

Cree Ward

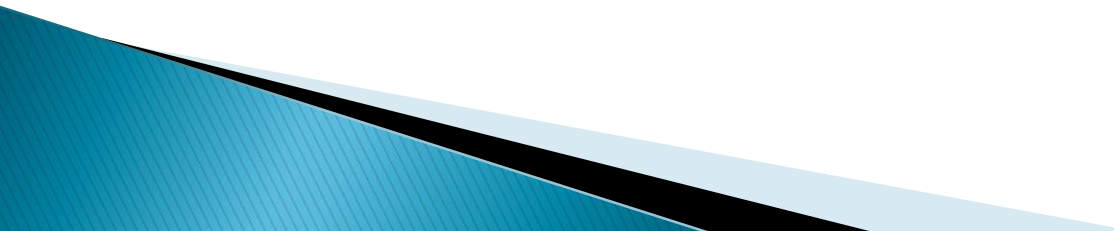
End of Life Care within an Acute Organic
Assessment Unit

Background

- ▶ Moved to Midpark Hospital in 2012
- ▶ 16 beds mixed sex ward
- ▶ Acute Assessment Ward for individuals with an Organic illness



Influencing Factors

- ▶ Increased number of individuals displaying severe and unmanageable distress
 - ▶ Opinion sought from colleagues within Palliative Care
 - ▶ Decision made to turn to end of life care
 - ▶ Consultation with person's family and medical staff on ward
 - ▶ Little or no consultation with nursing staff
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What we did

- ▶ Discussion between senior nursing team, In Patient Manager and Consultant
- ▶ Decided that some sort of framework was required
- ▶ Met over several months
- ▶ Widened the group

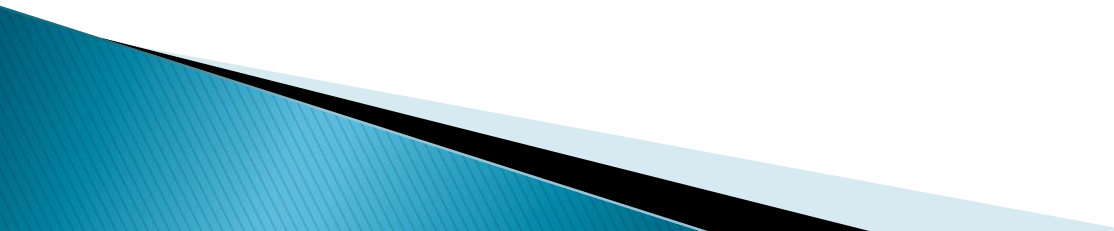


What we devised

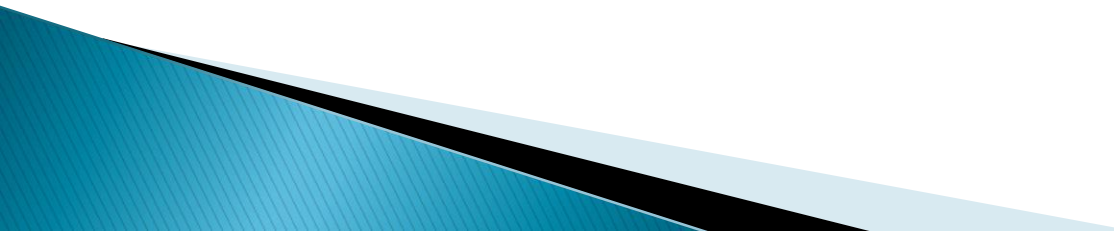
- ▶ Workable document
- ▶ Aimed at decision making
- ▶ Utilised principally within Cree but transferable



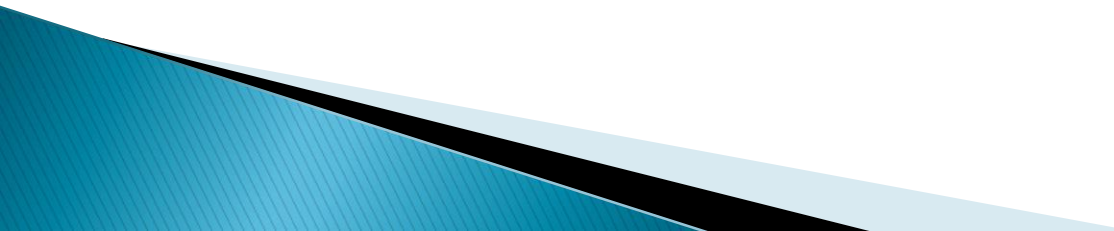
Where we are now

- ▶ Nursing staff understand and actively contribute to decision making and outcomes
 - ▶ Greater recognition that patients may be coming towards end of life
 - ▶ Change in attitude
 - ▶ Spread to Intermediate Care Ward
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July 2012 – October 2017

- ▶ 27 Deaths
 - ▶ 1 Sudden
 - ▶ Plus
 - ▶ 2 transferred to specialist Palliative Care
 - ▶ 1 transferred to Community Hospital
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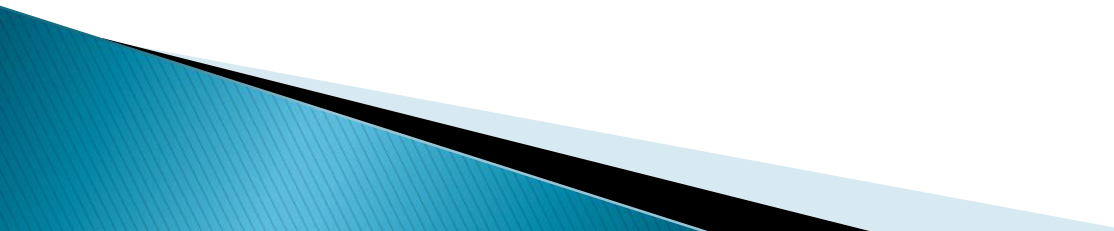
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- ▶ The whole ethos of Dementia care has changed and now along with promoting well-being, we should be promoting Palliative and End of Life Care to ensure that individuals are granted the right to a dignified death. The framework allows correct decision making WITH and FOR each INDIVIDUAL
 - ▶ In keeping with some of the key challenges with Scotland's National Dementia Strategy
 - ▶ In line with NICE Guidelines and Strategic Framework for action on Palliative and End of Life Care
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Considerations

- ▶ Do you believe that this person is in the last days or hours of life?
 - ▶ Is this person displaying severe distress?
 - ▶ Which pharma/non pharmacological options have been tried including treating possible reversible causes of distress?
 - ▶ Has a case review been sought from fellow Mental Health Consultant?
 - ▶ Has there been consultation with the specialist palliative care Medical Team with options for treatment formulated?
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Continued

- ▶ Is this process in keeping with the person's current or previously expressed opinions/wishes? Is there an Advanced Directive/Living Will?
 - ▶ Has appropriate discussion taken place with all relevant parties?
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References

- ▶ Scottish Government 2017
Scotland's National Dementia Strategy
www.gov.scot/Publications/2017/06/7735
- ▶ Scottish Government 2015
Strategic Framework for Action on Palliative
and End of Life Care
www.gov.scot/Publications/2015/12/4053
- ▶ NICE Guidelines (NG31) 2015
www.nice.org.uk/guidance/ng31

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