

Compassionate End of Life in Residential Care Settings

Changing Care Cultures
Engaging Dementia Conference
2nd April 2019



CEOL
Compassionate
End of Life

 The Irish
**Hospice
Foundation**

CEOL Programme

CEOL is designed to support and enhance end-of-life care in residential care settings.



7500 people die each year in residential care

- Aging population – predicted to increase to 1.1m by 2030 (ERSI, 2017)
- 55,000 people live with dementia in Ireland with up to 63% living in long-stay residential care (S.Cahill et al, 2012)
- The average length of stay in nursing homes reduced from 4 to 1.9 years (The Department of Health Review of the Fair Deal, p, 24, 2015)
- Comorbidity / with more acute care requirements
- HIQA -Each resident continues to receive care at the end of their life which respects their dignity and autonomy and meets their physical, emotional, social and spiritual needs.

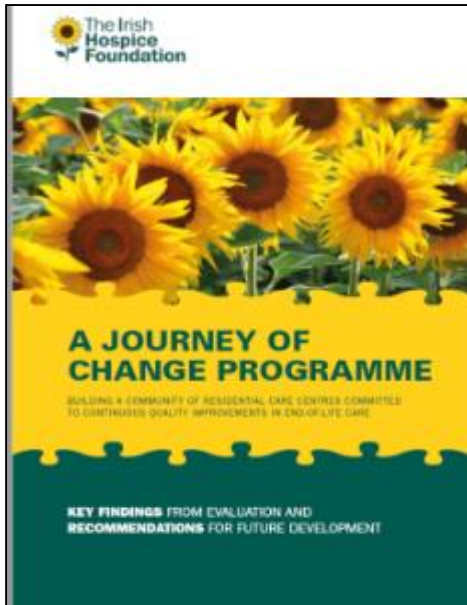


**NURSING HOME
RESIDENTS**

↑40-54%

UP TO 15,600 EXTRA

CEOL Research & Evaluations



1. Continuous quality improvement process

2. CEOL Reviews – staff support

Continuous Quality Improvement Programme - CEOL

CEOL is a continuous quality improvement programme that supports all nursing home staff to continuously ask:

- How are we doing?
- Can we provide better end-of-life care?
- Can we be more compassionate when delivering end-of-life care?

Continuous improvement begins with the culture of improvement for the patient, the families, the staff and the care centre.

Aims of CEOL Programme

1. To support staff in providing the best possible end-of-life care for people living in residential care centres
2. To enable and empower staff to continuously review, reflect and improve the end-of-life care they provide
3. To support staff following the death of a resident



Objectives – residential care centre

- Establish a CEOL Group with responsibility for driving, developing and changing end-of-life care.
- Develop a joint vision for end-of-life care (residents & staff).
- Establish CEOL reviews after the death of each resident to support staff, review care and identify areas for change.
- Invite feedback from bereaved relatives and friends.
- Implement change / initiatives to improve end-of-life care.

The CEOL Group

A strong passionate multidisciplinary group responsible for:

- implementing the CEOL Review Process;
- consulting with staff and residents on end-of-life care;
- building on good practice; and
- driving improvements in end-of-life care

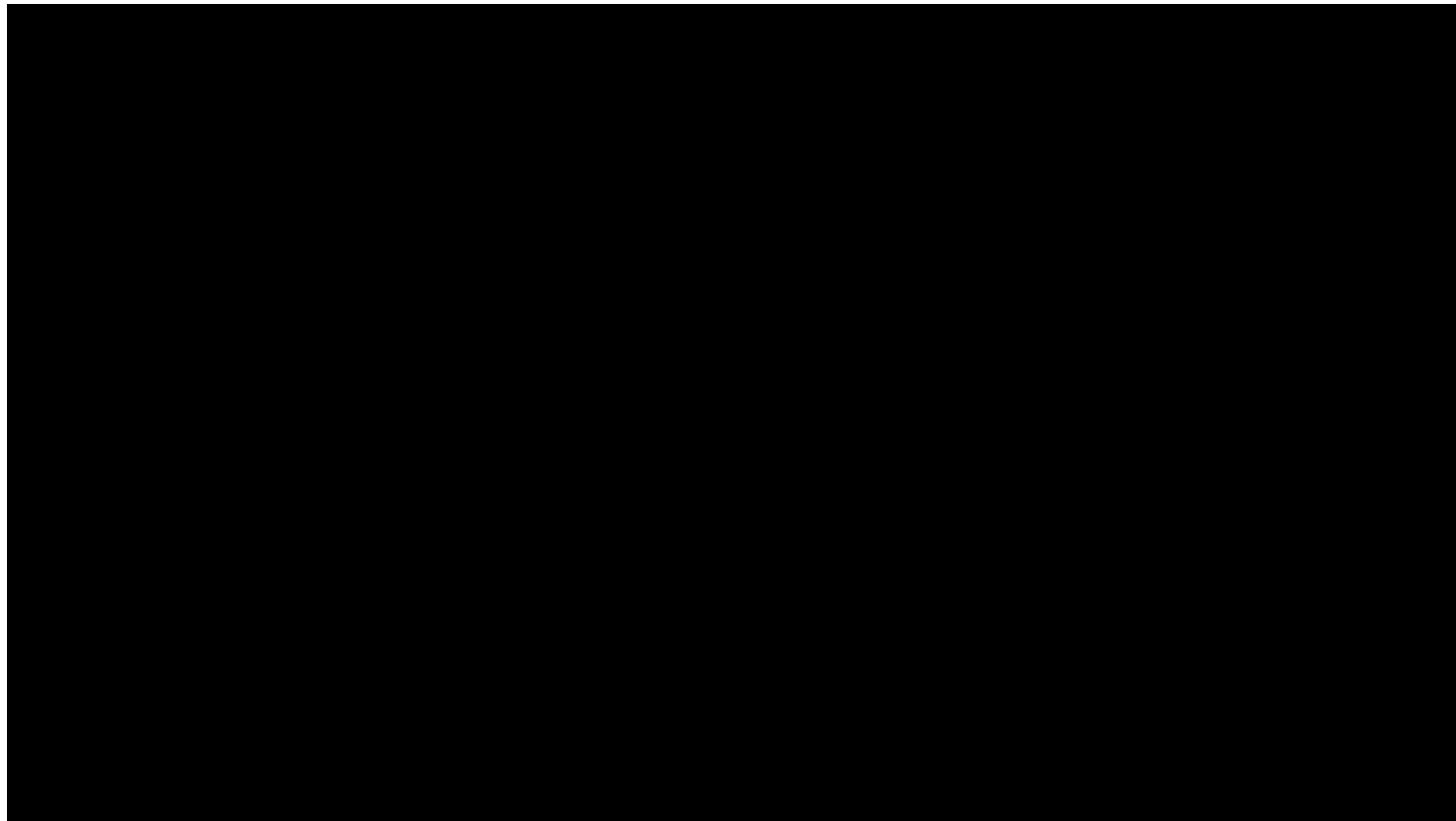


THE CEOL Review Process – initiated on the death of a resident

- Creates a space for staff to remember the resident and acknowledge the loss
- Provides an opportunity for staff to review and reflect the care provided
- Invite feedback from the resident's family/friends in the form of a postal questionnaire
- Identify & implement changes in EOLC



CEOL Review Film



CEOL Review outcomes for staff

1. Support structure
2. Provide closure
3. Individual reflective practice
4. Collective reflective practice
5. Learning and sharing
6. Integrated team approach

We take time to remember the resident; we pause

Professional and personal learning

We reflect and we remember the resident **collectively**

The review gave us closure and a sense of being valued

Bereaved Relatives Questionnaire

Insert RCC Logo

CARE AT END OF LIFE QUESTIONNAIRE
TO BE COMPLETED BY BEREAVED RELATIVES AND FRIENDS

Your name: _____

Your relative's / friend's name: _____

A. Care Planning and Communication

1. Did staff discuss with your relative/friend what they would like to happen in terms of their end-of-life care?

Yes No Unsure

2. Did staff discuss with you what your relative/friend would like to happen in terms of their end-of-life care?

Yes No Unsure

3. Was your relative/friend told in a sensitive and caring way that they were likely to die soon?

Yes No Unsure

Does not apply – staff did not know my relative/friend was dying

Does not apply – staff did not tell my relative/friend that he/she was dying

4. Were you told in a sensitive and caring way that your relative/friend was likely to die soon?

Yes No Unsure

Does not apply – staff did not know my relative/friend was dying

Does not apply – staff did not tell me that my relative/friend was dying

CEOL Postal Questionnaire V3

Family experience of end-of-life care

CEOL Group

- CEOL Group meets – 4 times per year
- To discuss findings from
 - CEOL Review Feedback Form
 - CEOL Postal Questionnaire (bereaved relatives & friends)
 - Make recommendations / change projects
 - Feedback any changes to all staff



CEOL Networks

A community dedicated to continuous quality improvements in end-of-life care in residential centres

Aims

- To provide on-going support & training for staff who facilitate CEOL Reviews
- To share learning and challenges on end-of-life care between staff and RCC experiences
- To update CEOL Network members on national & international developments around end-of-life care
- To support & develop relationships with Specialist Palliative Care Services
- External speakers to present on emerging issues e.g. advanced healthcare planning, Assisted Decision-Making (Capacity) Act, clinical skills, specialist palliative care, GPs, working with families, GDPR etc.



CEOL Networks

- Dublin CEOL Network
- Midlands CEOL Network
- Southern CEOL Network (2019)



Structure per year

- 3 CEOL Network Meeting
- 3 staff per staff per RCC
- Full day workshop
- Access to CEOL programme resources
- NMBI Accreditation
- IHF CEOL Coordinator Support

CEOL review process outcomes for care centre

- Cultural change – openness to talking about EOLC
- Quality end-of-life care service
- Compassionate, competent and confident
- Learning and reflective practice in place
- Holistic, person-centred service provided
- Collaboration and partnership approach with all staff
- Collaboration and partnership approach with community services

“Not imposing staff care rituals on residents or families - respecting their choices and supporting them”

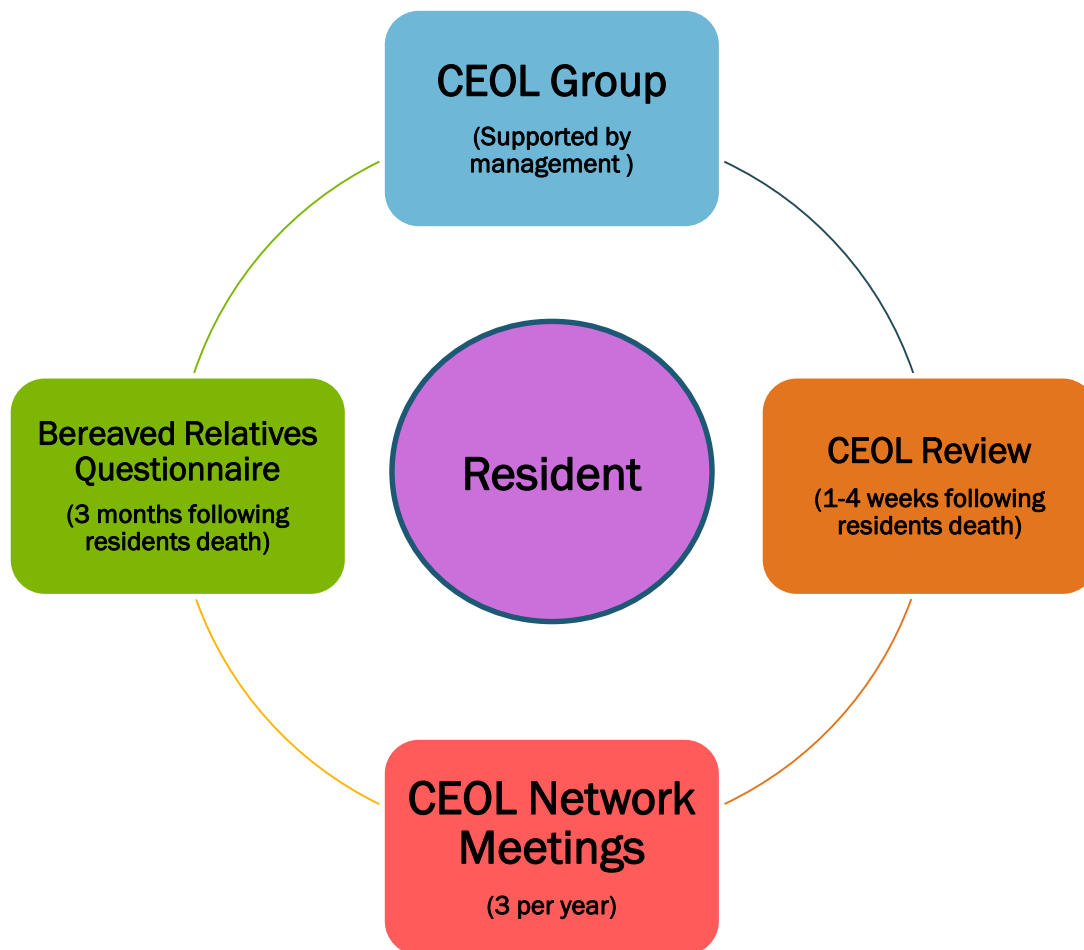
“Better now - more comfortable talking to residents about EOLC, death and dying, less stigma”

Challenges re: CEOL Review

- Staff time
- Staff turnover
- Staff shortages
- Communication
- Management buy-in



The CEOL Review Process



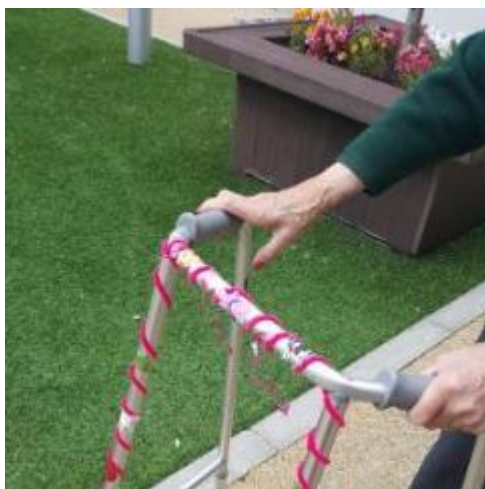
Cluain Lir, End-of-Life Care Vision Launch

End of Life Care Vision Statement Cluain Lir CNU

Our vision here in Cluain Lir is that we provide holistic compassionate care to enhance the quality of our residents' lives and those who love them. Every day we work as a team to help our residents live more fully in comfort and with dignity. We provide comprehensive care for those nearing death and their families, through quality, emotional and spiritual support. Compassionate care is at the heart of what we do, doing the right things for the right reasons.



16th August 2018





The Caherass Vision for End-of-Life Care

"We are working very hard to ensure Caherass is a comfortable and personal space for all of us to live life."

"Our aim is to provide the kind of care that you have told us you want, now, and in the future, towards the end of life."

"We feel this includes an open, compassionate, supportive and calm environment, where you feel safe in the knowledge you can discuss your needs with any member of staff you choose"

"Your values, hopes, wishes and needs will guide us in caring for you. Family and loved ones dear to you are also important to us, and we will include them in discussions and care- if that is your wish, and we strive to care for them in times of loss and grief."

"We actively encourage a culture of openness, respect and support for staff to empower them to meet the needs of you and your loved ones. Staff are supported in care by our CEOL Group"

(CEOL: Compassionate End of Life Group)

Your opinions matter very much to us, please feel free to approach any of us if you would like to discuss any aspect



Nursing Home Ireland Awards – Caherass won in the Compassionate End of Life Group



'The Programme has made us more compassionate, as we try to understand our residents' fears and concerns in relation to end of life and in relation to how they want to live'

Before if a resident brought up the subject of death...I'd run a mile or change the subject... now I ask them to tell me more

Awareness that not talking about a death could be more upsetting for other residents



We approach Specialist Palliative Care much earlier now

'We do death differently now'

'Because we are more confident talking to our residents about death and end of life, we have a lot more conversations with them about what they want'

We are much less likely to transfer a resident who is dying to hospital

