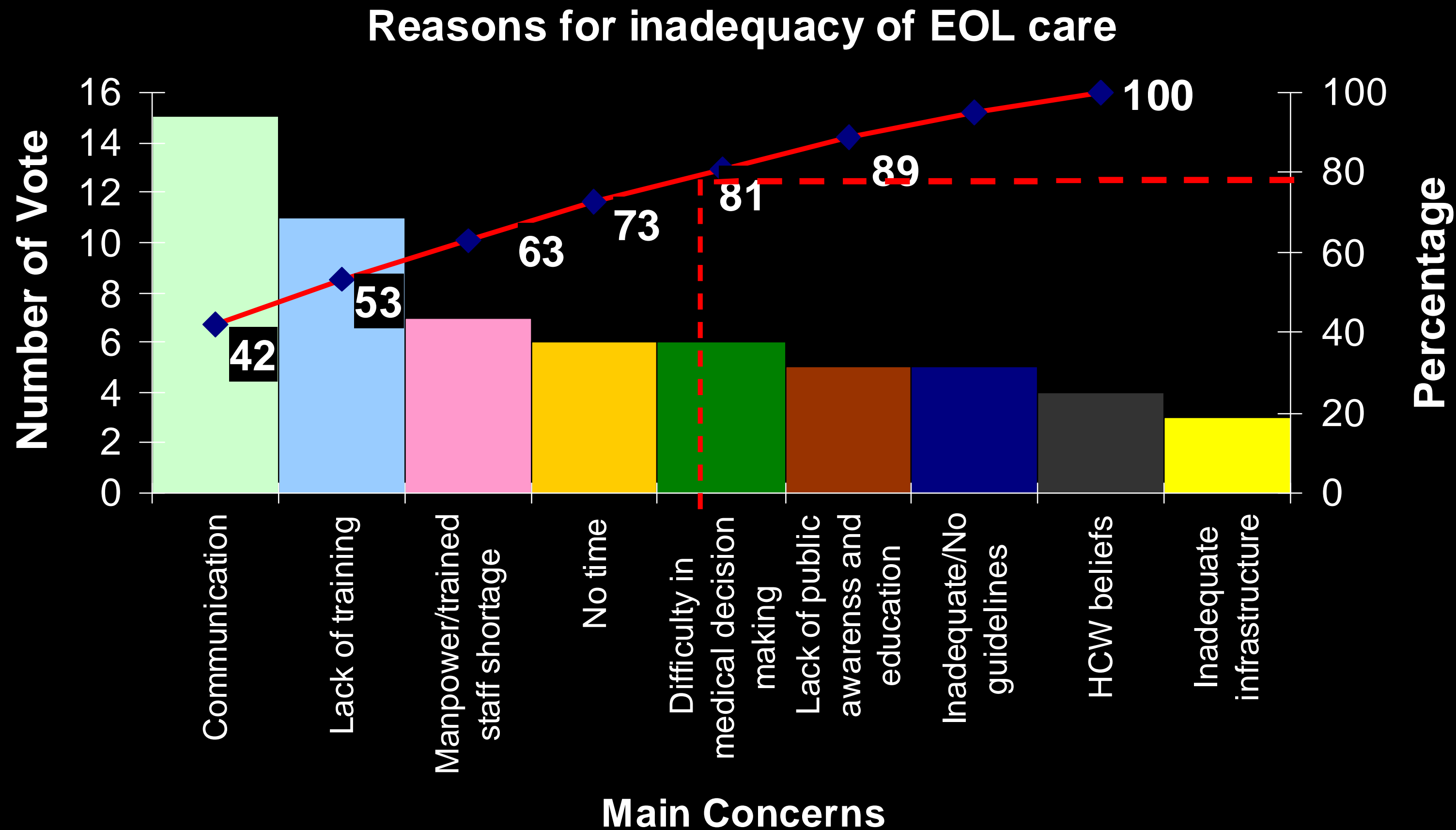
Phase 1 – multidisciplinary focus grp



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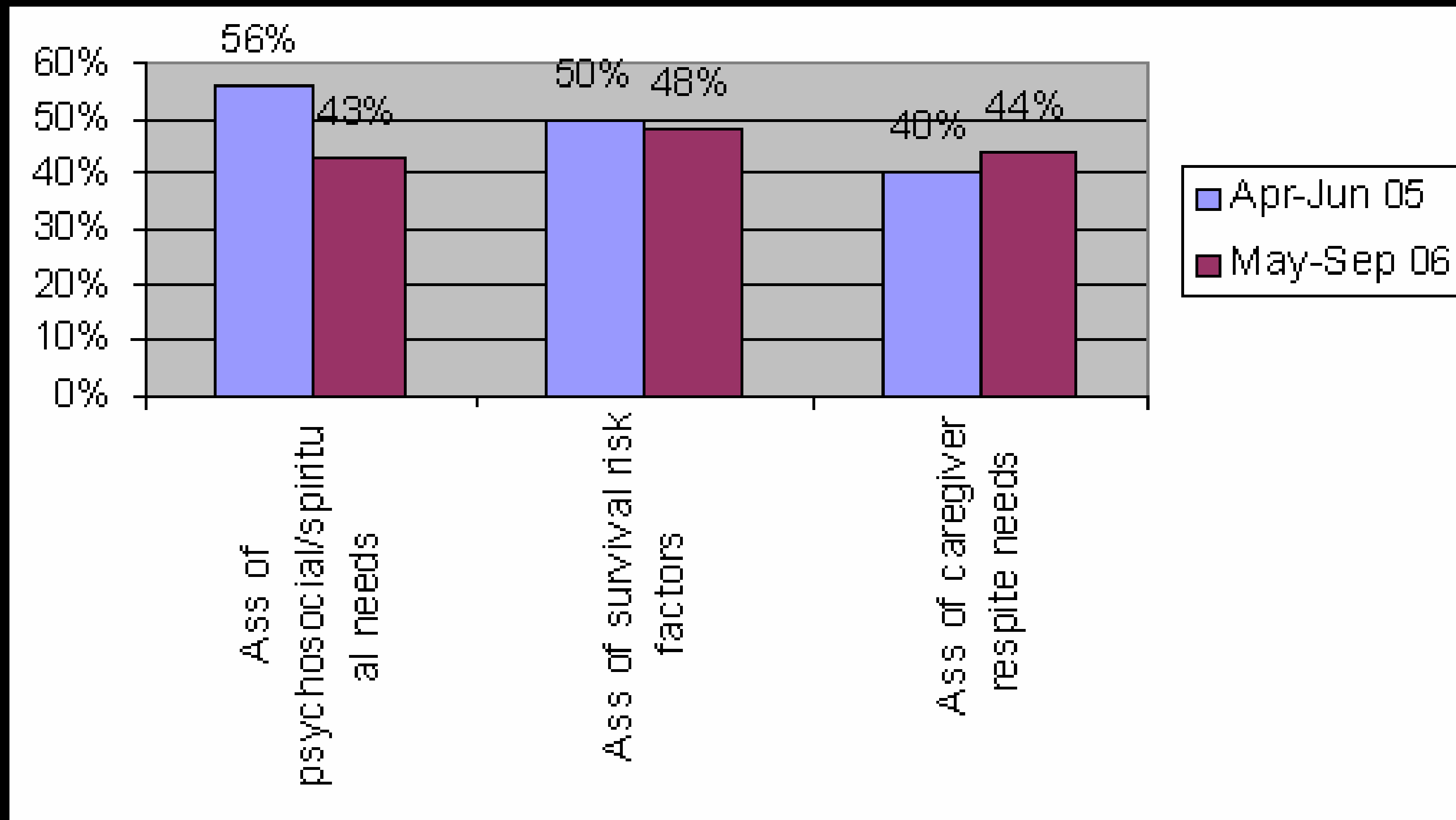
Phase 1 – chart audit



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Phase 1 - Communication

- Focus Group of doctors
- Survey of EOL communication challenges

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Hospital Environment

- Different trajectories of dying
- Failure to recognise the dying
- “Status quo” management prevails
- Differing attitudes and aptitudes of staff
- Teaching hospital with turnover of staff
- Unique to TTSH – overflows +++++

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Phase 2 - Intervention

Decision:

Start with those “expected” to die.

Key Principles:

To ensure buy-in

…must flow along with current processes of care

To ensure improvement

…correct areas of deficit

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Phase 2 - Intervention

Flowing with “current” processes:

- Identification of key phases of patient’s dying/care trajectory
  - DIL (and +/- DNR)
  - Discharge
  - Death and Bereavement

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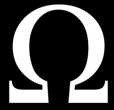

Incorporated with the DNR form (never launched)

Extent of Care and
Resuscitation Status Form

Affix Patient Label Here

...rding:

Initial against all alterations.
Subsequent updates will supersede orders recorded here. Draw line across current form with date/time/signature if a new form is used.

...AL STATUS

...List' (DIL)[§]? | Yes / No

(B) RESUSCITATION AND EXTENT OF CARE STATUS

Is this patient for cardiopulmonary resuscitation (CPR) in event of deterioration[†]?

[ ] Yes, patient is for aggressive management including...

...ion (DNR). Indicate...

...upport

...ment including the fo...

Yes / No* *If not fo... ...support, patient is for comfort care only.

Yes / No*

...ding withdrawal of life support)

(not for resuscitation) and is DIL:

Review current medication and discontinue non-essential medication.
Review appropriateness of investigations and monitoring.
Review ability to take oral medication and convert to non-oral means, if appropriate.
Consider standing orders for terminal symptoms.
DIL and DNR patients will be put on NURSING PCR-COMFORT CARE unless otherwise specified.

Are you surprised if your patient died this admission?

No…

Identification
"Advance Care Planning"
Communication

ExOC

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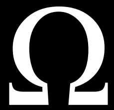

DIL + DNR

Symptom Control

Assessment/Interventions				
Neurosensory : (Not Agitated)(Agitated*)				
Check for possible source of agitation e.g. Pain/Bowel/Bladder/Fever/Invasive Devices				
Respiratory: (Easy)(Dyspnoea*)(Rattling*)(Others*)				
Nasal/Face/Venti/Non-Rebreathing/Trachy				
Litre / 02%				
Prop up in bed if dyspnoeic				
Secretions:*Nil/Copious*/Purulent**.				
Suction if copious or purulent secretions:*Trachy/Oropharyngeal*				
Pain:(Absent)(*Not in obvious Distress*)(Present*) (Evidence of Distress*)				
Site : ______________________ *(please specify)*				
Score: ______________________ *(please specify)*				
Character: Sharp/Dull/Others				
Serve breakthrough analgesia if pain score is ≥ 6 or at patient's request				
Inform doctor if no breakthrough analgesia is ordered or when pain score is ≥ 6 despite breakthrough analgesia				
Nutrition: (*NBM*)(Adequate)(Inadequate*)(Risk*)				
(Oral)(*NG* tube*)(*PEG* tube*)(Others*)				
NG Suction: Intermittent/Passive/Manual				
Implement enteral tube care				
Presence of Nausea/Vomiting				
Inform doctor if nausea/vomiting				

"Pseudo-carepath"

Nursing – Comfort Care PCR

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Psycho status

The 4 Cs of "psycho" status

Psycho Status: (*A*nxious*)(*D*epressed*)(*O*thers*)				
Patient - Identify information deficits e.g. condition and management plan				
NOK - Identify information deficits e.g. patient's condition and management plan				
Update NOK on patient's condition and management plan (*State name and relationship of NOK in Remarks*)				
Allow family/caregiver to keep patient company				
Identify need for religious/spiritual support				
Refer MSW for: *F*inancial / *E*motional or Grief / Care issues				

Communication (first three rows)

Company

Clergy (religious/spiritual) **support**

Counseling

Nursing – Comfort Care PCR

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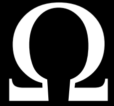

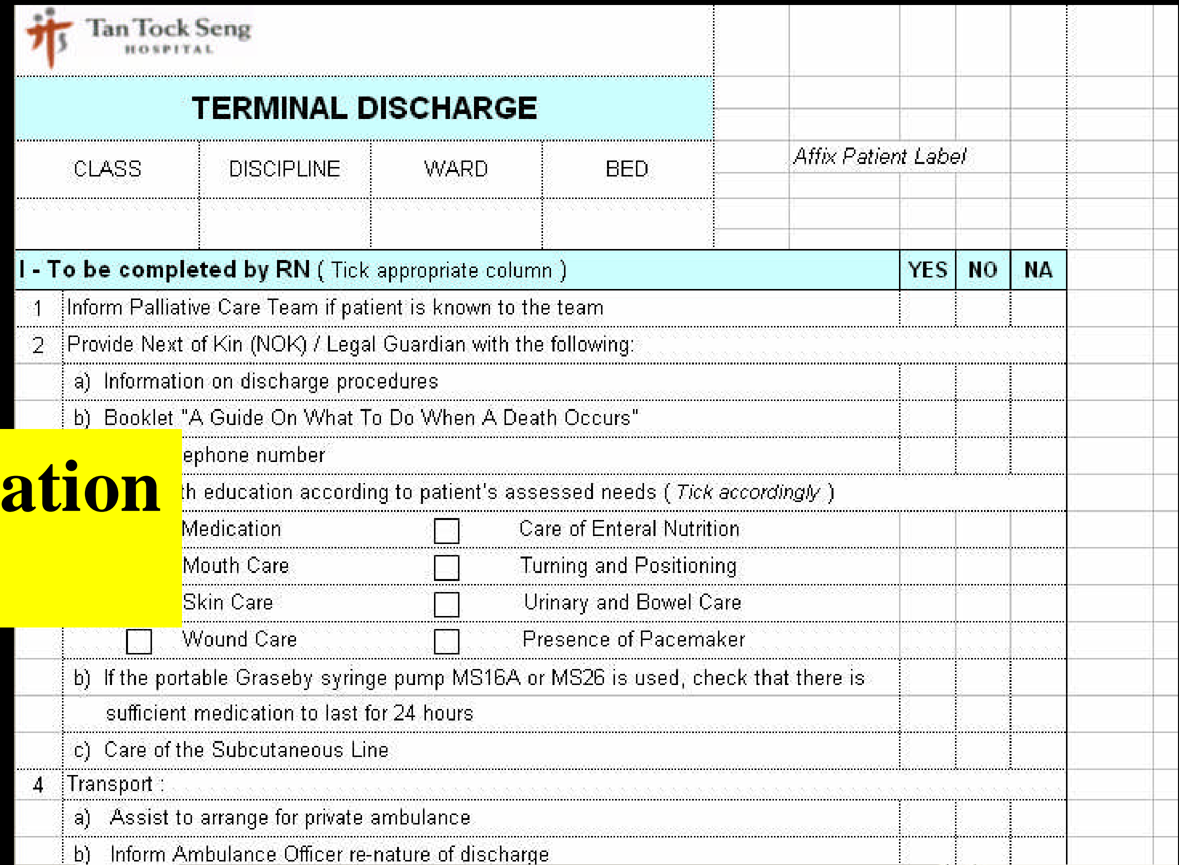

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TERMINAL DISCHARGE

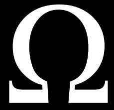
CLASS	DISCIPLINE	WARD	BED

Affix Patient Label

	I - To be completed by RN (Tick appropriate column)	YES	NO	NA
1	Inform Palliative Care Team if patient is known to the team			
2	Provide Next of Kin (NOK) / Legal Guardian with the following:			
	a) Information on discharge procedures			
	b) Booklet "A Guide On What To Do When A Death Occurs"			
	ephone number			
	th education according to patient's assessed needs (*Tick accordingly*)			
	Medication ☐ Care of Enteral Nutrition			
	Mouth Care ☐ Turning and Positioning			
	Skin Care ☐ Urinary and Bowel Care			
	☐ Wound Care ☐ Presence of Pacemaker			
	b) If the portable Graseby syringe pump MS16A or MS26 is used, check that there is sufficient medication to last for 24 hours			
	c) Care of the Subcutaneous Line			
4	Transport :			
	a) Assist to arrange for private ambulance			
	b) Inform Ambulance Officer re-nature of discharge			

Family / Caregiver education
Smooth transition

Discharge of Dying Patient - checklist



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Bereavement support
Organ Donation

9 Handling Grief and Loss

(a) Provide information (issuance of pamphlet) on "Dealing with Grie

(b) Notify MSW if bereavement support is required

10 Contact Organ Transplant Coordinator

Nursing – After Death Checklist

Understanding Grief And Bereavement

理解悲伤和丧亲

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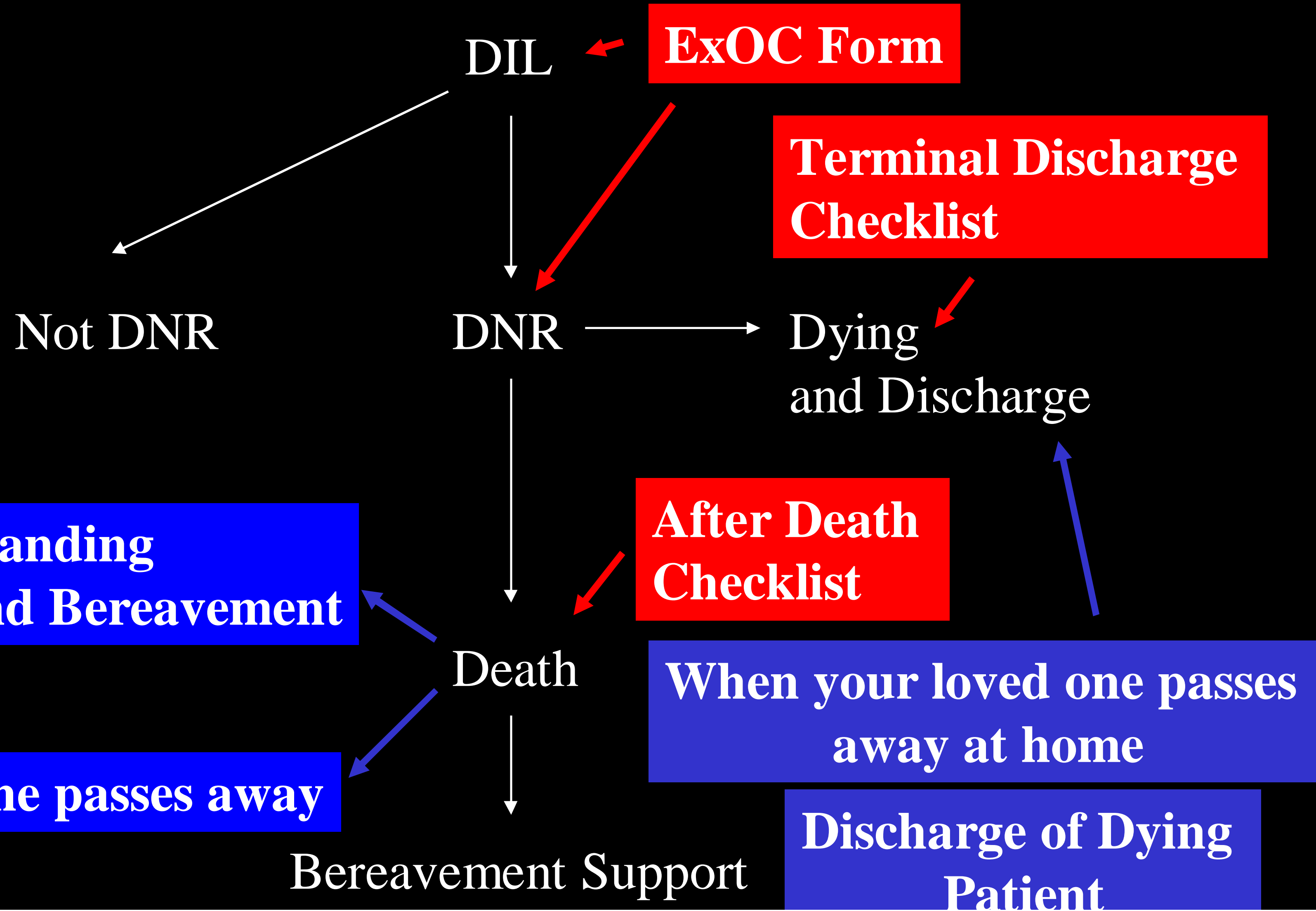
Summary Chart

Pamphlets
Forms



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"Heartware Talks"

Roadshows

Departmental Briefing

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Nursing Champions

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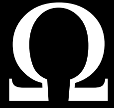

Movie screening

Exhibition/Quiz

COMMUNICATION NEAR THE END OF LIFE

Some Phrases that may help

Breaking Bad News (SPIKES) - helpful approach even in non-cancers

- ✔ Set-up: Know your facts. Choose a quiet/private area at the minimum, draw the curtain around patient. Choose an appropriate time when there will be least interruptions.
- ✔ Perceptions: Find out how much the patient/family knows
  "Can you tell me what you understand of your present condition?"
  "What has your GP told you about your condition?"
- ✔ Invitation to break the news: e.g. *"We have the results ... Do you want me to explain to you what we found?"*
  Clue to impending bad news (warning shot): e.g. *"I'm afraid I have some bad news for you."*
- ✔ Knowledge: Information should be conveyed at patient/family's level and in small bits; always check back for understanding e.g. *"Am I making sense?"*, *"Can I clarify anything?"*
- ✔ Emotions: Acknowledge and validate patient/family's emotional response (see below) e.g. *"I also wish that the results were not what it turned out to be..."*
- ✔ Summary: Summarize the areas discussed, check for understanding, and formulate a strategy and follow-

Communication Cue cards

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End of Life Task Force 2006-8

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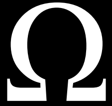

Blackboard Academic Suite - Microsoft Internet Explorer

http://elearning.nhg.com.sg/webapps/portal/frameset.jsp?tab=courses&url=/bin/common/course.pl?course_id=_420_1

National Healthcare Group

Home Help Logout

NHG eLearning Portal | eLearning Courses | NHG Website

- Announcements
- Orientation
- Staff Information
- Course Materials
- Newspaper Articles
- Plug-ins
- Life before Death
- Copyright

Tools

- Communication
- Course Tools
- Course Map
- Control Panel

Powered by Blackboard

IFE (EOL) (NHG_TTSH211) > ANNOUNCEMENTS

nd of Life (EOL) eLearnin

http://intranet/Patient_Education/Specialit.doc - Microsoft Internet Explorer

	17	Psoriatic Arthritis	Y	
Spine Clinic	1	Introduction for care of our back	Y	
TB Control Unit	1	Latent TB infection2	Y	
	2	Preventive treatment	Y	

A Care Giver Training Series ...					
S/N	Title of Pamphlet	English	Chinese	Malay	Tamil
1	Nasogastric Tube Feeding	Y	Y		
2	Pressure Ulcers	Y	Y		
3	Sitz Bath	Y			
4	Hickman				
5.	Prevent Foot Ulcers & Amputations	Y			
6.	Chest Tube Care	Y			
7.	Care of Open Wound	Y			
8.	Pain Management	Y			
9.	Care of Incisional Wound	Y			
10.	Discharge of dying patient	Y			
11.	When your loved one passes away	Y			
12.	Dengue fever	Y	Y	Y	Y

http://intranet/Patient_Education/Foot_Ulcers.pdf

E-Learning
E-resources

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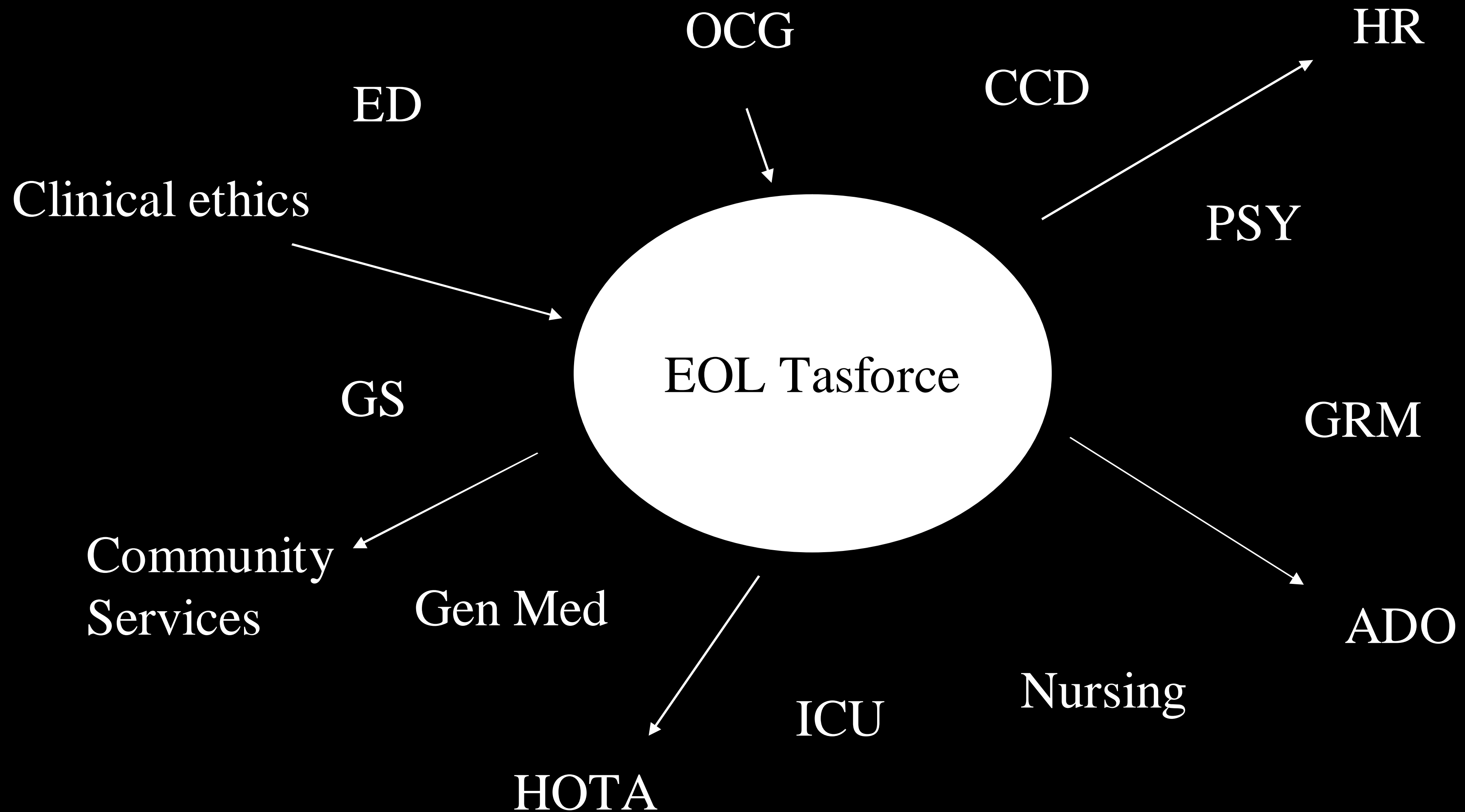
Phase 2 - Intervention



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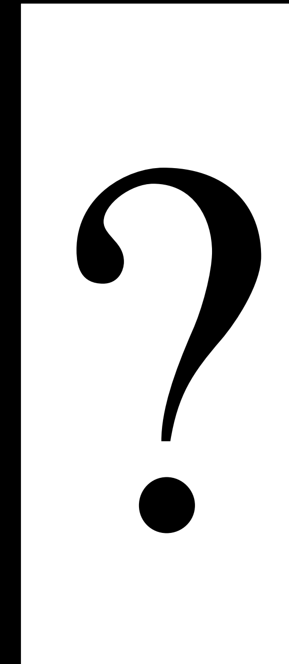
Phase 3 –Making a difference



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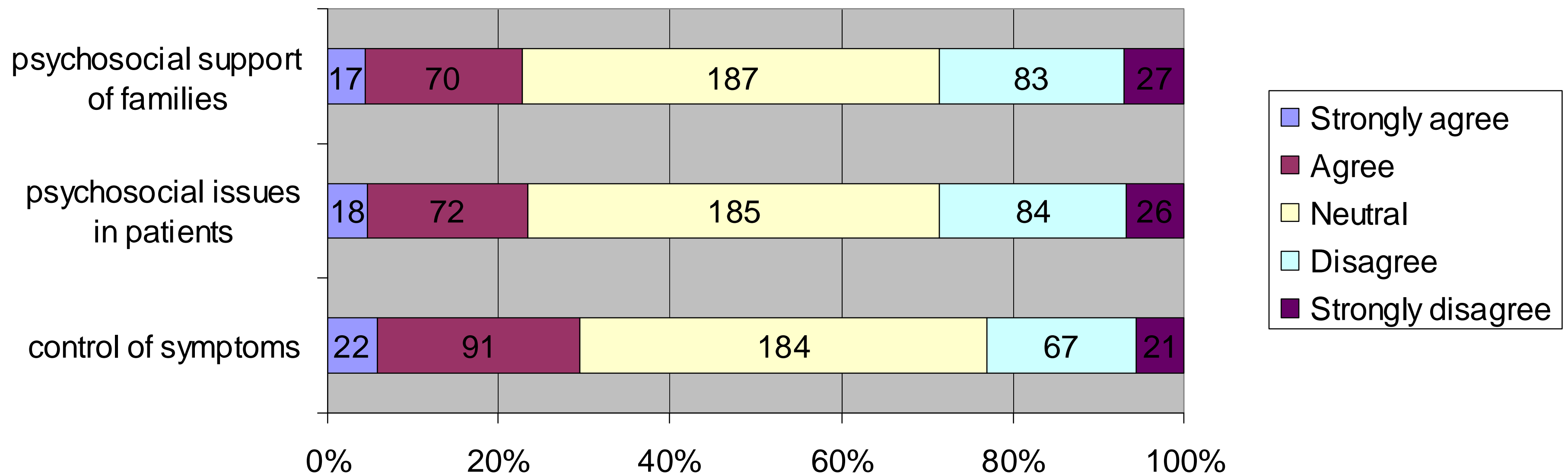

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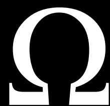

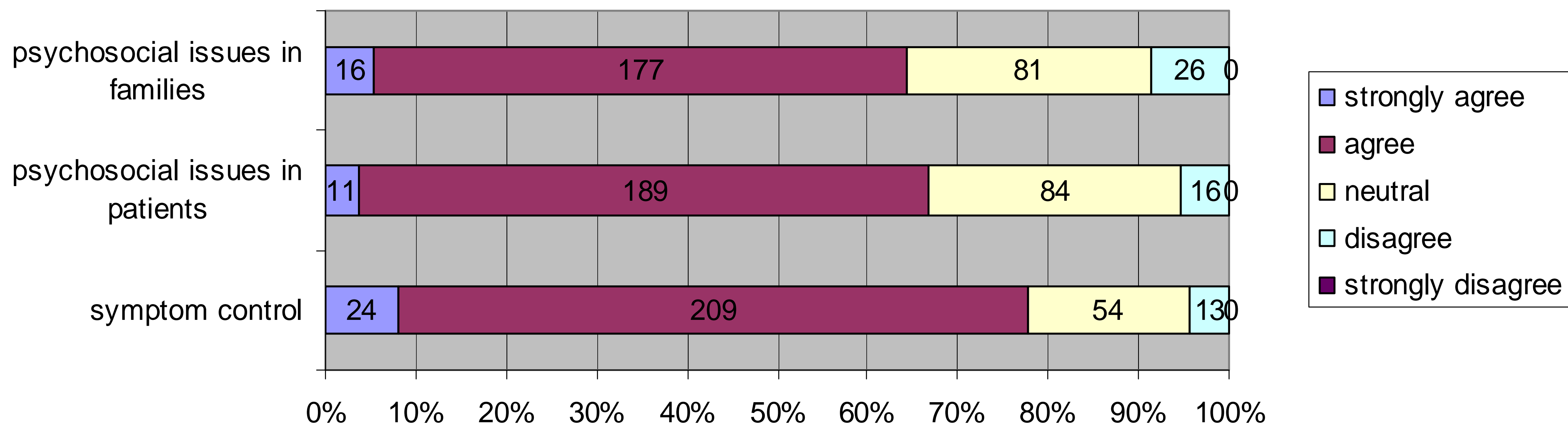

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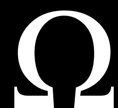

For patients at the EOL: “We have good processes in place to deal with…”

Agree or strongly agree	Pre (n=385)	Post (n=300)
Control of symptoms	28.9%	67.7%
Psychosocial support of pts	23.4%	66.7%
Psychosocial support of families	22.2%	64.3%

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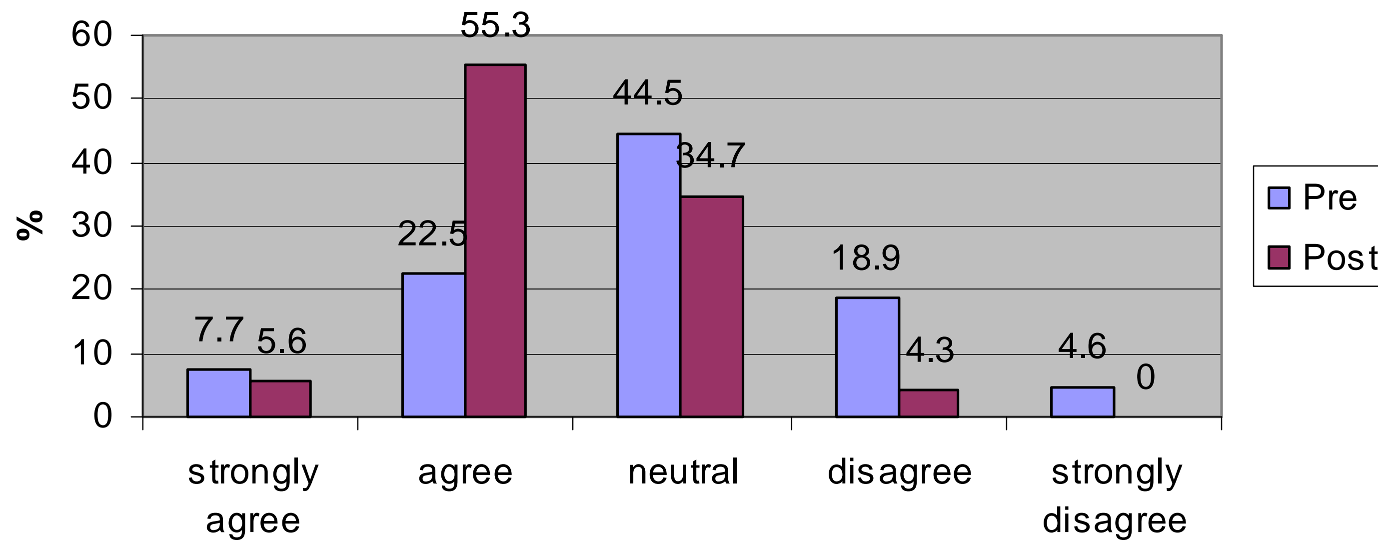
Phase 3



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Phase 3 - Audit

Still pending:

- Doctors' perception of difficulty with EOL communication
- Chart audit – standards based on Delphi method
- Bereaved Family member's Satisfaction with care

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The journey never ends…

Identification of the terminally ill and changing care processes.

- Only 3% of patients who died were thus identified and put on the comfort care – PCR
- Now... Automatic...

No time? Doing the right thing at the right time.

Going E…

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In conclusion

- Some progress has been made in improving end of life care.
- Change in clinical practices were anchored around current practices and key transition points.
- Emphasis were placed on problems that were identified as key issues.
- However, the verdict is still not out..

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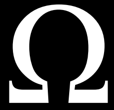

Acknowledgements

Members of the EOL Taskforce

- NE Prema Balan
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- Dr Jackie Tan
- Dr Tan Hui Ling
- Dr Wu Huei Yaw
- Ms Lee Leng Noey

Others

HR dept and E-learning team

Nursing Service

Care and Counselling Dept

OCG

Medical Affairs

Operations

Palliative Care Service