


Improving patient care at the end of life

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



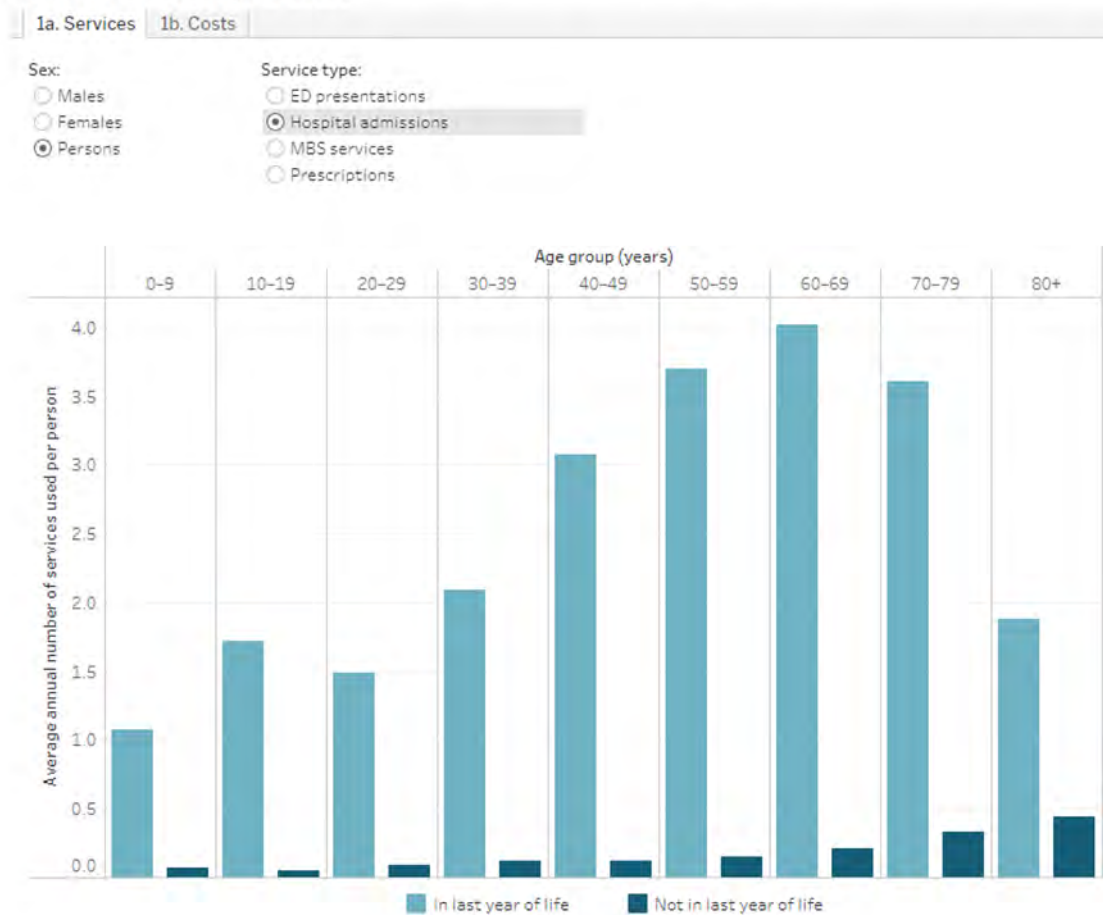


- Around two thirds of Australian die 75-95 years of age
- Estimated 70% of all deaths are expected
- Numbers of Australians who die each year will double in the next 18 years
- Most Australians die in Hospitals

The Grattan Report *Dying Well 2014* & AIHW National Mortality Database 2021

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



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.



End-of-Life Essentials

Online peer review and evidence-based education

Implementation toolkits – how to change practice

Training Resources for educators

Accreditation resources for hospitals planning on meeting the NSQHS Standards to provide a nationally consistent level of care consumers can expect from health services.



Examples 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

What is important at the end of life?

*Talking about life
& preparing for
death*

*Thinking about
who I am*

*Understanding
my legacy*

*Expert
care*

**Trusting
clinicians**

*Compassionate
care*

*Effective
communication*

**Looking back
& reviewing
life**

**No discussion
about dying or
death**

**Understanding
time is limited**

*Planning for my
body after death*

*Planning how to
spend the
remaining time*

*Forgiveness -
asked and
offered*

*Reaffirming or
severing social
connections*

*Saying
goodbye*

**Family &
friends**

*Speaking &
hearing
truth*

*Sharing &
giving
love*



We wanted to create an animation to showcase what patient's value to highlight to health care professionals.



The importance of the Patient's perspective

The drive to cure or provide intervention can overshadow the patient as a person.





This patient valued

What helped her were professionals who took a few extra moments to ask about her, not about her illness, but about her as a person. To see the world through her eyes.


How are you?

Do you want to talk about it?

Sounds like you've been through a lot...

I'm so sorry things aren't better right now.

It didn't matter so much that things weren't fixed or cured. What mattered was being seen as a person. Health professionals who can tap into these patient-centred responses can have an enormous impact on patients as people and show kindness and compassion.



Some patients will wish to know **everything**, other patients only **some things** and a smaller group will **not want to know** details about end of life at all - **so ask.**



How to ask with

end-of-life
ESSENTIALS



education for acute hospitals

COMPASSION

What is your understanding of what is happening now?

What are your fears, worries and goals?

What outcomes are unacceptable/acceptable to you?



Dr. Atul Gawande, Being Mortal, 2014



Thank you for listening






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