Introduction
Rankin Park Centre (RPC) is a 40 bed inpatient rehabilitation facility with a case mix of Brain Injury, Stroke, Amputee, and Aged Care Deblindity. The majority of patients have multiple co-morbidities and experience episodes of acute deterioration that disrupt the rehabilitation process. Through the Essentials of Care (EOC) process staff identified that patients with chronic life limiting diseases were experiencing acute episodes of illness during the rehabilitation process and required escalated medical intervention requiring transfer from RPC to John Hunter Hospital ED in line with the NSW Health Policy Directive PD2013_049 Recognition and Management of a Patient who is Deteriorating Clinically.

The Staff Questions
1. Is our service providing patient centred care in regards to end of life?
2. Are we giving our patients appropriate information enabling them to make informed end of life decisions?
3. What are our patients end of life wishes and are they being documented in their health care record?
4. Are our patients receiving emergency or acute care they prefer not to have?

Project Aim
The aim of this project was to reduce transfers from rehabilitation to the acute setting by understanding our patient’s wishes with regards to compliance with the NSW End-of-Life Care and Decision-Making – Ministry of Health Guideline GL2005_057.

Method- Stage 1
An observational pre and post study design was used with the multi-disciplinary working party collecting baseline data using a pre-intervention audit tool. A series of meetings reviewed our current practice and available resources including NSW Health policies and guidelines for End of Life Planning. HNELHD Nurse Practitioner for End of Life Care presented the goals in End of Life Care Planning and how this EOC project fitted into the overall goals of HNELHD and the NSW MOH Policies.

Development of a process ensured patients had the information required to make end of life plans and documentation of their wishes so that medical intervention was appropriate during their rehabilitation admission.

Data collection using the post implementation audit tool, a retrospective medical record audit and staff and patient feedback evaluated the 3 month pilot project.

Results

Patient Feedback Post Pilot
• “We feel better knowing that mum is happy with our decisions about her care and accommodation” – J.C
• “RPC nurse and social workers were the first to ask us about dad’s wishes. He had been in hospital for 3 weeks before transfer to rehab.” – N.B

Future Plans-Stage 2
• End of Life conversations and documentation will be part of the routine admission of geriatric patients to RPC.
• The project will be piloted in the other two Rehabilitation Wards at John Hunter Hospital.
• Extensive staff and patient education will be implemented.

Staff Feedback Post Pilot
• “I feel more confident managing a patient who has become acutely unwell if there is a documented plan.” – CB
• “It is easier to look after your patient if you know that the care they are receiving and their rehabilitation goals are relevant to their wishes.” – RR

Conclusion
• The results of this project to date demonstrates the importance of End of Life conversations and implementation to our patients and staff.
• There is a need for extensive staff and patient education.
• At this stage achievement of our smaller goals are progressing us towards our stated aim.

References

Acknowledgements
End of Life Working Party Rankin Park Centre