



## Service Priorities and Programmes Electronic Presentations

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### **Project evaluation of pilot End of life(EOL) Care Checklist application in acute ward**

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#### **Keywords:**

End of life care

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#### **Introduction**

From year 2011 to 2013, the number of deceased in-patient in UCH was around 2400 each year, 67.5% to 70% passed away in M&G acute wards. While in Medical & Geriatric ward 9B, the number of deceased in-patient ranged from 168 to 191 from year 2011 to 2013, which accounted for 7% to 7.9% of yearly deceased in-patient in UCH. In 2013, the number of death in ward 9B was the 3rd highest among M&G acute wards. Principles in Palliative Medicine include providing active and holistic care, not limited to just cancer conditions. Pain control to patient and early communication with patient and family members can be performed in acute wards which can significantly improve patient's quality of life. In contrast, patient may experience uncontrolled symptoms or inappropriate treatment plans if dying is failed to be diagnosed. In view of different caring philosophy of acute care and end-of-life (EOL) care, an EOL Care checklist was developed by hospice care specialty for pilot use in acute M&G ward.

#### **Objectives**

1. Facilitate holistic EOL nursing care to patients and relatives in acute ward setting.
2. Provide adequate and updated information on EOL care to nursing staffs.
3. To raise the awareness about EOL care among nursing staffs.

#### **Methodology**

1. An EOL checklist was developed by hospice care specialty for pilot use in acute M&G ward. 2. The checklist provides directions about comfort care on dying patients to case MO and nurse. 3. Education sessions were carried out to ward nursing staffs by hospice care specialty before the application of checklist. 4. An EOL care file was set up for updated information sharing and training purpose. 5. Data of patients with EOL checklist used were collected for statistical analysis. 6. A questionnaire was constructed to collect feedback from ward nursing staff after the application of the checklist.

#### **Result**

From March 2011 to December 2013, EOL care checklist was applied on 121 patients. Among these cases, 80% of patients passed away. The number of patients

with EOL checklist used increased from 31 to 52 in year 2011 to 2013, accounted for 18% to 27% of yearly death in ward 9B. Referrals made among these cases included hospice care, medical social worker, chaplain and voluntary workers. After the application of the checklist, number of appreciation from relatives of deceased patient increased from 2011 to 2013. Relatives showed satisfaction the EOL care under the project. Questionnaire feedback includes 81% of staff agreed the checklist increased their knowledge about EOL care. 66% of staff agreed the checklist increased their awareness in EOL care. 71% of staff agreed the checklist facilitated them to provide more appropriate EOL nursing care. Look forward, 62% of staff expressed the wish to have clearer planning of treatment from MO. 37% of staff suggested that more training about EOL care could be performed. Conclusions: When death inevitably occurs in patients with incurable diseases. EOL care knowledge, update to nursing staffs in acute ward setting and education about EOL care to new nursing staffs is important to provide appropriate EOL care. The EOL care checklist could be a key element on promoting EOL care in acute ward setting. Further discussion and modification on the content of the checklist is worthy.