end-of-life ESSENTIALS

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End-of-Life Essentials

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CARESEARCH® palliative care knowledge network

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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.

End-of-Life Essentials presentation

- Project background
- eLearning modules / resources
- Module evaluation

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

- Safety and Quality of End-of-life Care in Acute Hospitals: A Background Paper [1] 2013
- National Consensus Statement: essential elements for safe and high-quality end-of-life care [2] 2015

- **End of Life Essentials** – education for acute hospitals funded by the Department of Health.
- Education modules were built around areas of knowledge gap identified in the ACQSHC's consensus statement
  - First 6 modules released in 2016

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End-of-Life Essentials

- All
  - Free
  - Evidence-based
  - Peer-reviewed

- Launched June 2016. Six online learning modules and an Implementation Toolkit to help build health professional capacity in Australian Hospitals

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End-of-Life Essentials

- Re-funded 2017-2020 by the Department of Health.

- Three new learning modules
  - For Emergency Department staff;
  - for care immediately after death (bodies, families, staff);
  - Care of patients living with chronic complex conditions

- Extension of evaluation and implementation toolkit.

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Welcome to End-of-Life Essentials. Most people in Australia will visit an acute hospital in their last year of life. Many of them will die in hospital. This website provides e-learning opportunities and resources for doctors, nurses and allied health professionals to improve the quality and safety of end-of-life care in hospitals.

EDUCATION MODULES

Six modules will help you develop the skills to recognise end-of-life issues, to enhance your communication strategies and to gain confidence in caring for these patients and their families.

REGISTER

MY TOOLKIT

The development of a personal toolkit will sustain and support what you have learned in the education modules and help you to apply this knowledge in your practice.

ABOUT THE PROJECT

The project is designed to introduce elements of the National Consensus Statement: Essential elements for safe and high-quality end-of-life care. You can find out more about the Consensus Statement, the project and the team in this section.

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eLearning Topics

The modules are case-based and there are evidence-based resources and webpages available to support learning (the focus of this paper)

- 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

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Evaluation

The impact of the education modules has been evaluated in different ways:

1. An immediate pre and post-test evaluation
2. A 3-6 month post learning evaluation (module 3 only)
3. **An intent to change practice short answer question at the end of each module**

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How does education derived from the ACSQHC Consensus Guidelines influence intent to change practice?

- June 2016 to October 2017
- 4,403 individuals registered and accessed one or more of the six modules from the beginning of the project to the 30 June 2017
- We collected 3,201 responses to the practice change question.

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Analysis

- NVivo 11 was utilised to assist with the sorting, organisation, re-organisation and storage of data. Thematic analysis informed our data analysis. [3]
- Analytical categories were derived inductively and gradually from the data. The data was read and re-read to recognise and code themes and sub-themes. Themes were systematically and coherently compared to identify as many nuances as possible in the data. Simple counts were created and also scrutinised across all the themes as they provided helpful summaries of the analysis and the findings. [4]
  - Apriori to some extent due to the content of the modules
  - RA (GM) performed data analysis with only basic knowledge of the modules

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Analysis

- We provide a summary of the top three themes here along with a more detailed discussion of results of the most frequent theme
  - *emotional insight of staff*
  - *listening effectively*
  - *goals, needs and expectations of the patient.*

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Themes: 1. Emotional insight of Staff

Honesty

"To be open and honest to my patients and have excellent communication skills"

"Respond to their wishes in a respectful manner and be honest with them and not provide false hope"

"Talk honestly to the patient and their family about what is happening to them at the moment in their life journey"

"Have more skilled and honest conversations"

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Themes: 1. Emotional insight of Staff

Awareness of the emotions of others

“I can acknowledge a patients fears when they ask if they are dying or seriously ill. I can work to improve my response to them and their families.”

“Acknowledge the anxious times that patients are feeling and not avoid the difficult conversation.

“Remember to sit with the emotions of the person

“Acknowledge fear - the patient's, and mine”

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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"

"Checking in with my emotions before having important end of life discussions, and making sure that these emotions are not driving these conversations"

"Try to focus on the patient and their journey rather than my feelings of inadequacy"

"Being more self aware of my thoughts, feelings and what is coming out of my mouth"

"Ensure that I can step back if my emotions are impacting on my ability to address the patients concerns"

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Themes: 2. Listening effectively, actively

“Listen to the patients concerns. Answer honestly. Provide information. Enable supports. Assist people to discuss future care planning”

“Commit to always listen to what may be behind any veiled question a patient may ask, and encourage him/her to ask what it is they really want to know. it is easier to just keep it all surface when you are busy”

“Actively listen to the pt, acknowledge fears and concerns and address them as best I can”

“To listen for the hidden questions in my conversations with patients and to be truthful but always kind”

“take time to be silent and listen and acknowledge their fears”

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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”

“Listen to the patient. To the concerns they are expressing, not to be afraid that they are concerns that can't be addressed”

“Not be dismissive when people tell me things. Listen to what they have to say because it could be very important”

“I can stop and listen and communicate”

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

“to listen, give respect, talk about goals of life and involve the patient and family into the decision of treatment and symptom control. What does the patient want. whats their care plan”

“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”.

“Remain focused on what ,my patient's actual wishes are and advocate within the best of my abilities with the resources I have to ensure these wishes are met with utmost dignity and comfort”

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

“Taking time to talk to people I care for and finding out what they believe will happen and what is important to them. Not giving false hope, being honest about possible outcomes”

“Start having open and honest conversations and asking more about patient's future wishes. Even though the Allied health position I am in is not normally the lead of these conversations, I could start talking more about what happens if you don't get any better or what would you like to see happen in the future

“Engage in conversation with the dying person to encourage them to discuss any concerns, fears or goals they may have

“Continue to talk with patients and families about their goals of care”

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What does this mean?

- Findings demonstrate that the suite of modules have increased user knowledge and confidence in addressing end of life issues with patients and their families.
- They also demonstrate how education can influence intent to change in attitudes, behaviour and practice which in turn impacts on end of life care and the patient experience, as well as informing future module development.

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What does this mean?

- The learners who have completed End-of-Life Essentials have shared with us the practical ways they state they can change their practice tomorrow to improve practice.
- These results can be appreciated as a clinical response to the ACSQHC work in this space
- Trickled down policy of the Consensus Guidelines, expressed through End-of-Life Essentials
- We are utilising the concepts of ‘emotional insight’ in the development of our next education modules

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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 ‘pre-requisites’ 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

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Future Directions

- Continue with 3-6 month surveys post-completion ‘has your knowledge and confidence remained?’
- Employ use of ‘triggers’ / ‘prompts’ / ‘reminders’
- Investment in ‘champions’ – need leaders in culture change
- 2019 National Qualitative analysis of completed learners regarding remaining challenges

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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 *Liamputtong*, *P*, *& Ezzy*, *D*, (2005). Qualitative research methods 2nd ed.). South Melbourne, VIC Oxford University Press.

4 Pope, C., Ziebland, S., & Mays, N. (2000). Analysing qualitative data. *BMJ : British Medical Journal*, *320*(7227), 114–116.

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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

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