End-of-Life Essentials My Toolkit

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Background

- Palliative care related hospitalisations are on the increase [1] and it is estimated that 44% of Australians die in hospital receiving palliative care [2].
- However, healthcare professionals find initiating discussions regarding end-of-life care challenging [3] and find continuance of treatment is often an easier option [4].
- Complaints from patients and families most often relate to poor communication at the end-of-life [5].
- The Australian Government has committed to the support of initiatives to increase the quality of palliative care.
- One such initiative has been the End-of-Life Essentials project, which incorporates a resource toolkit for professionals who work in acute hospitals.

Aims

This toolkit aims to support positive changes to the workplace behaviours of doctors, nurses and allied health professionals at the point of end-of-life care, rather than addressing intuitional practices which can be more challenging and time-consuming to change.

Toolkit development

My Toolkit was developed in late 2016 and early 2017. Feedback on content, structure and format was sought from internal and external reviewers.

The toolkit was launched on 4th April 2017. It was initially made available in hard copy only and consisted of a folder containing checklists of suggested actions organised under the same headings as the End-of-Life Essential online education modules. That is:

1. Dying, a normal part of life
2. Patient-centred communication and shared decision-making
3. Recognising the end-of-life
4. Planning end-of-life care
5. Teams and continuity for the patient
6. Responding to concerns

Online resources were also made available to support the suggested activities.

Example from *My Toolkit* Module 4: planning end-of-life care:
Take a few minutes to create a map of a patient's close ties and family. This can be the start of identifying a potential alternative decision-maker as well as identifying who needs to be included in discussions about the patient's care. Remember, 'family' is who the patient says it is. Notions of kinship may vary depending on the patient's cultural background. The closest person to a patient may be their spouse or same sex partner, biological, adopted family or in-laws, close friends, neighbours, or someone from their religious, ethnic or cultural community. The traditional 'next of kin' concept may not be appropriate for all patients. Ask them who is important to them.

Methods

N = 428 toolkits were distributed to 13 doctors, 309 nurses, 66 allied health, 40 other (e.g. aged care workers, educators, policy makers)

Evaluation design: Mixed methods (online survey and telephone interviews)

Online survey participants:
- N = 65 (response rate 16% taking into account delivery failures)
- 92% female, 77% nurses

Telephone interview participants:
- Purposeful sampling was used (sample stratified by occupation and state)
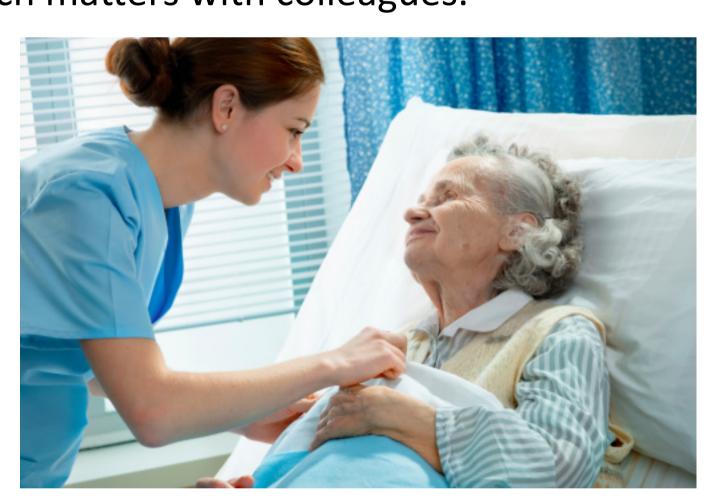- N = 10, 100% female, 7 nurses, 3 allied health professionals

Findings

Overall, participants responded very positively towards *My Toolkit* and the associated resources.
- 93.7% of survey respondents agreed / strongly agreed that the content was relevant to their profession.
- 92.1% of survey respondents agreed /strongly agreed that the content was relevant to them personally.
- 95.2% of survey respondents found the resources easy to navigate.

One of the key aims of *My Toolkit* was to build confidence and change behaviour in relation to end-of-life care.
- 83.9% of survey respondents reported feeling more confident in discussing end-of-life matters with patients and their families, and 85.5% said they now felt more confident in addressing such matters with colleagues.

93.6% said they would recommend My Toolkit to colleagues

- Though participants had only had *My Toolkit* for a maximum of 4 weeks, 59.3% reported that they had already implemented a least one action.
- Of those who had not implemented an action, 70.8% intended to do so in the near future.
- As expected, communication about end-of-life was the most common area in which participants took action.
- Against expectation, survey and interview participants reported that they were using *My Toolkit* as a training / classroom resource.
- In one instance, an interview participant was using *My Toolkit* to drive change across her whole department and beyond.

83.9% of survey respondents reported being more confident in discussing end-of-life matters with patients as a result of My Toolkit

59.3% of survey respondents implemented a Toolkit action within 4 weeks

Discussion & Conclusions

My Toolkit was well received by target users and promoted confidence in addressing end-of-life issues. Improving communication around end-of-life care was the most common action or intended action by participants. A maximum of 4 weeks of *My Toolkit* use resulted in 59.3% of participants implementing an action to improve end-of-life care. This suggests that a toolkit format can be effective in bringing about workplace behaviour change at the individual level.

Against expectation, *My Toolkit* had a wider audience than was anticipated with particular take up from the aged care sector. Indeed several survey respondents and interviewees identified that the toolkit could offer significant benefits within the aged care sector if more appropriately targeted towards direct care workers. Given that patients near the end-of-life might shift between residential or community settings and acute hospital care, extending the toolkit resources to this sector would potential further improve both quality and continuity of care for Australians wherever they receive end-of-life care.

"I think it's amazing – it's the first one of its type I've seen"

References

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5. Al-Qurainy, R., Collis, E., & Feuer, D. (2009). Dying in an acute hospital setting: the challenges and solutions. *International journal of clinical practice, 63*(3), 508-515.

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education for acute hospitals

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