end-of-life ESSENTIALS®
education for acute hospitals

My Toolkit

Checklist

Teams and Continuity for the Patient

- [ ] Put the ACSQHC infographic on high quality end-of-life care up in your tea room: https://www.safetyandquality.gov.au/publications/infographic-essential-elements-for-safe-and-high-quality-end-of-life-care/

- [ ] Does a colleague request the need to debrief following their involvement with a patient nearing or at the end of life? Set aside some time to listen to your colleague's experiences and challenges. Share your own experiences if appropriate. Reflect on what you can learn from your colleague's experience. If you are concerned about your colleague, remind them of available support. In the first instance they can talk to their line manager. Other support options might include the Employee Assistance Scheme or talking to their GP about a Mental Health Care Plan. If eligible, Australians can access subsidised individual sessions with a registered mental health care provider/ psychologist. These sessions are free if the provider bulk bills.

- [ ] If there is a meeting planned with a patient and other treating health professionals, ask the patient in advance if they are comfortable discussing their care with these team members present. If you ask in front of the other team members, it will be harder for the patient to express their preferences.

- [ ] Play your part in creating a psychologically safe workplace:

  1) Frame the work as a learning problem, not an execution problem. This creates rationale for speaking up:

  2) Acknowledge your own fallibility "I may miss something, I need your input",

  3) Model curiosity. Ask questions, this creates a necessity for voice.

  (Taken from Building a psychologically safe workplace, TEDx Talk by Amy Edmondson)

End-of-Life Essentials is funded by the Australian Government Department of Health and Aged Care.

Flinders University

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- [ ] Conflict within interdisciplinary teams can result from role boundary issues, differing scopes of practice and accountability. Such conflict can be further exacerbated by heavy workloads, differing power levels and avoidance. Research has shown that being willing to find solutions, adopting open and direct communication, and showing humility and respect are useful personal strategies to resolve conflict situations in healthcare teams.

- [ ] If your team has a journal club consider suggesting this paper for discussion: Hillman, K., Chen, J. (2008). Conflict resolution in end of life treatment decisions: An Evidence Check rapid review for the Centre for Epidemiology and Research, NSW Department of Health. Ultimo, NSW: The Sax Institute. http://www.health.nsw.gov.au/research/Documents/14-conflict-resolution-end-of-life.pdf

- [ ] If you observe a team member providing quality end-of-life care or doing something particularly well in their care of a patient or their interaction with family members, give them positive feedback. In an environment where employees' performance is often critiqued , recognising and naming positive care is important too. It is good for team morale. Here are some steps to give positive feedback in the workplace:
  - be specific not vague, instead of "good job today" be specific. Focus on observed behaviours (skills or attitude)
  - be timely, your feedback needs to happen shortly after the event
  - focus on shared goals
  - express your appreciation

- [ ] The Australian Indigenous Doctors' Association has a Cultural Safety Factsheet which may be something you can read and share with the team: https://nacchocommunique.com/wp-content/uploads/2017/02/cultural-safety-factsheet1.pdf

- [ ] Make yourself aware of the ACSQHC End-of-Life Care Audit toolkit. Find the person in your organisation responsible for QA and bring it to their attention: https://www.safetyandquality.gov.au/audit-toolkit-home/

For resources go to the My Toolkit pages in End-of-Life Essentials website: https://www.endoflifeessentials.com.au/

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Resources

Teams and Continuity for the Patient

Cancer Australia, 2016: Running a multidisciplinary care meeting

NHMRC: Cultural Competency in Health

Australian Indigenous Doctors' Association: Resources on Cultural Safety, including a position statement, factsheet and toolkit

AIHW Closing the gap: Cultural competency in the delivery of health services for indigenous people

American Psychological Association: Culturally Diverse Communities and End-of-Life Care

Centre for Cultural Diversity in Ageing Palliative Care Resources

Centre for Cultural, Ethnicity and Health A framework for cultural competence (for the health sector)

Agency for Healthcare Research and Quality, US, 2013 Team STEPPS 2.0 pocket guide

The following Fast Facts, Palliative Care Network of Wisconsin may be of interest:

- Fast Facts #183 Conflict Resolution Part 1
- Fast Facts #184 Conflict Resolution Part 2

End-of-Life Essentials: Glossary of terms

End-of-Life Essentials Able versus Novice: Which one are You?

Videos, Blogs and Podcasts

TEDx talk by Amy Edmondson Building a psychological safe workplace (11 mins 26 seconds)

Agency for Healthcare Research and Quality, 2014 Improve Teamwork and Communication

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Resources
Teams and Continuity for the Patient

Further Reading

Farmer DF, Yancu CN. Hospice and palliative care for older lesbian, gay, bisexual and transgender adults: The effect of history, discrimination, health disparities and legal issues on addressing service needs. Palliative Medicine and Hospital Care Open Journal. 2015;1(2): 36-43. doi: 10.17140/PMHCOJ-1-107

Hiruy K, Mwanri L. End-of-life experiences and expectations of Africans in Australia: Cultural implications for palliative and hospice care. Nursing Ethics. 2014;21(2):187-197. doi: 10.1177/0969733012475252

Koffman J. Servicing multi-cultural needs at the end of life. Journal of Renal Care. 2014;40(S1):6-15. doi: 10.1111/jorc.12087

Nancarrow SA, Booth A, Ariss S, Smith T, Enderby P, Roots A. Ten principles of good interdisciplinary team work. Human Resources for Health. 2013;11(1):19. doi: 10.1186/1478-4491-11-19

Cui X, Dong W, Zheng H, Li H. Collaborative care intervention for patients with chronic heart failure: A systematic review and meta-analysis. Medicine (Baltimore). 2019 Mar;98(13):e14867. doi: 10.1097/MD.0000000000014867.

Brown CL, Menec V. Integrated Care Approaches Used for Transitions from Hospital to Community Care: A Scoping Review. Can J Aging. 2018 Jun;37(2):145-170. doi: 10.1017/S0714980818000065. Epub 2018 Apr 10.

Rost M, De Clercq E, Wangmo T, Elger B. The Need for a Shared Understanding: Domains of Care and Composition of Team in Pediatric Palliative Care Guidelines. J Hosp Palliat Nurs. 2017 Dec;19(6):556-64. doi: 10.1097/NJH.0000000000000387

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Leclerc BS, Blanchard L, Cantinotti M, Couturier Y, Gervais D, Lessard S, Mongeau S. The effectiveness of interdisciplinary teams in end-of-life palliative care: a systematic review of comparative studies. J Palliat Care. 2014 Spring;30(1):44-54.

Oishi A, Murtagh FE. The challenges of uncertainty and interprofessional collaboration in palliative care for non-cancer patients in the community: a systematic review of views from patients, carers and health-care professionals. Palliat Med. 2014 Oct;28(9):1081-98. doi: 10.1177/0269216314531999.

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