



end-of-life ESSENTIALS



education for acute hospitals

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End-of-Life Essentials

Palliative & Supportive Services

Flinders University



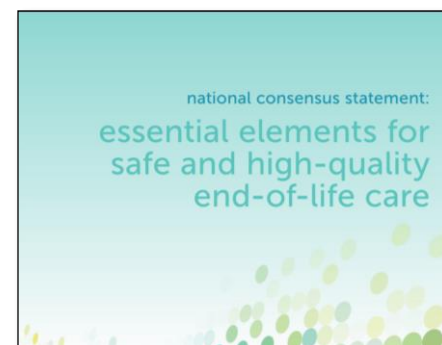
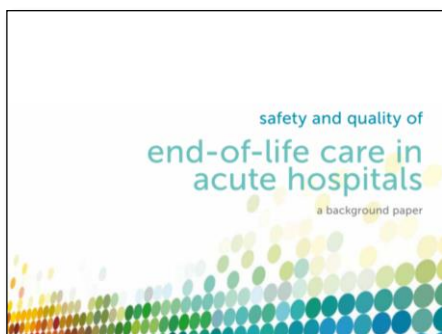
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End-of-Life Essentials is based on the Australian Commission on Safety and Quality in Health Care's *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*, and the Commission provides ongoing advice to the project.


AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



- **End of Life Essentials** – education for acute hospitals funded by the Department of Health. Free, evidence-based, peer reviewed by over 50 clinicians around Australia
- Education modules were built around areas of knowledge gap identified in the 2015 ACQSHC's consensus statement ¹
 - First 6 modules released in 2016
 - ED, Chronic Complex Illness, Imminent Death, Paediatrics end of life - coming 2018
 - 8,000 **doctors, nurses and allied health** registered
 - 10,000 modules completed



- **2/3 of Australian die 75-95 years of age**
- **70% of all deaths are expected**
- **Numbers of Australians who die each year will double in the next 25 years²**

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1. CORONARY ARTERY DISEASE
 2. DEMENTIA AND ALZHEIMER'S DISEASE
 3. CEREBROVASCULAR DISEASE
 4. LUNG CANCER
 5. CHRONIC OBSTRUCTIVE PULMONARY DISEASE



*Leading Causes of
Death*



82%

Australians think it's important to talk to family about end of life issues

28%

Have done so

14%

Have written instructional directives

learn more on how to raise end of life issues and priorities
with your patients



Figures from

3. Palliative Care Australia, <http://dyingtotalk.org.au/>

4. End-of-life Law in Australia, QUT





So?

Patients are poorly prepared for their future and may not know their illness will end their lives.

Hospital HCP (where 54% Australians die) are excellent at prolonging life but the ACQSHC work has identified that not so good at recognising end of life or providing EOL care.



End-of-life Care

Challenging - health care professionals may be initiating discussions with patients who have never spoken to anyone about their end of life wishes

Poor undergraduate preparation ⁵ and poor post graduate for end of life care

When does end-of-life begin?

**Some complex
chronic illnesses
have poorer
prognoses than
many cancers**

Advanced congestive heart failure with severe symptoms has a one year mortality of 30-40%. However, the illness has an unpredictable pathway. While some patients recover from acute episodes of deterioration, unpredictably 15-20% of other patients die a sudden death. ⁶

EOLC=1-2 years before death (ACQSHC) allows choice and shared care



Skill set ⁷

- Expanded tolerance for clinical ambiguity/uncertainty
 - Prognosis for an individual is inexact
- Tolerate strong emotions
 - Suffering, moral distress, grief and loss
- Accept complexity
 - Physical, spiritual, emotional and social care needs



eLearning Topics

- Dying, a normal part of life
- Patient-centred communication and shared-decision making
- Recognising end of life
- Goals of care
- Team work
- When things aren't going well



One element of our evaluation

Tomorrow, the one thing I can change to more appropriately provide end-of-life care is . .

3,203 responses

from 4,423 individuals registered June 2016 - June 2017



Analysis

- *emotional insight of staff*
- *listening effectively*
- *goals, needs and expectations of the patient.*



Themes: 1. Emotional insight of Staff

Honesty

“To be open and honest to my patients and have excellent communication skills”

“be able to use the word ‘dying’ with patients”



Themes: 1. Emotional insight of Staff

Awareness of the emotions of others

“Acknowledge the anxious times that patients are feeling and not avoid the difficult conversation.”

“Acknowledge fear - the patient's, and mine”

“I can acknowledge a patients fears when they ask if they are dying or seriously ill. I can work to improve my response to them and their families.”



Themes: 1. Emotional insight of Staff

Awareness of my emotions

“Reflect on ways to constructively self monitor and manage strong emotions and to set as priority investment in self care”

“Checking in with my emotions before having important end of life discussions, and making sure that these emotions are not driving these conversations”

“Try to focus on the patient and their journey rather than my feelings of inadequacy”



Themes: 2. Listening effectively, actively

“Listen to my patient, treat respectfully and with dignity. Don't rush in to “fix” the issue, it may not be fixable, raise false hopes. Be truthful and be kind”

“Not be dismissive when people tell me things. Listen to what they have to say because it could be very important”



What does this mean

- Behind capabilities of, for example, recognising end of life, or brilliant team work are the emotional ‘prerequisites’ that enable safe and quality care to flow.



Sometimes we can't
fix things in hospitals. But
there is so much that can be
done

*Learn more about
end-of-life care with us.*

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References

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www.caresearch.com.au/EndofLifeEssentials

