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Retrospective cross-sectional study: Implementation of End-of-life palliative care for patients in non-palliative care settings in M&G, CMC

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Introduction

Quality end-of-life palliative care is one of the critical factors for “good death”. Promotion of such care to dying patients in non-palliative wards is the global trend for more than a decade. The nursing team of M&G department took the initiative to promote end-of-life palliative care to non-palliative care wards through staff empowerment and developed the “Special End-of-Life Nursing Care Plan” from 2013.

Objectives

This study is to review and evaluate the interventions and outcomes of all deaths at the 7 acute and 2 rehabilitation wards from January to June 2016.

Methodology

A retrospective cross-sectional study was performed for statistical analysis; after approved by the Kowloon West Cluster Research Ethics Committee.

Result

550 deaths (217 cancers and 333 non-cancers) were reviewed in this period. Principal diagnoses of non-cancer deaths were organ failures (n=166, 30.1%), intracranial hemorrhage (n=64, 11.6%), myocardial infraction (n=60, 10.9%), chronic obstructive pulmonary disease (n=30, 5.5%) and dementia (n=13, 2.4%). More cancer patients had Advance Directive (15.2% vs 1.8%, p<0.001), Do Not Attempt Cardiopulmonary Resuscitation (95.9% vs. 75.4%, p<0.001), 87% of cancer patients had joint care with palliative care specialist and nurses whilst around 5% in non-cancer patients. (p<0.001). Inter-disciplinary management was revealed by 569 Allied Health referrals were recorded. Appropriate interventions were given for distressing symptoms. Enhanced psychological and spiritual care as shown with 73% of patients' relatives were facilitated with flexible visits and companion at bedside

during deterioration and death; 80.5% of the deceased were put on own shroud; 49.8% of the relatives participated in last office and 30% had ritual/religious practices at time of death.

Conclusion:

This study reveals interdisciplinary joint care with respective specialty teams including palliative care is one of the critical contributing interventions for quality End-of-Life care. More symptom management of the patients and the bereaved family members were also observed. Facilitation of flexible visit / companion at bedside, allowing ritual and religious practices, putting on own shroud and relatives participated in last office were feasible in the busy non-palliative wards were important psychological and spiritual care for the bereaved ones. Nursing initiatives in promoting quality end-of-life palliative care in non-palliative wards are possible through staff empowering and engagements with guidance by the "Special End-of-Life Nursing Care Plan".