TALES OF A PORCUPINE – A MENTOR-DRIVEN MODEL OF CHANGE

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Going Well......
Enhancing End-of-Life Care at the Lyell
The Prickly Facts
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 GUIDELINES 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!
The truth be told, we shall all die.....