Making SENSE of end of life care

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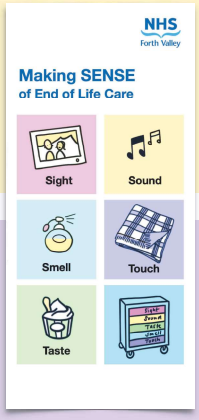
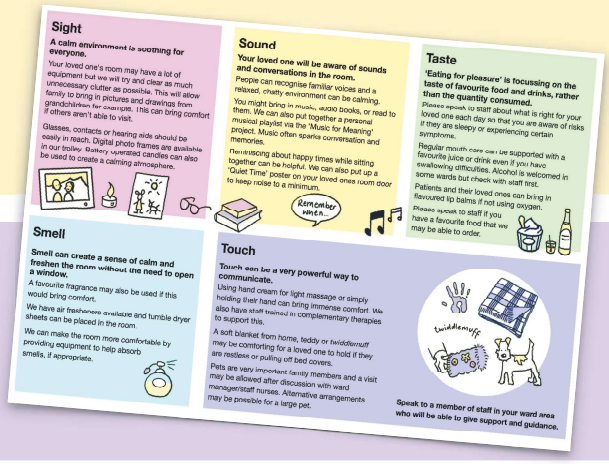
INTRODUCTION

This presentation provides an up-to-date overview of the SENSES project, which builds on previous end of life sensory work including 'Taste for Pleasure' and 'Music with Meaning', to improve holistic care of those dying in hospital at end of life.

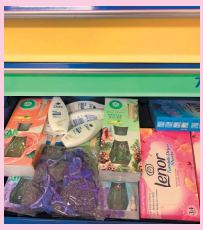




Original End of Life Care leaflet

OVERVIEW of METHODS

A SENSES leaflet and trolley intervention was implemented in a 32-bedded ward within an acute hospital and refined over 3 PDSA cycles that included 5-minute informal feedback sessions with patients/ families and healthcare professionals. Following refinement of the intervention, evaluation of a controlled roll-out into other ward areas is planned.



Example of the SENSES trolley stocked with SMELL sensory care.

Filled trolley and individualised comfort boxes available in the ward.

Example of the TASTE drawer, adding to the holistic sensory care approach.

RESULTS

Feedback demonstrated that loved ones took a shared care role in the holistic care of their loved one at end of life, and that support needed to implement the intervention varied between families. Most patients died before feedback could be obtained, highlighting the need for refinement of the leaflet, which has been done. The trolley intervention was found to be impracticable and was developed towards a 'comfort box' intervention.

Ward staff were keen to take SENSES forward and develop ownership, yet the leaflet was not always widely offered as it used "end of life" wording. There was a potential risk of unintended harm if sensitive communication had not taken place around end-of-life care before implementation. Nurses were able to access the leaflet, however, healthcare assistants used the leaflet only under guidance by a ward nurse.

CONCLUSION

This project facilitated more holistic end of life care for hospitalised patients by supporting patients, loved ones and staff in delivering high quality personalised end of life care beyond pharmacological interventions. Encouragement is required to identify patients that would benefit from SENSES care earlier within their disease trajectory. Also, being able to have these conversations and supplying leaflets may give permission and ownership to families to bring closer to home care earlier. We realised more patients could benefit from a SENSES approach and we are rolling out "Making SENSE of Person centred care" more widely across the acute and community hospital setting for fundamental care provision, not just end of life care.

Revised Person Centred Care leaflet

CASE STUDY

Making SENSE of Mr Smith's End of Life Care

Mr Smith was a patient identified as appropriate for SENSES care by the ward consultant. Mr Smith was unresponsive and actively dying at point of referral.

Mr Smith's relative was fully blind and needed the SENSES leaflet read to her. The relative was reassured that she would be supported to participate in shared SENSES care, as per her wishes. Visual SENSES were highlighted by Mr Smith's relative as inappropriate as Mr Smith was unable to open his eyes and she was fully blind and the only visiting family member.

Mr Smith was identified as carrying an infection control risk, therefore, rather than a stocked trolley within the room, an individualised comfort box was filled and provided.

Mr Smith liked fruit tastes and would find benefit from fruit scented lip balms. Mr Smith's relative expressed her inability to support any oral care due to her lack of sight and support was provided by staff to apply this. Further, Mr Smith's relative was touched by Mr Smith having oral care with tastes of whiskey and cola.

Mr Smith's relative found the textures of a pillow and blanket very comforting for Mr Smith and her. A chosen soft blanket was placed over the back of her chair that provided comfort from touching familiar textures when feeling her way around the room.

Mr Smith's relative wished to apply some of the moisturiser to Mr Smith's hands and feet. Support was given to allow her to massage after support was provided to apply the cream and lead her hands to Mr Smith's skin.

During last offices care, the ward staff used the room diffuser and tumble dryer sheets to optimise a pleasant environment for Mr Smith's care after death, whilst his favourite music was playing in the background, provided within the individualised SENSES comfort box.