TALES OF A PORCUPINE –

A MENTOR-DRIVEN MODEL OF CHANGE

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Government of South Australia

SA Health

Going Well.....
Enhancing End-of-Life Care at the Lyell

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The Prickly Facts

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What is ‘End-of-Life’?

That part of life where a person is living with, and impaired by, an eventually fatal condition, even if the prognosis is ambiguous or unknown.

Palliative Care Australia, 2008

Local environmental facts….

- Gen Med is crucial in managing EOL care at the Lyell, on every level
- Interfaces between ED, Med teams and ICU are critical in determining the patient pathway through the hospital, particularly escalation plans
- MET numbers were rising and expected to continue to rise
- Most MET calls were to medical patients but surgical numbers rising
- 20% of MET calls were to dying patients. Up to 75% of these deteriorations were predictable .
- Special needs areas: peri-op. ‘that’s not our job’
- The good news: we often have time to plan, we knew where to focus our energies for greatest effect.….

4 step approach to consistency and quality of CPR Decisions:

1. Which patients should we focus on having conversations about treatment escalation plans with?

:DEVELOPMENT OF TRIGGERS

2. What does a quality conversation look like?

:STRUCTURED CPR DECISION-MAKING CONVERSATIONS (HAYES)

3. How do we best document our clinical plan?

:7 STEP PATHWAY

4. If our patient does deteriorate, how do we best care for him/her?

: PRESCRIBING GUIDE;LINES AND HOLISTIC CARE PLANS FOR LAST DAYS OF LIFE

Landscaping the peri-operative environment

- ‘Street cred’
  - Senior clinician
  - Understanding the environment from all perspectives, willing to learn and help
  - SA Health ‘rep’ at a bad time
- Who’s who and what’s what?
- **Patient advocacy and willingness to take responsibility was very clinician-specific**.
- **Systems and time very tight**
  - **Junior docs doing the ‘talking’ and ward care**
- **Resus orders automatically void peri-operatively**

Landscaping the peri-operative environment

- Team work – all clinicians have an advocacy role – surgeons, nurses, anaesthetists, junior docs
- Consistent approach across all surgical units in NAHLN
- Embed resus planning into peri-op processes – triggers, conversations, documentation; who has the time and skills?
- Specifically discuss the plan for the peri-op period with the patient/decision-makers. Is the outcome about your stats or the patient's future?
- Review your stats collection- does a death mean bad practice?
- Leadership, motivation for change

Learning to live with prickles!

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The truth be told, we shall all die…..

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