End of Life Care in Acute and Continuing Care Settings

KELLI STAJDUHAR, RN, PHD

PROFESSOR, SCHOOL OF NURSING AND CENTRE ON AGING, UNIVERSITY OF VICTORIA

SCIENTIST, END OF LIFE PROGRAM, FRASER HEALTH AUTHORITY
Care givers say 'hearts are broken' after death

Staff members of the Parksville care home where George Cook lived out the final years of his life were in tears after learning their elderly friend died on a stretcher in the emergency room at Nanaimo Regional General Hospital.

BY THE DAILY NEWS (NANAIMO)  APRIL 29, 2006
The Consequences of Dying in Acute Care

“Intensification of care” at the end of life associated with:

- Worse quality of life of patient in final days
- Worse quality of death (patient)
- Increase stress, anxiety and post traumatic stress disorder in family members
- Greater costs of care
Where Do People Die?

Data from Vital Statistics for Island Health, 2014

- Acute Care: 42%
- Residential: 29%
- Hospice: 8%
- Home: 21%
Natural Course of Advanced Dementia and Expected Complications

6 month mortality rate after a complication:
- Pneumonia 46.7%
- Febrile episode 44.5%
- Swallowing problem 38.6%

Symptoms over last 18 months:
- Dyspnea 46%
- Pain 39.1%
- Pressure ulcers 38.7%
- Reduced appetite
- Repeated infections

(Mitchell et al, 2009)
End of Life Care for People with Dementia

• Difficulties diagnosing the terminal phase of illness means few people get identified as dying until the last few weeks or days of life

• Many health care providers are ill-equipped and/or unprepared to care for people who are dying

• Support for residents and families is often non-existent

Birch & Drape, 2008; Coventry et al., 2005; Mack & Smith, 2012; Sampson et al., 2006; Stajduhar & Doane, 2014
End of Life Care for People with Dementia

- Dementia is a progressive terminal illness, currently with no cure
- People dying with dementia have significant health care needs
- We require an approach to care that will enhance care quality and quality of life of people dying with dementia

Birch & Drape, 2008; Coventry et al., 2005; Mack & Smith, 2012; Sampson et al., 2006; Stajduhar & Doane, 2014
Palliative Approach in Dementia Care

- Adopting foundational principles from specialized palliative care and adapting those to the unique needs of people with dementia
- Embedding this knowledge and expertise “upstream” into the delivery of care across healthcare sectors
- Capacitating those who work in acute and residential care to provide quality end of life care to people with dementia

Palliative Approach: www.ipanel.ca
Kelli I. Stajduhar, RN, PhD
Professor, School of Nursing and Centre on Aging, University of Victoria

Scientist, End of Life Program, Fraser Health

kis@uvic.ca

www.ipanel.ca