Sydney Local Health District

The Final Chapter:

Supporting Patients, Families and Nurses in Acute Facilities.

Megan Day, Sydney LHD Palliative Care Transitional Nurse Practitioner
Grace Edwards, Sydney LHD EOLC Coordinator

SLHD EOL Image used with permission of Sarah Clarke

Acknowledgement of Country

Artwork:

Ngurang Dali Mana Burudi — a place to get better

The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.

Background

Following a district-wide End of Life Care (EOLC) audit in 2023 we identified the following:

- Inconsistent symptom assessment and management
- Low confidence managing common symptoms in the Last Days of Life (LDOL)
- Low confidence supporting families and carers
- Lack of understanding of escalation strategies when symptoms were poorly managed

Methodology

- Devised what common LDOL symptoms we wanted to include (based on the COSA chart)
- Lead working parties for each symptom group including a mixture of medical, nursing and allied health
- Limited content to the following:
    1. Possible Causes
    2. Assessment
    3. Non-pharmacological Management
    4. Pharmacological Management
    5. Escalation Triggers
- District-wide trial.

Key Challenges

1. Navigating diverse clinical perspectives
2. Achieving consensus
3. Ensuring Cultural Safety
4. Logistical challenges associated with district-wide roll out of the trial
5. Engagement of clinicians across disciplines

Flipchart Trial

1. Clear symptom guidance provided to clinicians
2. A culturally responsive tool
3. Improved clinical confidence

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Sydney Local Health Distri

Last Day

The list of possible

As per escalation t
please contact Pal

Respiratory Secretions

This is a normal part of the dying process and is unlikely to be distressing for patients, but can be upsetting for families and carers to hear.

Possible causes

- Dysphagia
- Inability to clear saliva/phlegm
- Increased lung secretions from bronchiectasis, heart failure or other conditions
- Brain tumours

Assessment

- Examine oral cavity for excess saliva, oral thrush (see mouth care)
- Look for signs of discomfort

Non-pharmacological management

- Education and reassurance to families/carers that the secretions are not a sign of distress
- Reposition head of bed to 30 degrees
- Mouth care
- Music/white noise
- Fan

Pharmacological management

Please review possible causes and attempt to resolve with non-pharmacological management prior to administering medication.

- Consider Glycopyrronium 400mcg q2h PRN – effectiveness varies and may contribute to urinary retention.

Escalation triggers

Signs of patient or family distress – consider referral to Palliative Care team.

****Suction is very rarely required - consider gentle oral suction using yankauer suction. Do not use suction beyond the oral cavity as this can stimulate the gag reflex and cause distress. If frequent pooled secretions are observed, consider contacting Palliative Care for further advice.**

Respiratory Secretions

Ethics Approval and Conflicts of Interest Declaration

This study has been approved by the Human Research Ethics Committee (CRGH Zone) of the Sydney Local Health District.

Nil conflicts of interest to declare

Project team

Grace Edwards
Megan Day
Professor Kate White
Douglas Billing
Margaret-Ann Tait
Zac Reilly

Aims

1. To improve clinicians' ability to assess and manage symptoms effectively during the LDOL, and to enhance the quality of care provided to patients and their families.
2. To evaluate the effectiveness, feasibility and useability of the Sydney Local Health District (SLHD) Last Days of Life (LDOL) Flipchart.

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Methodology

- A multi-site quantitative study.
- Post- education surveys to assess usability, feasibility, and effectiveness, feasibility, and effectiveness of the LDOL flip chart in the SLHD.
- This study is a post-implementation evaluation.

Post Education Survey

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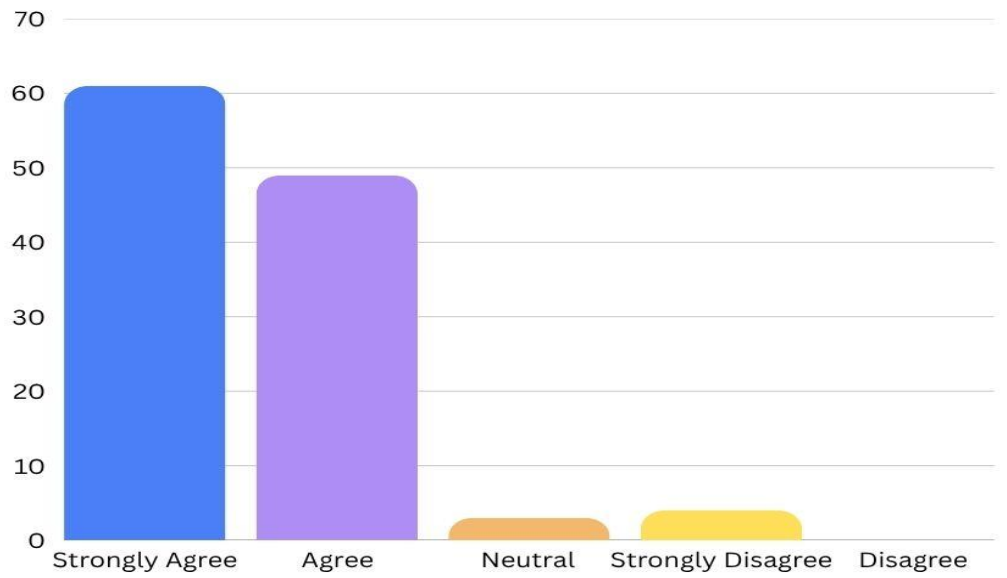
Preliminary Results

The resource supports timely symptom assessment and management in unstable patients



n = 123 responses
P-value <0.0001

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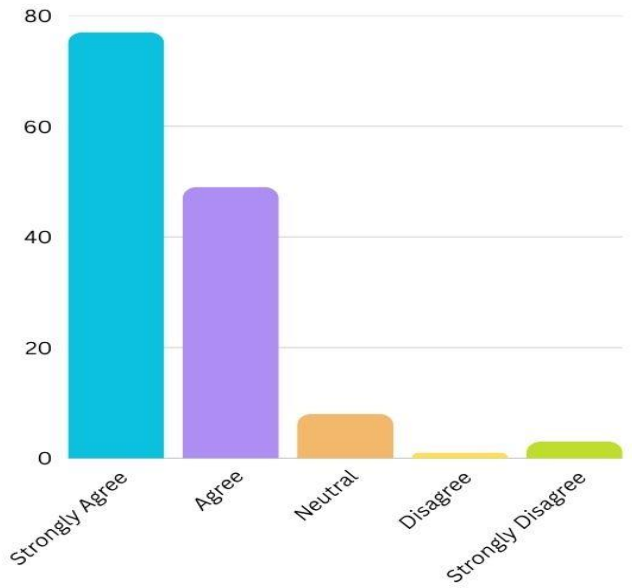
Preliminary Results

Results- The resource supports interdisciplinary communication (e.g., doctors, nurses, allied health).



p- value <0.001

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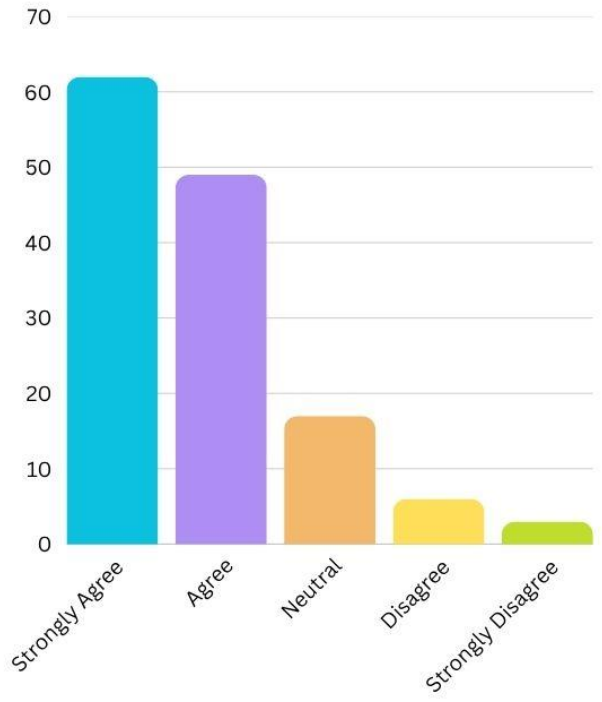
Preliminary Results

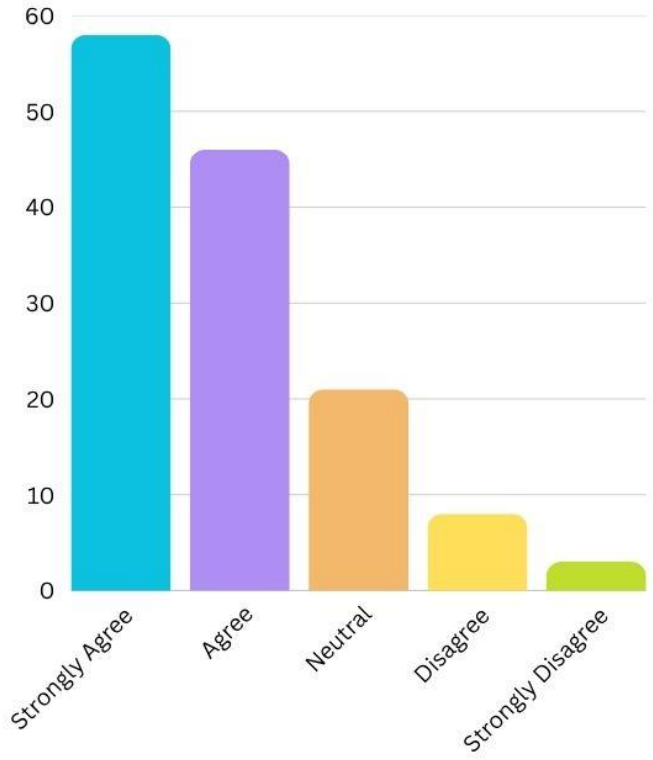
The flipchart can be easily used during busy shifts.



- 137 responses
- P value < .001
- Mean score 4.20

Preliminary Results

It does not increase workload or delay clinical care



n= 136 responses
Mean 4.21

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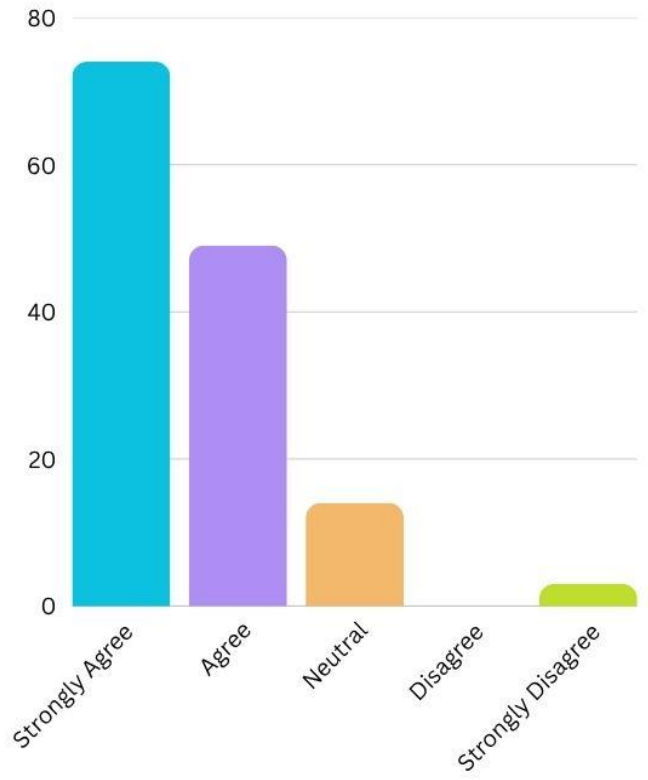
Preliminary Results

Results- The resource is feasible for use across multidisciplinary teams in a variety of specialties



n= 140 responses
Mean= 4.37

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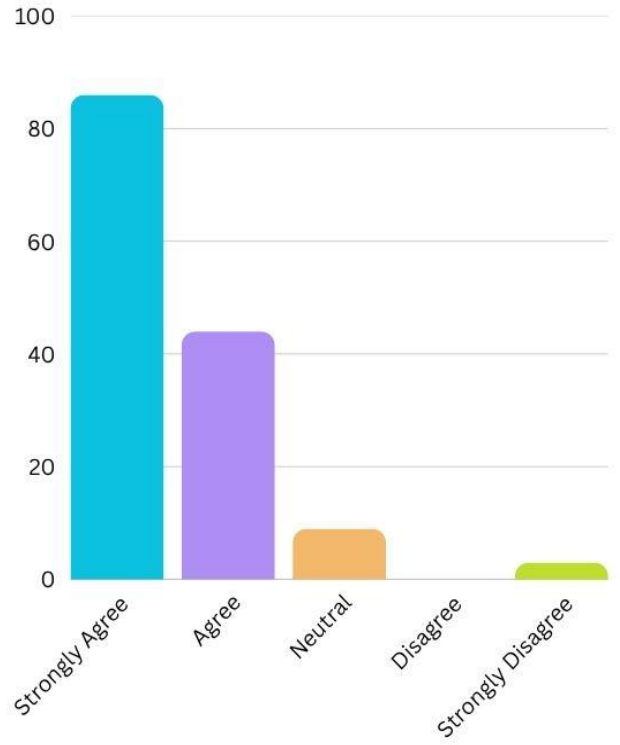
Preliminary Results

The language is clear and appropriate for the staff of different disciplines



n=142
Mean = 4.46
p value < .001

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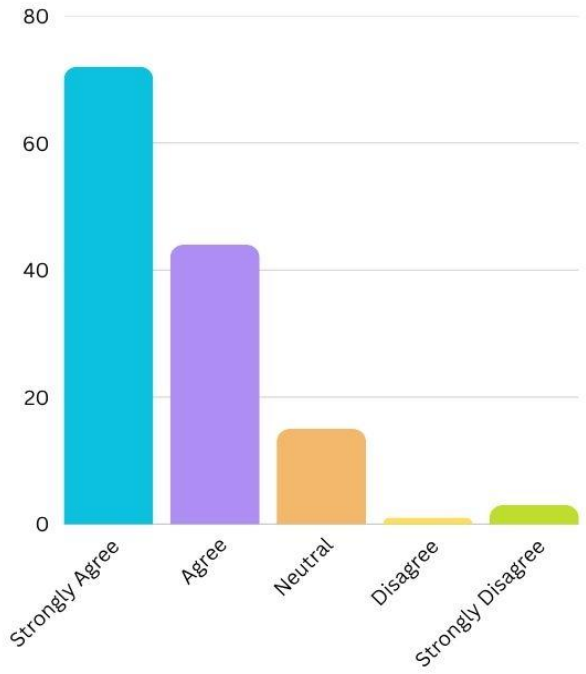
Preliminary Results

I feel confident using the resource in complex cases



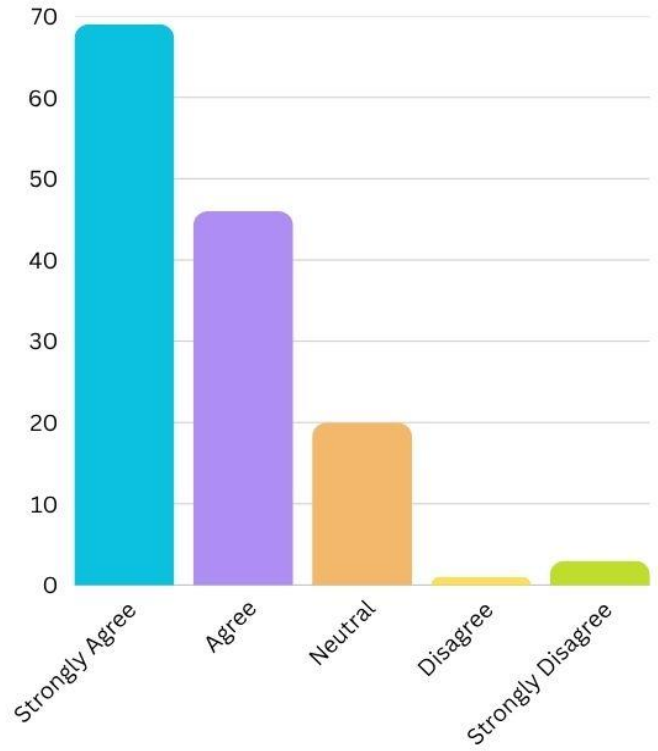
n= 135

P value < .001

Mean score 4.34

Preliminary Results

I feel confident using the resource in stressful situations



n = 137
Mean score = 4.27
P < .001

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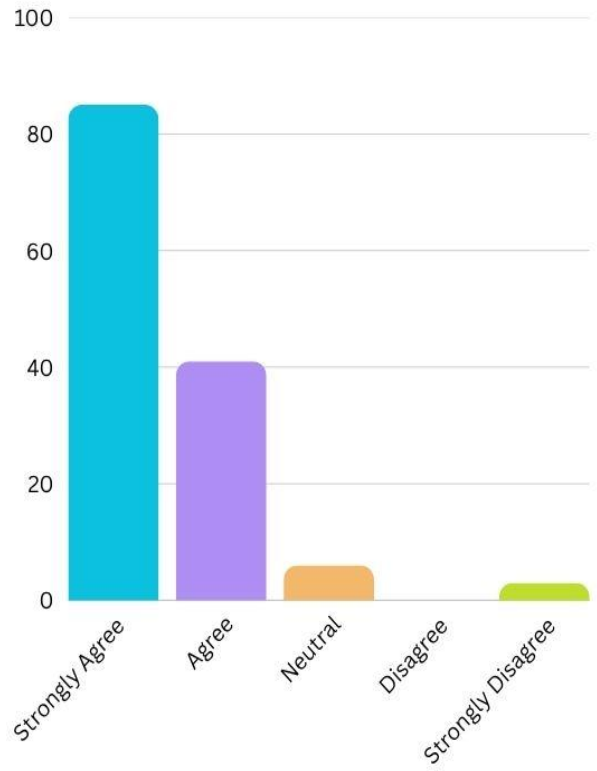
Preliminary Results

Results - The resource improves the quality of care in the LDOL



Responses – n=135
Mean – 4.52
P value = < .001

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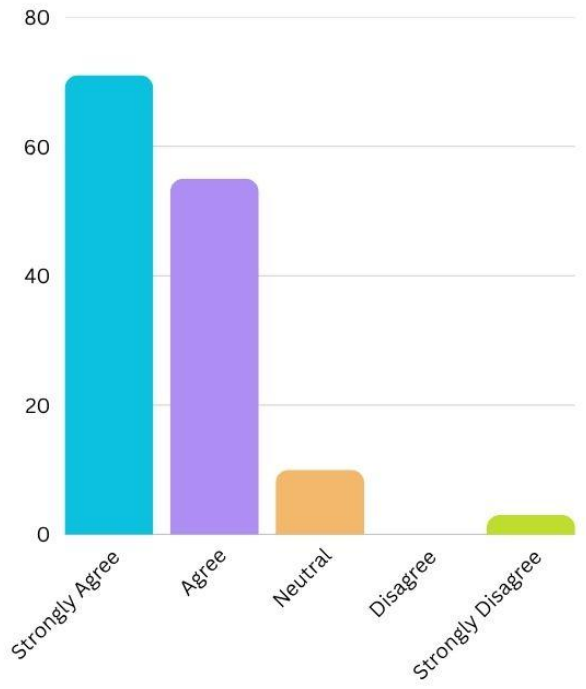
Preliminary Results

Overall, the resource enhances patient-centred care during acute hospital episodes



Sample size (n) = 139
Mean score 4.43
P value < .001

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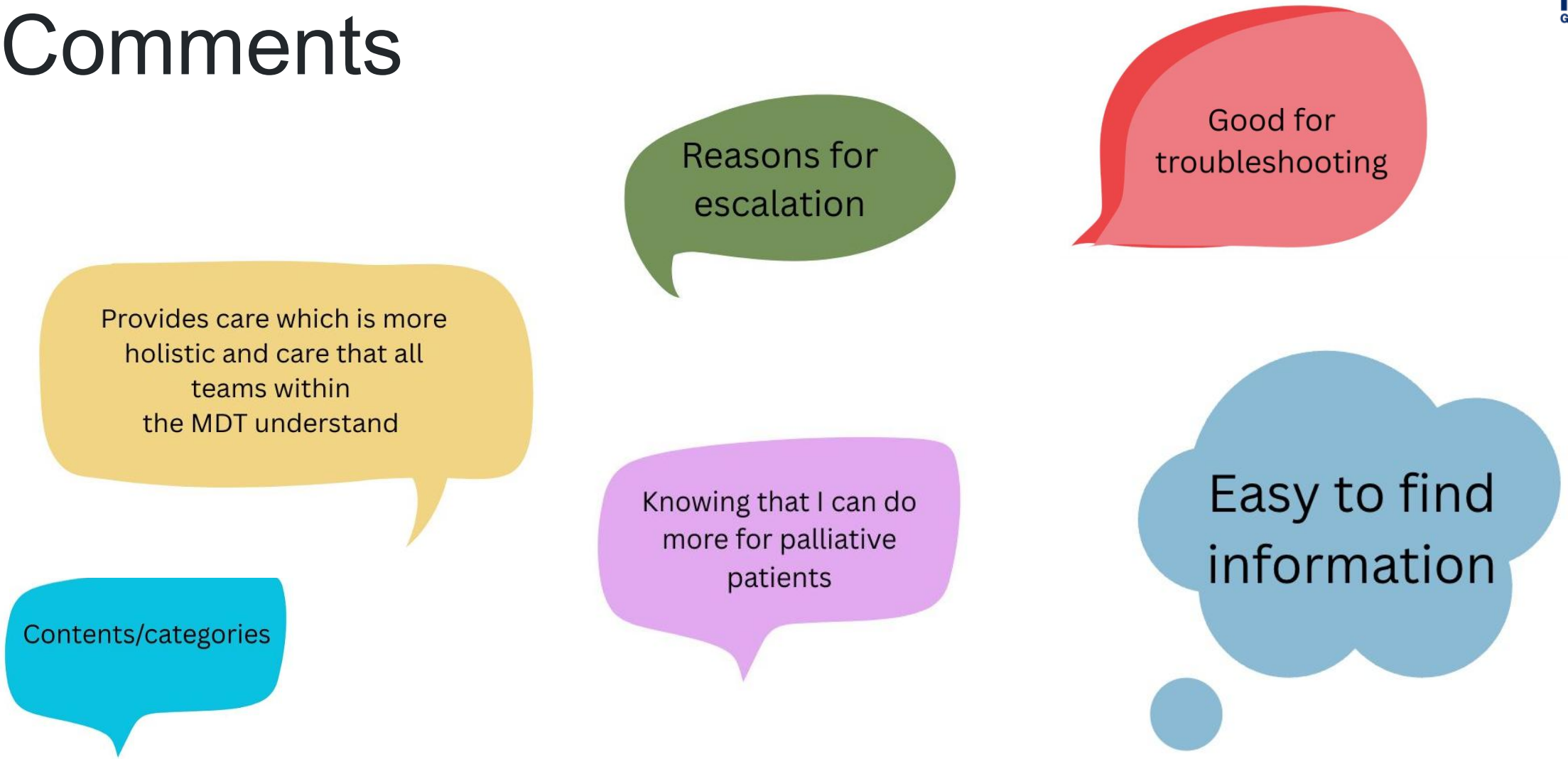
Comments



Discussion

1. **Highlights the need for practical tools**
2. **Enhancing Clinician Confidence**
3. **Improving Patient Experience**

Conclusion

- Results are ongoing
- Recruitment continues until August
- We aim to complete the evaluation by the end of 2026

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Acknowledgements

SLHD Palliative Care Departments

- Nursing
- Medical
- Allied Health

SLHD Cancer Services and Palliative Care

SLHD Communications Department

SLHD Bereavement Counselling Service

Subject Matter Experts:

- Urogynae-continence
- Stomal Therapy
- Respiratory
- Chaplaincy
- Wound Care
- Pressure Injuries
- Psychology
- Psychiatry
- Aboriginal Health Workers

Contact

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