

Decision-making and End-of-Life-care in Emergency (DandELinE) | Implementation Quick Guide

Steps for implementation

1 Pre-planning

Define your need for change, identify your baseline, understand current status, get a team together, gather the troops, utilise right stakeholders.

2 Localise the guide

Make DandELinE your own through Plan-Do-Study-Act PDSA cycles.

3 Identify / create appropriate clinical spaces for caring for the dying patient

This is a great opportunity to enhance staff and consumer engagement!

4 Identify / create appropriate equipment and resources to enable care for the dying patient

Be creative - utilise what you have in a unique way, upcycle and repurpose - the sky is the limit!

5 Staff education and capacity building

Utilise opportunities for education in multiple modalities to suit all adult professional learners, don't underestimate the value of MDT engagement in a simulated learning environment.

6 Launch!

It's your time to shine - shout it from the hilltops, make sure the right people are listening!

7 Review and follow-up evaluation

How to tell if you've made a difference.

- Enable early integration of person-centred palliative care.
- Create an environment conducive to communication, care planning and delivery of comfort measures centred on the patient.
- Initiate change to enable rapid provision of resources appropriate for managing palliative symptoms.

The opportunity

The DandELinE process enables:

- Early integration of person-centred palliative care to substantially improve patient care for those patients that arrive in the ED at a time when they have reached the limit of available treatment options for health restoration and maintenance
- Provision of an approach to care that is focused on shared decision-making between the patient and family, and the treating team so the care provided is in the patient's best interest, aligns with their wishes and constitutes good medical practice
- Improvements in the care and support provided to the patient's family and loved ones, which may impact later bereavement risk
- Increasing the capacity and confidence of ED staff to more adequately care for these patients
- Implementation of specialised, best practice care that does not require transfer of care to the Specialist Palliative Care team, thus reducing demands on that team.

Expected outcomes

For patients:

- Wishes are respected
- Care is in the patient's best interest
- Symptoms and pain are managed appropriately
- Dignity is maintained
- Care provided in the most appropriate environment in line with their wishes and
- Families are supported.

For health services:

- Improved knowledge and capacity of ED staff in recognition and care of patients at the end of life
- Achieving the Quality Statements outlined in the NSQHS Standard 5 (Comprehensive Care)
- Achieving the Quality Statements outlined in the Statewide strategy for end-of-life care, 2015.

This innovation was initiated by Sunshine Coast Hospital and Health Service and supported by the Care at end of life Project, Clinical Excellence Queensland



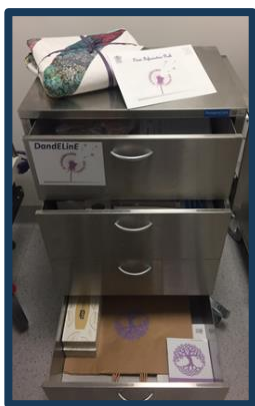
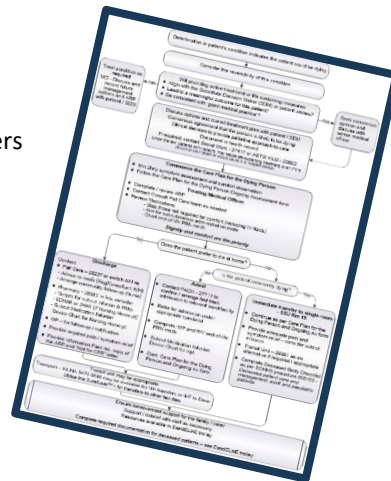
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Exceptional people. Exceptional healthcare.

About DandELinE

The DandELinE project supports the Inter-Disciplinary Emergency Department (ED) team with the tools, decision support and resources to fulfil the provision of good end-of-life care, including planning for the appropriate place to provide that care, at home, in hospital or in the ED. The DandELinE model is an innovative approach to care, focusing on early assessment of patients at or near end-of-life in the ED and facilitating shared decision making with patients at the centre of care planning. The DandELinE process pathway is not designed to be strictly followed in sequential order. The information provided serves as a reminder that a palliative approach to care may be the appropriate and best emergency care plan.

The DandELinE process includes:

- Identifying patients who are nearing end of life or imminently dying;
- Locating previous Advance Care Planning discussions/documents;
- Determine the appointed Enduring Power of Attorney (EPOA) for health matters or substitute decision maker (SDM);
- Discussing treatment options with the patient or EPOA/SDM;
- Documentation of outcomes and discussion;
- Implementation of the Care Plan for the Dying Person or relevant iEMR power chart;
- Medication prescribing guidelines for pain and symptom management; and
- Disposition planning.



The DandELinE toolkit includes:

- Decision-making and End-of-Life-care in Emergency (DandELinE) Pathway
- DandELinE Resource Trolley
- Hand-Crafted Quilts
- DandELinE Work Place Instruction
- DandELinE Medication for Symptom Management WPI
- Implementation of the Care Plan for the Dying Person
- Interdepartmental collaboration supporting appropriate and person-centred disposition planning / transfer
- Alternative transport for discharge
- Staff survey

What enables success

The pilot project has proven that the following elements enable successful implementation of this innovation:

- Strong medical leadership is vital to the success of this initiative.
- Broad engagement of the inter-disciplinary team in a 'safe' creative space ensures open discussion, creative ideas sharing and improved collegiate support and understanding of roles.
- Staff engagement is best achieved when the staff recognise the need and value of implementing a change in process. Staff easily recognise DandELinE as a value-add for the patient, their families and the staff involved in their care, not as a process implemented for organisational convenience.
- Allowing and enabling staff 'ownership' of solution design assists in the implementation.

Access resources and further information

Implementation plan and DandELinE resources:

<https://clinicalexcellence.qld.gov.au/improvement-exchange/terminal-phase-care-pathway-emergency-department>

For community members:

www.qld.gov.au/careatendoflife

For clinicians:

www.health.qld.gov.au/careatendoflife

Care at end of life resources:

www.health.qld.gov.au/news-alerts/campaigns/care-at-the-end-of-life

For enquires please contact CareAtEOL@health.qld.gov.au

The project was adapted from the Time is Precious (TIP) pathway developed by Liverpool Emergency Department in New South Wales