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Helping dying patients made easier

A new observation chart is helping doctors and nurses at Calvary Mater Newcastle hospital provide dying patients better care, helping them die well, research suggests.

Palliative Care Australia CEO Liz Callaghan said clinicians working outside palliative care wards in hospitals often struggle to manage palliative patients because hospitals are set up to save lives.

“World Hospice and Palliative Care Day calls for recognition of hidden patients, and sometimes those in need of palliative care are hidden in the hospital system. This project helps those who are caring for them provide better standards of care.

“With no disrespect to those clinicians who work very hard to provide great care, when faced with a patient who is dying, not every clinician will be equipped to provide the best standard of care. The track and trigger observation chart developed at Calvary Mater Newcastle offers a solution,” she said.

Professor Katy Clark, Calvary Mater Newcastle’s Director Palliative Care, undertook a quality improvement trial to measure the impact of providing a ‘check list’ of tips for clinical staff to go through when caring for a dying patient.

“Despite the fact most of us go to hospital to die, it’s not always perceived as core business of a hospital. Often staff feel ill equipped to manage that care.

“We took best practice and evidence based tools in palliative care and incorporated them into routine observations. This is important to assess people’s needs with such routine observations proven to help families feel both their loved ones were well taken care of, while necessary attention is also paid to themselves at what is a very sad and stressful time.”

The hospital developed a new kind of observation chart. Instead of recording taking blood or blood pressure the new chart is substituted with the aim of recording pain and other symptoms, plus family distress. This is with the aim of helping the clinician caring for the person to best respond to their needs.

“We also provided education and support to ensure that clinicians understand prescribing – what level of pain killer might be the best treatment at different stages. It empowers them to know what to do,” she said.

Clinicians at the hospital have welcomed the initiative wholeheartedly, reporting it is one of the best tools they have employed for care of dying patients.

“This is not a pathway. It’s not saying ‘do this or do that’. Instead this is aiming to provide staff with information that may improve the delivery of care based on needs with the aim being to prove comfort and alleviate distress. This is so important given the emphasis that patients and families have placed on the optimal palliation of distressing symptoms and the need to be closely monitored until death and immediately following death.” She said.

Media contact: PCA Frith Rayner 0400 45 99 88