



**Service Priorities and Programmes**  
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**Assessments of the quality of end-of life nursing interventions for bereaved family members**

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**Introduction**

Provision of quality end-of-life (EOL) care is challenging in acute clinical settings. 2018 patients died in Caritas Medical Centre (CMC) in 2012, of which 73% were in acute settings, versus 27% in Palliative Care Unit. A special EOL nursing care plan was developed in 2013 to guide nurses in acute setting to provide quality EOL care. A phone interview to bereaved relatives was conducted to evaluate the effectiveness of the EOL nursing interventions.

**Objectives**

To evaluate the effectiveness of the special EOL nursing interventions

**Methodology**

Phone interviews were conducted to randomly select bereaved relatives whom with deceased patients had received the EOL care from June to September 2014 in acute M&G wards in CMC.

**Result**

Total 201 patients died in acute ward during the study periods and 50 cases were randomly selected. Fifteen patients without relatives, 20 relatives were unable to contact and 3 relatives refused for the phone interview. Twelve bereaved relatives (7 males & 5 females) were phone-interviewed in October 2014. Verbal consents were obtained. Causes of death included Pneumonia 42% (n=5), Cancer 25% (n=3), Cerebrovascular Accident 17% (n=2) and End stage renal failure 17% (n=2). All died in acute medical wards with 25% (n=3) put on invasive ventilator supports. Specific EOL nursing interventions were implemented to all cases from dying to bereavement. All of the respondents reported satisfaction on the EOL care. Good response on the timely nursing care to provide comfort and relief. All appreciated on allow private shroud for the deceased, facilitate involvement of families on performance of last office including washing face and hands of the deceased, and satisfied with the funeral information and psychological supports by nursing staff at the death scene. Ten bereaved families (83%) satisfied with the provision of private room for the

families before and after patient's death. Eight patients (67%) satisfied with the provision of flexible visits and companion at bedside from imminent dying till death.

#### Conclusions

This study revealed the feasibility of quality EOL care in acute clinical settings. Facilitate participation in last office and private shroud, provision of private room for families, flexible arrangement of visits and companion of patients, psychological and practical supports of families at death scene are important element in providing quality EOL care.