end-of-life ESSENTIALS®
education for acute hospitals

Driving Quality and Safe End-of-Life Care in Hospitals: Accreditation Essentials, workforce development and more

Mrs Vanessa Heading
Associate Professor Kim Devery

EOLE is funded by the Department of Health and Aged Care

Flinders University

Long term goals

Clinicians

- Are aware and capable of quality end of life care
- Know that a patient dying is not their failure

Hospitals

- Are places where Australians can safely die
- Are key places in enabling EOL care

Systems

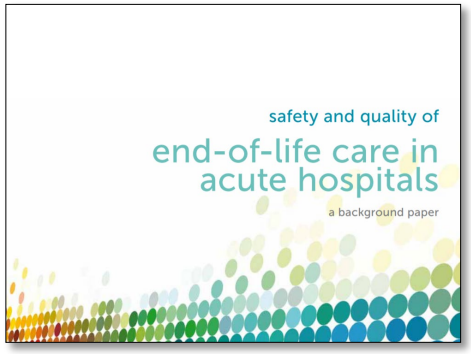
- Prompt identification of patients at the end of life
- Processes and priorities exist that enhance excellent end-of-life care

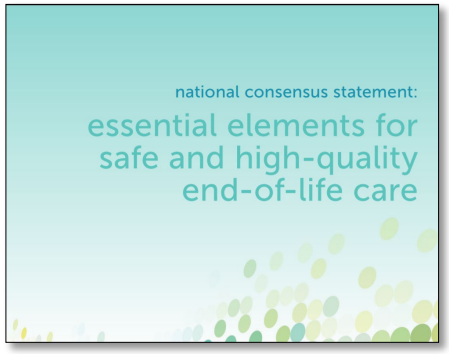
end-of-life ESSENTIALS®
education for acute hospitals

Flinders University

end-of-life ESSENTIALS®
education for acute hospitals

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE





NSQHS STANDARDS

- Support, assistance and input from ACSQHC
- End-of-Life Essentials is built around ACQSHC's Consensus Statement and the National Safety and Quality Health Service (NSWHS) Standards

The Australian Commission on Safety and Quality in Health Care (ASQHC) has supported EOLE since it commenced 2015.

end-of-life ESSENTIALS®
education for acute hospitals

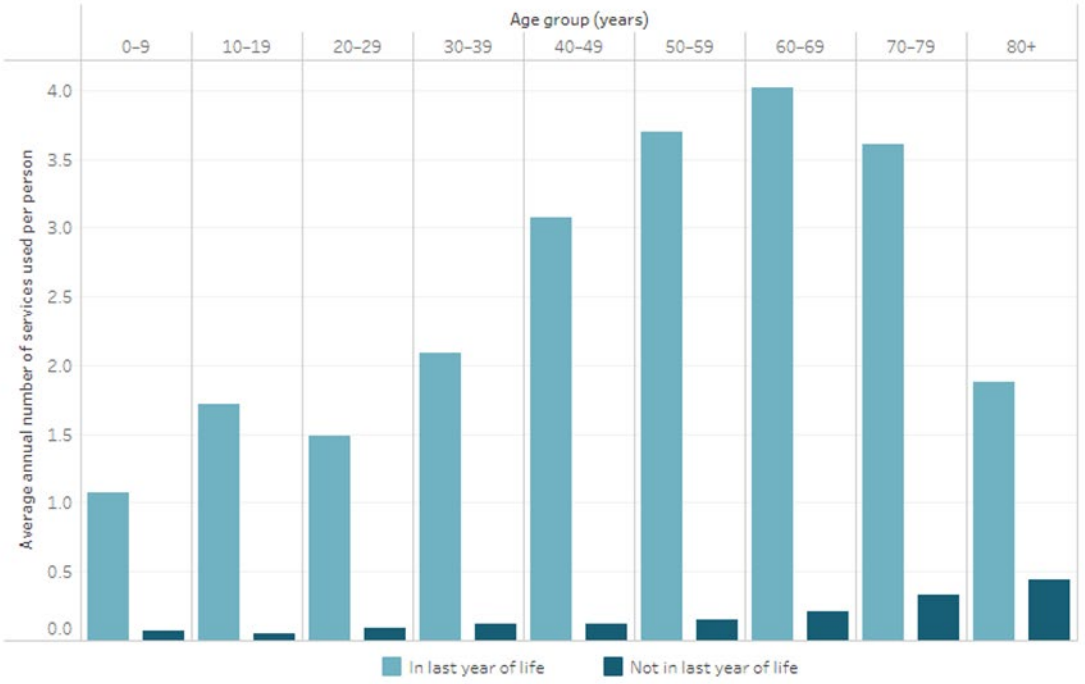
AIHW 2022 - The last year of life: patterns in health service use and expenditure.

Figure 1: Average annual number of health services used (a) and costs (b) per person by sex, age, service type and whether in last year of life

1a. Services | 1b. Costs

Sex:
- ○ Males
- ○ Females
- ◉ Persons

Service type:
- ○ ED presentations
- ◉ Hospital admissions
- ○ MBS services
- ○ Prescriptions



Notes:
1. Analysis for the *In last year of life* group includes services used by this group in the 12 months before their death. This includes services used between 1 July 2010 and 31 December 2016, presented as average number of services used, per person.
2. Analysis for the *Not in last year of life* group includes services used by this group between 1 July 2010 and 31 December 2016, presented as average number of services used per person over a 12-month period.

Comprehensive Care Standard – EOLE Actions

- 5.15: The health service organisation has processes to **identify patients who are at the end of life**
- 5.16: The health service organisation providing end-of-life care has **processes to provide clinicians with access to specialist palliative care advice**
- 5.17: The health service organisation has process to ensure that current **advance care plans**

    a. Can be received from patients

    b. Are documents in the patient's health care record.

- 5.18: The health service organisation provides access to **supervision and support of the workforce providing end-of-life care**
- 5.19: The health service organisation has processes for **routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care**
- 5.20: Clinicians support patients, carers and families to make **shared decisions about end-of-life care**

Flinders University

end-of-life ESSENTIALS®
education for acute hospitals

Hospitals – In Australia where over 50% of deaths occur

Hospitals operate to meet the needs of their local communities.

Implementing the CC Standard is core business that requires a complete organisational approach, with genuine engagement at senior management level and all layers of the hospital.

The End-of-Life Care Actions within the CC Standard are relatively new (2019).

Some hospitals just beginning work around implementing the CC standards (resources allocation and coordination).

Other hospitals very experienced at quality improvement approaches that systematically coordinate quality end-of-life care.

EOLC as hospital ‘core business’ is not always recognised.

end-of-life ESSENTIALS®

- Education for clinicians
- Training resources for educators
- **Accreditation resources for organisations**

EOLE is funded by the Department of Health and Aged Care

Flinders University

EOLE Essentials - Accreditation

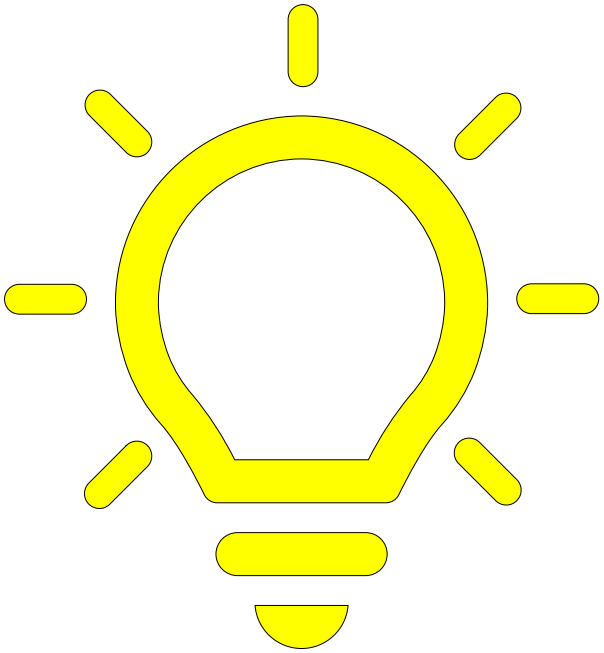
- **Accreditation Collaborative**
  - Work with hospitals to share, develop and learn more about the delivery of end-of-life care in meeting the National Safety and Quality Health Service (NSQHS) Standards.
- **Education modules**
  - *Meeting the Standards*
  - *Clinical Change Management*
- **Accreditation Resources**
  - Case stories
  - Fact sheets
  - Film and presentations

Hospital Sector Engagement

Formation of a national hospital database – aim to connect and engage with every acute hospital Australia.

A series of national workshops to more fully understand the issues faced by hospital professionals in preparing for accreditation.

Collection and resources and tools to support in the CCS accreditation process



Flinders University

end-of-life ESSENTIALS®
education for acute hospitals

Workshops

Quality EOL care & the CC standard

Pre workshop survey – *What challenges/barriers?, What innovations when addressing quality EOL care to meet the CC standard?*

Workshop Activities – *Share accreditation success and challenges, hear how it's approached, explore ways to overcome barriers and support clinical change.*

Postworkshop Activities – create resources, case studies, education and tools for EOLE webpages, freely available now

Role of survey responders

Registered Nurse – 15
Clinical Nurse Educator – 12
Team leader/PC Coordinator – 6
Safety and Quality /Clinical Governance – 13
Nurse Manager / Manager – 13
Executive – 3
Not Specified – 1

Most difficult to meet End-of-Life Care Actions, Comprehensive Care Standard

Action	No.
5.18: The health service organisation provides access to supervision and support of the workforce providing end-of-life care	32
5.19: The health services organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care	32
5.17: The health service organisation has processes to ensure that current advance care plans: a) can be received from patients; b) are documented in the patient's health care record	27
5.20: Clinicians support patients, carers and families to make shared decisions about end-of-life care	26
5.15: The health service organisation has processes to identify patients who are at the end of life,	24
5.16: The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	16

Why are these difficult to meet?

- Smaller remote hospital with less resources – audit and review doesn't happen.
- Cultural preferences of patients not to discuss death or ACP.
- No 'buy-in' from medical staff in having timely discussions - no consistency & way too late
- Poor recognition of eol & deterioration, goals of care discussions not happening
- Facility not engaged with eolc, poor staff awareness and knowledge
- More education for all clinicians in identifying eol, too reliant on specialist pall care clinicians
- Timing and release of staff for training. Staff turn over.
- Significant paternalistic approach and fear of difficult conversations

Individual clinicians and hospital culture

Individual behaviors or interactions may fail to mitigate potentially nonbeneficial high-intensity life-sustaining treatments if hospital culture or a lack of supportive policies and practices undermine individual efforts.

Hospital cultures need to be considered when developing policies and interventions to decrease potentially nonbeneficial, high-intensity life-sustaining treatments.

Dzeng E, Batten JN, Dohan D, Blythe J, Ritchie CS, Curtis JR. Hospital Culture and Intensity of End-of-Life Care at 3 Academic Medical Centers. *JAMA Intern Med.* 2023;183(8):839–848. doi:10.1001/jamainternmed.2023.2450

January 2019- December 2020

'There was indication of underperformance…. in implementing the end-of-life care actions'

End of life care 'actions' were highly represented in the categories – not met, met with recommendations and **not applicable/non-compliant** (where end-of-life care actions **were indeed applicable, but were inappropriately coded)**.

Murgo, M., & Dalli, A. (2022). Australian health service organisation assessment outcome data for the first 2 years of implementing the Comprehensive Care Standard. Australian health review : a publication of the Australian Hospital Association, 46(2), 210–216. https://doi.org/10.1071/AH21299

End-of-Life Essentials (EOLE)

As a result of the feedback from responders we produced more resources:

Webinar - Providing workforce supervision and support
Jeanette Lacey, EOL Care Nurse Practitioner

Video resource – The importance of goals of care
Angie Dalli – ACSQHC

Our resources

Hospital Case Stories

- Auditing
- Establishment of Committee to support quality End-of-Life Care
- Development of End-of-Life Goals of Care Form

Preparing for Hospital Accreditation Resources

- Education and Resources for Hospital Accreditation - Comprehensive Care Standard and end-of-life care

Fact Sheets

- Self-Care Resources Fact Sheet
- How EOLE can support meeting the NSQHS Standards

Flinders University

end-of-life ESSENTIALS®
education for acute hospitals

An example of our Education Topics

Dying, a normal part of life
Patient-centred communication and shared-decision making
Recognising end of life
Goals of care
Teamwork
Responding to concerns
ED – EOLE Care
Paeds – EOLE Care
Imminent death
Chronic complex conditions – EOLE Care
States of mind at the end of life

Flinders University

end-of-life ESSENTIALS®
education for acute hospitals

In conclusion

- Many Australians will seek service from Hospitals in the last year of life
- The NSQHS Standards now have end of life care elements which some hospitals find difficult to meet.
- Implementing quality & safe end-of-life care requires a whole of organisation approach
- End-of-Life Essentials has growing resources and education regarding accreditation and safe and quality end of life care.
- All our resources are free and evidence based

end-of-life ESSENTIALS®
education for acute hospitals

end-of-life ESSENTIALS®
education for acute hospitals

End-of-Life Essentials would like to thank the many clinicians and experts who contribute their time and expertise to the project.

EOLE is funded by the Department of Health and Aged Care

Flinders University