Feasibility and Acceptability of Using ConsideRATE in Acute Hospital Settings for Dying Patients

Melissa Bruno

Nurse Consultant - Northern Adelaide Palliative Service
Casual Academic - Flinders University, Palliative and End-Of Life Care

Research Team

Primary Investigators

Melissa Bruno & Kerri Grant

- Northern Adelaide Local Health Network (NALHN), Aged Care, Rehabilitation and Palliative Care

Co-investigators

Dr. Claudia Virdun

- Flinders University, College of Nursing and Health Sciences

A/Prof Aileen Collier

- Flinders University, Research Centre for Palliative Care Death and Dying

Palliative Care Link Nurse Program

- QI Project
- Next Step..... What is our consumers' perspective?

BACKGROUND

- Capturing experiences of imminently dying patients is essential
- Guides quality improvement initiatives
- Little is known how to best achieve this
- PREM’s offers one approach
- Build on work already done

AIM

To assess the feasibility and acceptability of using a validated PREM (ConsideRATE) with dying patients on general wards in acute hospital settings for quality improvement.

Government of South Australia | Health Northern Adelaide Local Health Network

considerRATE

Date: Ward: Participant Study ID:

How would you rate your care?

Who is this for? Peoplewhoare ill ortheircaregivers

What is this about? The care you had from our hospital in the last few weeks

Start here

Checkoneboxfor each question

1 How would you rate our attention to your physical problems?
things like pain, dry mouth or trouble breathing

Very Bad ☐ Bad ☐ Good ☐ Very Good ☐ Doesn't Apply ☐

Please feel free to add comments here:

2 How would you rate our attention to your feelings?
things like feeling sad, worried or like a burden

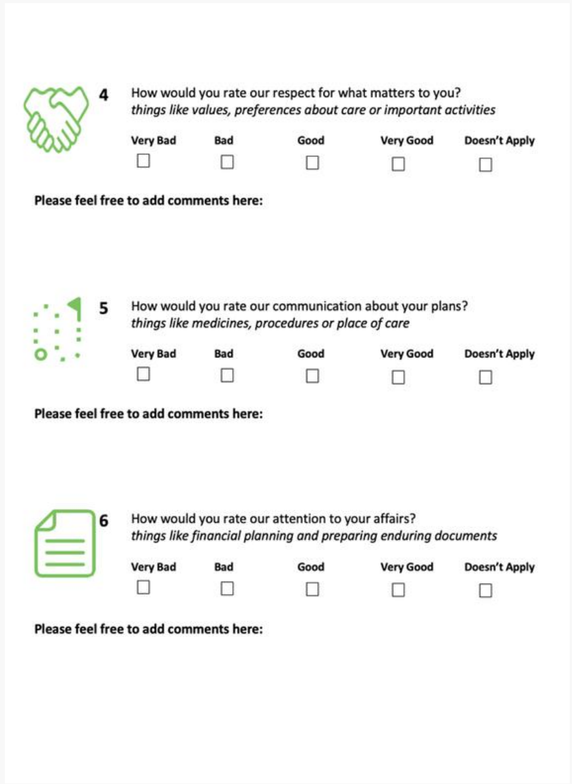
Very Bad ☐ Bad ☐ Good ☐ Very Good ☐ Doesn't Apply ☐

Please feel free to add comments here:

3 How would you rate our attention to your surroundings?
things like noise, light or warmth

Very Bad ☐ Bad ☐ Good ☐ Very Good ☐ Doesn't Apply ☐

[ConsideRATE V1 14 Nov2023]



4 How would you rate our respect for what matters to you?
things like values, preferences about care or important activities

Very Bad ☐ Bad ☐ Good ☐ Very Good ☐ Doesn't Apply ☐

Please feel free to add comments here:

5 How would you rate our communication about your plans?
things like medicines, procedures or place of care

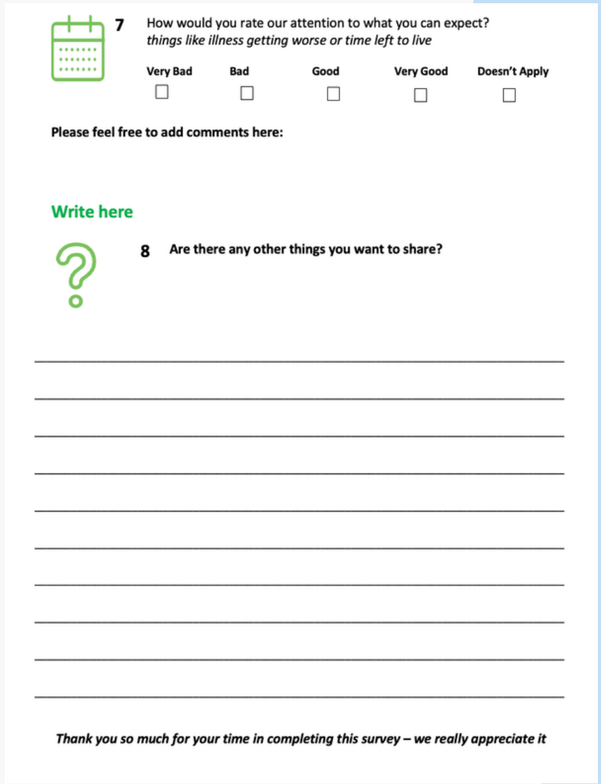
Very Bad ☐ Bad ☐ Good ☐ Very Good ☐ Doesn't Apply ☐

Please feel free to add comments here:

6 How would you rate our attention to your affairs?
things like financial planning and preparing enduring documents

Very Bad ☐ Bad ☐ Good ☐ Very Good ☐ Doesn't Apply ☐

Please feel free to add comments here:



7 How would you rate our attention to what you can expect?
things like illness getting worse or time left to live

Very Bad ☐ Bad ☐ Good ☐ Very Good ☐ Doesn't Apply ☐

Please feel free to add comments here:

Write here

8 **Are there any other things you want to share?**

Thank you so much for your time in completing this survey – we really appreciate it

METHODS

Design

Prospective acceptability and feasibility study

01.

Setting

7 wards, 2 sites at NALHN

02.

Participants

Patients in final weeks of life or families by proxy

03.

Data & Analysis

Response rate and content analysis of data

04.

RESULTS

35 participants met inclusion criteria

34 agreed to participate, 1 declined

33 PREM's collected

97% response rate

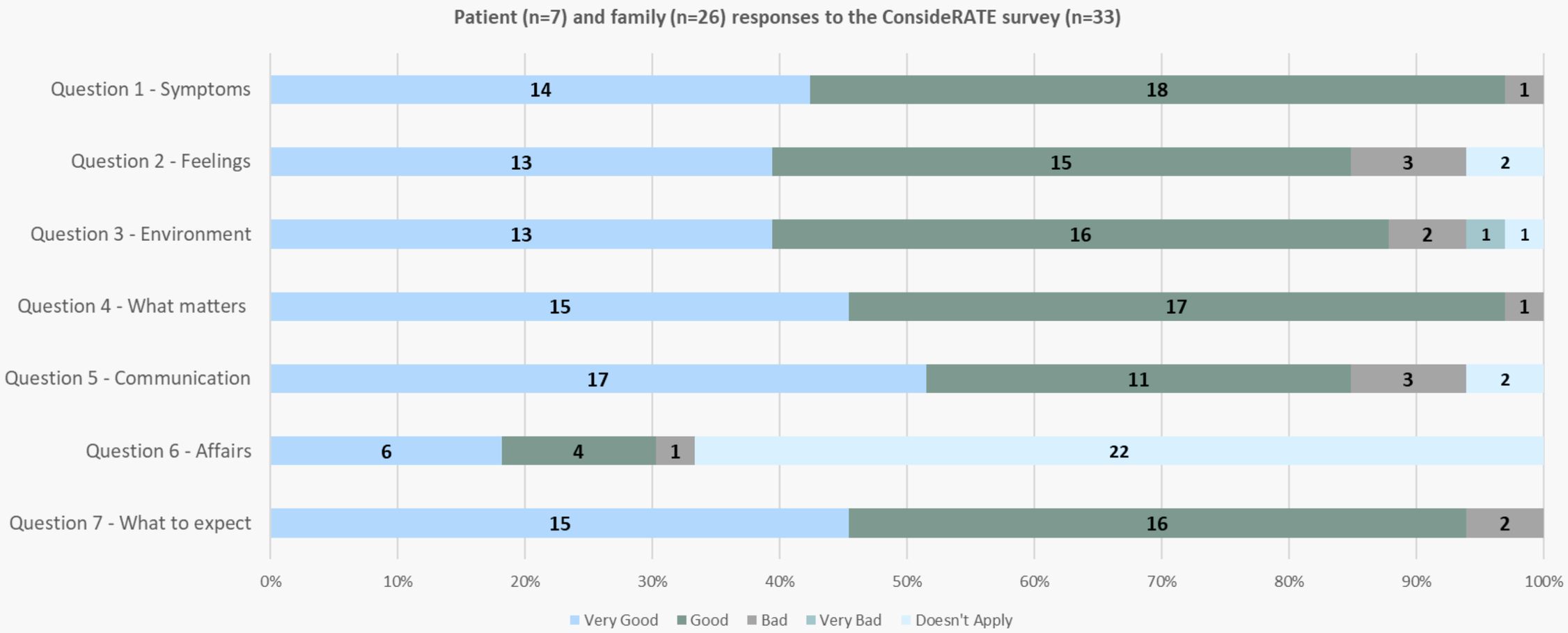
7 (21%) completed by patient

26 (79%) completed by family by proxy

58% required assistance

42% completed on own

RESULTS - QUANTITATIVE DATA



RESULTS - QUALITATIVE DATA

- Expert physical care
- Compassionate, kind & respectful care
- Tailoring the environment
- Optimising communication
- Ensuring the clinical team are skilled in end-of-life care

PARTICIPANT QUOTES

“I would just say the little things matter. Be kind, compassionate and treat me like a person - that’s important to me and don’t avoid talking to someone about the fact that they are dying” (patient)

“I guess I would like to know what will happen as I start to die as I have never done this before (person laughed). But being serious I would like to know if I will get pain or not be able to move – stuff like that” (patient)

PARTICIPANT QUOTES

“This area could be improved, information about patient’s update and need to commence palliation was drawn out longer than needed. There was never a question about absolute care for the patient, just regarding the point when a 92 year old body can no longer be healed” (family)

“ Last night nurse just came in and out of the blue and brought an electric candle and diffuser and it makes it less hospital like. Little things like that makes a big difference to the patient” (family)

RESULTS

- Most participants added free text comments (61-88%)
- Comments made aligned directly to the focus of the question (almost 100%)
- Varied proportion (20-74%) informing improvement foci
- Majority elected to add a final comment (88%) & these informed improvements areas (66%)

DISCUSSION

- Participants wanted to tell their story
- Appreciated opportunity to be involved
- The “small things’ are important

CONCLUSIONS

- Dying patients & their families wanted to have their voices heard

- ConsideRATE PREM is feasible & acceptable

- Provide valuable insights to improve care

- How to best collect & feedback the PREM data to enable QI improvements

Acknowledgements

Kerri Grant, Aileen Collier & Claudia Virdun

Wards involved in LMH & MPH

Senior leadership at NALHN

Thank you to the very generous participants