NANGA MAI – END OF LIFE CARE IN CAMPBELLTOWN EMERGENCY DEPARTMENT

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KEYWORDS

Dedicated EOLC room, Emergency Department Models of Care, Partnerships, Multidisciplinary team, Innovations in EOLC

EXECUTIVE SUMMARY (100 words maximum)

EOLC is part of the core business of the Emergency Department (ED), yet we know that when EOLC patients present to Emergency, the busy environment of the ED does not always lend itself to optimal care. With our move to a new department in 2022 we designed a dedicated EOLC room, Nanga Mai. This room has allowed us to develop and work on many of our models of care for EOLC patients in the ED. We will talk about the development of this room and explore some of the models of care we have introduced at Campbelltown.

INTRODUCTION

As ED clinicians we recognise that EOLC is part of our core business. We also understand that the overcrowded, noisy and chaotic environment of the ED does not always lend itself to the optimal care of this group of patients. In 2022 Campbelltown Emergency moved into a Greenfields redevelopment. As part of the plans for the new department, we designed, and had built, a dedicated EOLC room – called Nanga Mai. This room has allowed us to review many of our models of EOLC and we would love to present on the experience of how this room, some of our new models of care, and our collaboration with other teams at Campbelltown (such as our EOLC nurses and palliative care), has benefited patients, their families and loved ones as well as our staff.

HIGHLIGHTS

- Benefits of having a dedicated EOLC room in the ED – for patients, families and for staff
- Some of our models of care
    - Extended EOLC/Palliative care nurses
    - Facilitating discharge of EOLC patients back to RACF, or to home, from ED
    - Education and emphasis on ideal care for the dying patient
    - Use of communication workshops through the facility
    - Ability for families and loved ones to spend extended time with patients who have sadly died; we are able to move these patients from the resus area to Nanga Mai

METHODOLOGY/ PROCESS

We will talk through the design process and how we formulated the Model of Care for Nanga Mai, with explanations on how it is staffed and supported. We have results from a staff survey that was done 12 months after our move to the new department. The benefits to patients and families are explained through several examples of patient's cared for inanga Mai. We will also explore the numbers of patients through Nanga Mai, the average LOS and staff experience. There has been enhanced care of the dying patient through measures such as increased use of COSA observations in the ED, because of this Model of care. We have also had increased recognition of the need for anticipatory medications and education to all staff on the specific needs of our EOLC patients.

This project, developed by ED clinicians, has been successfully embedded into practice through collaboration with our ALOs (Aboriginal Liaison Officers), our EOLC/Palliative care nurses, our inpatient colleagues – especially those in palliative care, community members, and our ED team.

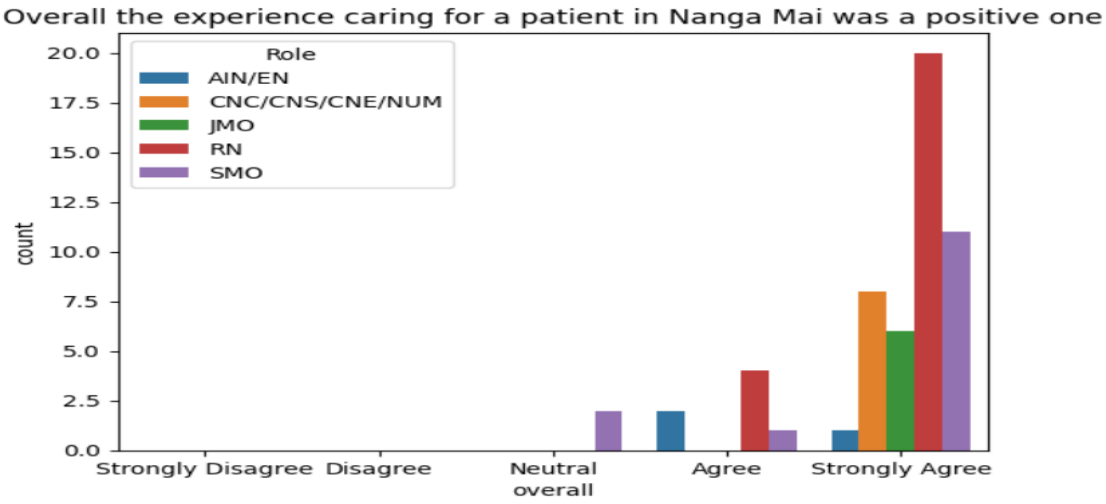
RESULTS/ OUTCOMES

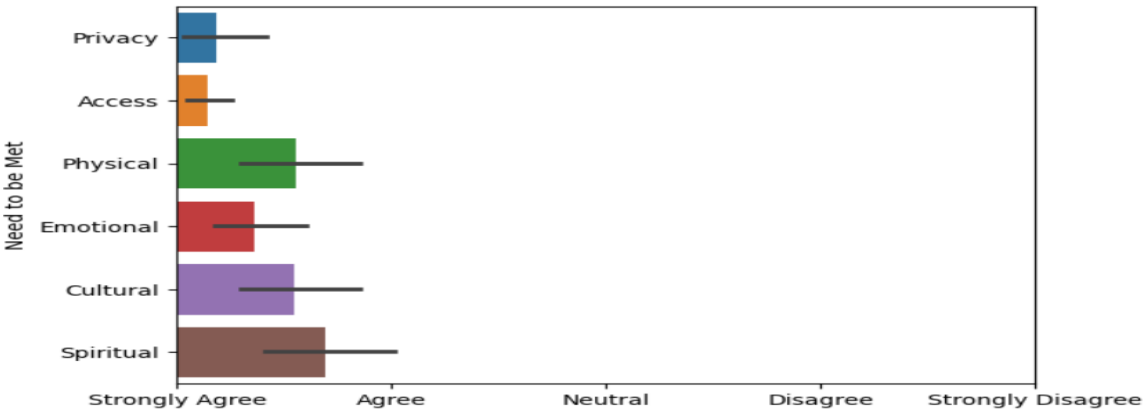
Nanga Mai has, on average, 2 to 3 patients through a week with an average LOS of 12 hours. The room has been used by patients of all ages – our youngest was sadly less than 12 months (after an unexpected death). The staff have universally responded positively to this MOC and Naga Mai (graphs attached). There has been a significant increase in uptake of COSA observations (graphs attached) and use of anticipatory medications. The room itself, our associated models of care and our collaboration with other teams has resulted in an increased focus on and improved care for EOLC patients in the ED. The space has also facilitated interactions with, and care for, families and loved ones.

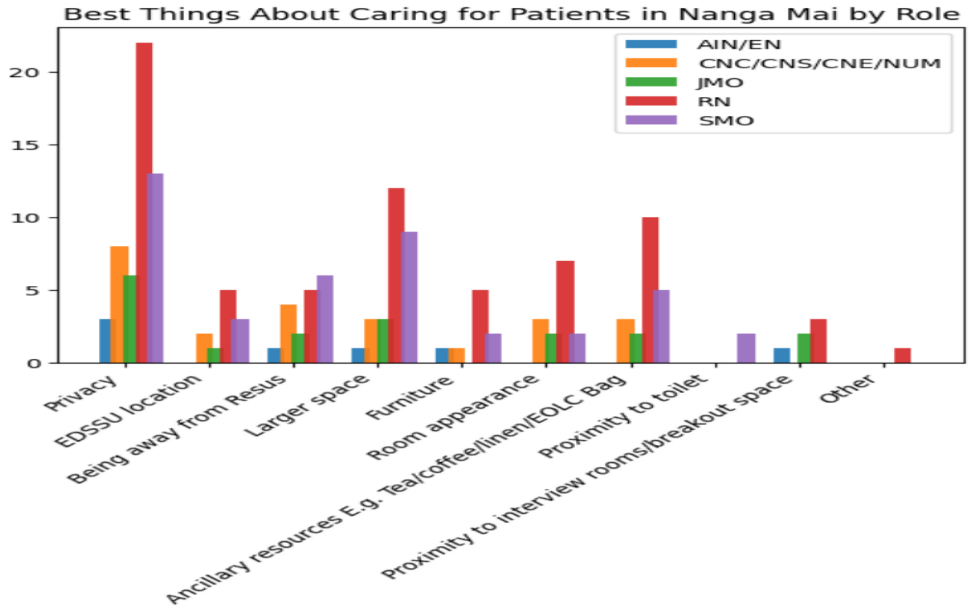
CONCLUSION

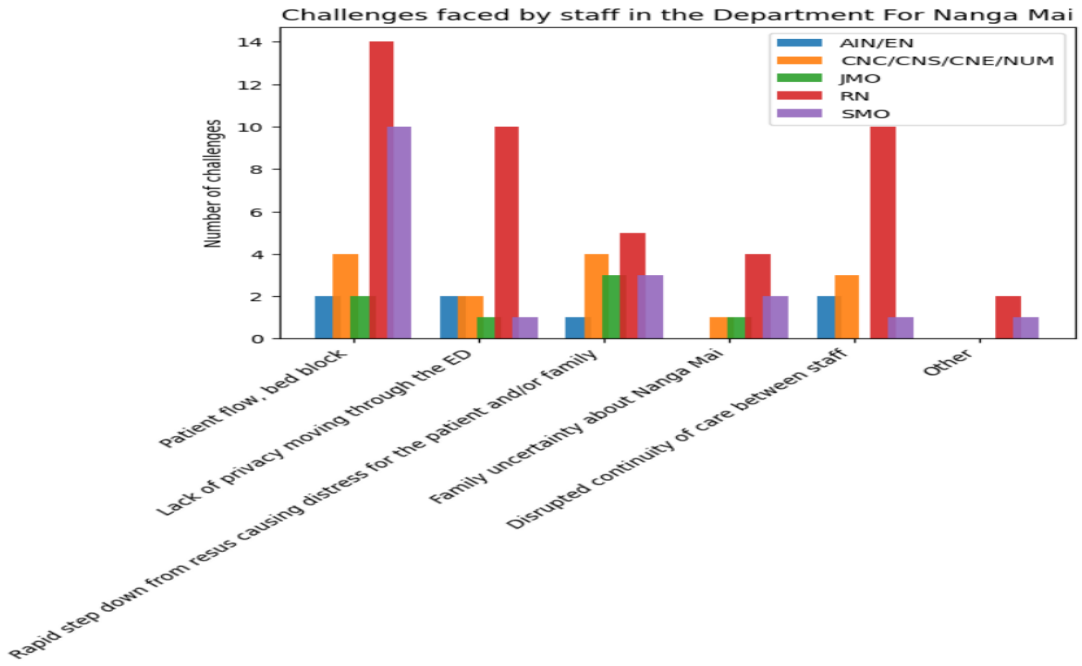
The move to a new department, and the creation of Nanga Mai, gave us an opportunity to rethink our models of care for EOLC. Nanga Mai allows us to move EOLC patients, or patients who have recently died out of the resus area and into a dedicated EOLC room. It facilitates EOLC patients receiving meaningful and compassionate care, that aligns with their wishes and focuses on their physical, emotional, spiritual and psychosocial needs. This holistic model also emphasises the benefit and fundamental needs of care for the loved ones of the EOLC patient.

Nanga Mai confirms existing evidence that demonstrates how having a dedicated space improves EOLC in the ED.


Overall the experience caring for a patient in Nanga Mai was a positive one
Role
AIN/EN
CNC/CNS/CNE/NUM
JMO
RN
SMO
count
20.0
17.5
15.0
12.5
10.0
7.5
5.0
2.5
0.0
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
overall


Need to be Met
Privacy
Access
Physical
Emotional
Cultural
Spiritual
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


Best Things About Caring for Patients in Nanga Mai by Role
AIN/EN
CNC/CNS/CNE/NUM
JMO
RN
SMO
20
15
10
5
0
Privacy
EDSSU location
Being away from Resus
Larger space
Furniture
Room appearance
Ancillary resources E.g. Tea/coffee/linen/EOLC Bag
Proximity to toilet
Proximity to interview rooms/breakout space
Other



Ward Usage

The below graph is showing where COSA Observations were firstly initiated. The 2nd graph shows which ward the patient died in.

