Project Title

Providing End-of-Life Care within A&E Walls

Project Lead and Members

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Project members:

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- Dr Mansha Khemlani, Geriatric Medicine/ Palliative Medicine
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Organisation(s) Involved

Khoo Teck Puat Hospital

Project Period

Start date: 2018

Completed date: On-going

Aims

To design a framework of care to meet the needs of patients who are at end of life and their family members

Background

See poster attached/ below

Methods

See poster attached/ below

Results

See poster attached/ below

Lessons Learnt

The team demonstrated great collaborative teamwork to achieve best desired outcome for patients who are actively dying. By taking small yet appropriate measures, together it binds into a meaningful work process to deliver a standardized care to these patients.

Moving forward, the team is aiming on improving Palliative care in A&E on these aspects:

- Joining the National Emergency Departments Palliative workgroup that involves other restructured hospitals in Singapore
- Regular meetings with the Palliative team for case studies sharing by A&E members
- Expanding the workflow to include possibilities of terminal discharges from A&E
- Curriculum for training by Palliative team

Conclusion

See poster attached/ below

Additional Information

As health care professionals in the emergency department, our mindset had been geared towards treating the sick and the injured. However, we came to realise the importance of managing a good death for our palliative patients, allowing them to have final moments with less symptom burden, surrounded by their family.

Project Category

Care & Process Redesign

Keywords

Care & Process Redesign, Quality Improvement, Built Environment, Healthcare Training & Education, End-of-Life Care, Multi-Disciplinary, Palliative Care, Emergency Medicine, Nursing, Medical Services, Khoo Teck Puat Hospital

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Providing End-of-Life Care Within A&E Walls

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BACKGROUND

This project was initiated to better manage the needs and expectations for patients who are at the end of life, as well as, their family members. Hence, A&E team has collaborated with Palliative medicine to design a framework of care to meet the needs of patients and family members.

The main objectives of this project is to:

1. Provide conducive environment for family members to spend the last moments with patient in A&E.
2. Provide a framework of care to manage pain and other symptoms that these patients may present with.
3. Promote acceptance to family members in relation to the impending death of their loved ones.

METHODOLOGY

To meet the objectives to this project, the implementation process were staged to be in phases.

November 2018: Conducive Environment (Quiet Room)

1. Selecting a dedicated room within A&E, painting the walls and providing mood-setting decals. Providing a book rack with religious books to encourage spiritual or religious needs. Providing a light dimmer to suit patient's comfort.

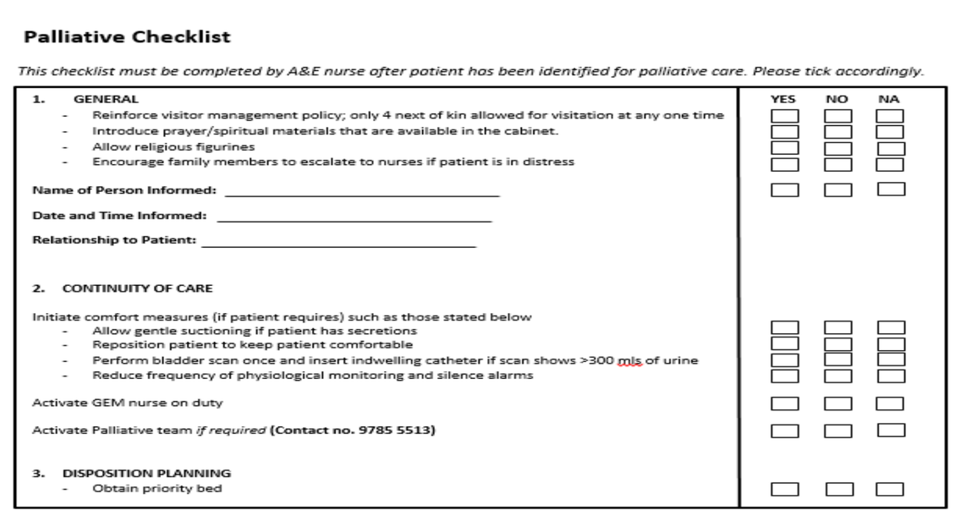
April 2019: Improve prescribing process

2. As it is not a common orderable in A&E, the team has made ordering of subcutaneous Fentanyl medication available in A&E electronic medical system. This medication is most commonly and widely use in the management of palliative patients.

July 2019: Bringing in the experts

3.Team from A&E started collaborating with Palliative team. A framework of care was designed to meet the needs of the patient such as

- ❑ Synergetic management plans for patients. Palliative team could carry out patient consultation in A&E.
- ❑ Designing of a simple checklist to inculcate desired care plausible for A&E nurses to carry out. This includes monitoring patients for 2 hours in A&E to avoid unnecessary admissions or transfer.



Palliative Checklist

This checklist must be completed by A&E nurse after patient has been identified for palliative care. Please tick accordingly.

	YES	NO	NA
1. GENERAL			
- Reinforce visitor management policy; only 4 next of kin allowed for visitation at any one time	☐	☐	☐
- Introduce prayer/spiritual materials that are available in the cabinet.	☐	☐	☐
- Allow religious figurines	☐	☐	☐
- Encourage family members to escalate to nurses if patient is in distress	☐	☐	☐
Name of Person Informed: ________	☐	☐	☐
Date and Time Informed: ________			
Relationship to Patient: ________			
2. CONTINUITY OF CARE			
Initiate comfort measures (if patient requires) such as those stated below			
- Allow gentle suctioning if patient has secretions	☐	☐	☐
- Reposition patient to keep patient comfortable	☐	☐	☐
- Perform bladder scan once and insert indwelling catheter if scan shows >300 mls of urine	☐	☐	☐
- Reduce frequency of physiological monitoring and silence alarms	☐	☐	☐
Activate GEM nurse on duty	☐	☐	☐
Activate Palliative team *if required* **(Contact no. 9785 5513)**	☐	☐	☐
3. DISPOSITION PLANNING			
- Obtain priority bed	☐	☐	☐

January 2020: Nursing Education

4. Moving forward in 2020, a rigorous form of nursing education. While the best way of learning is by doing, the team has set out to plan a palliative education scheme suited for A&E nurses.

- ❑ Subcutanous Cannulation competency
- ❑ Palliative course by Gericare for selected nurses (March 2020)

RESULTS

There are 14 recorded cases where patients were moved into the Quiet Room. These patients spent an average of 5.5 hours in A&E. A&E activated Palliative Team to review 3 cases here.
3 of the 14 patients passed away in the A&E Quiet Room and 7 patients passed on in the ward.

PROJECT IMPACT SUMMARY

- Patient/ Family members satisfaction.
  - Family members receive intangible sense of satisfaction by being able to spend their last moments with the patients and provide spiritual/religious care simultaneously
- Unintended cost savings
  - Patients are being observed longer in A&E (2 hours) and this reduces the need of admission if patient expires in A&E. Family members are allowed to stay at patient's bedside during his/her final remaining hours in A&E.
- Better care outcome
  - nurses are able to provide better care to these patients after the in-service sharing and with the use of checklist as a guide

SUSTAINABILITY

Since introducing the interventions in April to July 2019, there is an increase awareness amongst A&E doctors and nurses in identifying actively dying patients. Henceforth, necessary interventions were carried out to keep patient comfortable.

The team seeks to gradually improve palliative care knowledge in A&E nurses and doctors so that best care can be delivered.

CONCLUSION

The team demonstrated great collaborative teamwork to achieve best desired outcome for patients who are actively dying. By taking small yet appropriate measures, together it binds into a meaningful work process to deliver a standardized care to these patients.