



end-of-life ESSENTIALS



education for acute hospitals

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End-of-Life Essentials

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CARESEARCH®
palliative care knowledge network




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

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.



- **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 years**

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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*



Imagine what a good death may be for you . . .

Home

Minimal pain and suffering

Retaining control of what happens

Discussing what matters to you



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
Palliative Care Australia
End-of-life Law in Australia, QUT



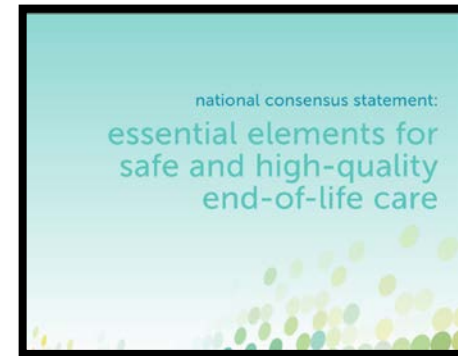
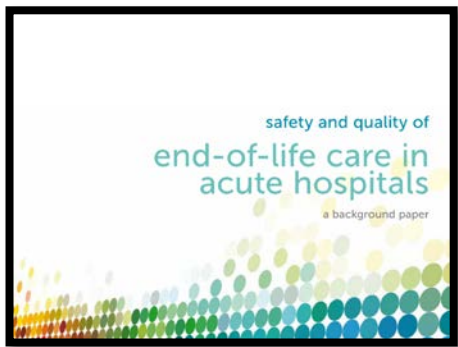


So?

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

Hospital staff (where 54% Australians die) are excellent at prolonging life but not good at recognising end of life or providing EOL care.

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
 - First 6 modules released in 2016



eLearning Topics

The modules are case-based and there are evidence-based resources and webpages available to support learning

- 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

(3,200 responses from 4,403 individuals registered)



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”



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”



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”



Themes: 3. Goals, needs, expectations of, or for, patient care

“Ask the question. In the event of you not being able to speak for yourself who would you like to speak for you. Have you spoken to this person? Not be evasive and use the word death or dying”.



What does this mean?

- Clinicians response to national policy
- We are utilising the concepts of ‘emotional insight’ in the development of our next education modules



What does this mean

- Results are valuable to organisations and policy makers who are wanting to change health care outcomes.
- 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.
- Educators, managers, policy writers and government can all appreciate this complexity by acknowledging the importance of emotional insights in EOLC



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

- 1 Australian Commission on Safety and Quality in Health Care. (2013) *Safety and Quality of End-of-life Care in Acute Hospitals: A Background paper*
- 2 Australian Commission on Safety and Quality in Health Care. (2015) *National Consensus Statement: essential elements for safe and high-quality end-of-life care*. Sydney: ACSQHC.
- 3 Swerissen, H and Duckett, S., 2014, Dying Well. Grattan Institute
- 4 White B, et al, (2014) *Prevalence and predictors of advance directives in Australia*, Internal Medicine Journal, 44 :10.



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

www.caresearch.com.au/EndofLifeEssentials

