Pilot project on Comfort-Oriented Care pathway for imminently dying patients and their bereaved family (去者善終，留者善別)

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Keywords:
End of Life Care

Introduction
Everyone is entitled to "Good Death / 善終/ 好死". It is an art and challenge in preparing patients and family facing the dying scene. It involves much knowledge and skill in coordinating the response and impacts of family. In order to prepare a peaceful death, "Comfort-Oriented Care" pathway is developed to address patients' advanced irreversible conditions and their needs at their last journey of life.

Objectives
(1) To cultivate a caring environment in ward for the dying patient; (2) To empower nurses to support patients and families passing through the "Dying scene"; (3) To establish the criteria and care pathway serving as a guide to lead discussion about this important phase of life followed by a death with dignity

Methodology
The pathway adopted the "Surprise Question" from Gold Standards Framework" prognostic indicator guidance from UK by asking: "Would the care team surprise if the patient was to die in next few days?". In addition with the general indicators of decline in clinical parameters, the patient was predicted as entering the end of life. The target patients were those under infirmary care, who had an irreversible deterioration due to advanced progressive disease with DNACPR order in place. Open and sincere communication on the care plan among patient, families and care team was done. A designated room, flexible visiting hour and companionship with longer stay period would be arranged. In alternative, a portable flexible screen would be preserved as the substitute to screen off the patient and family in order to provide adequate privacy at bedside. The pathway served as guidance in providing better proactive care and supports to dying patients and their significant others.

Result
In 2014, 25 patients (19 male and 6 female) aged 70 to 101 (Mean 82.52 ± 9.31) were recruited. 11 of them (44%) had malignant disease; the others suffered from multiple chronic illnesses such as major organ failure, sepsis and serious pressure ulcers. The duration of stay in the designated room was various from 1.25 to 11 days, in average 49.7 hours (Median 16.5 hrs.). The families expressed appreciation and satisfaction to the service of care.