MARC — Melbourne Ageing Research Collaboration

Recognising Patients at Risk of Dying (READY)

❯❯ BACKGROUND

Previous MARC studies identified gaps in the documentation of older people's care preferences towards the end of life, using interviews and audits of existing healthcare records. Considerable difficulties in the recognition of dying were highlighted. When staff is not aware or acknowledging that a patient is dying, provision of palliative care and end-of-life conversations may be delayed. Hence, ways to improve early recognition of end-of-life care stages and care needs are required. This project aimed to support hospital aged care assessment teams in the recognition of dying through a live, interactive, online training and the implementation of an existing, validated prognostic tool, the Palliative Prognostic Index (PPI).

DESIGN

- Prospective, mixed-methods design
- Phase 1. Baseline interviews with assessment teams to examine current practice
- Phase 2. Interactive online training introducing staff to the PPI, incl. pre-post-training surveys
- Phase 3. Follow-up interviews 3 months post-training

RESULTS

- 20 baseline interviews with assessment teams from two Melbourne hospitals showed gaps in confidence and training regarding recognition of dying.
- Staff relied on clinical indicators, their intuition, and assessments from others to identify patients at risk of dying.
- Very few had used prognostic tools.
- We delivered 3 training sessions to 51 staff.
- The training significantly improved staff's knowledge and confidence in recognising signs of dying. Especially allied health staff benefited.
- 11 follow-up interviews 3 months after the training identified implementation benefits and challenges, such as dealing with uncertainty.

RECOMMENDATIONS

- Prognostic tools are effective in helping assessment teams to feel more confident in identifying patients at risk of dying and starting end of life discussions with treating clinicians.
- Live, interactive trainings with case studies and open discussions support learning and knowledge retention.
- Local champions are essential to encourage and remind staff to use newly introduced tools.
- Avoidance of end-of-life conversations, challenges dealing with uncertainty and insufficient documentation of prognoses remain gaps that need to be addressed.
- Refresher trainings and ongoing support for local champions are needed.
- Training should be trialled with other specialties and in other settings e.g. residential aged care.

Collaborators:
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