

# Developing and piloting a care bundle for dying patients in the acute care sector

**Ms Naomi Byfieldt**  
&  
**Professor Katherine Clark**

Department of Palliative Care  
Calvary Mater Newcastle

Respect

Stewardship

Hospitality

*Healing*

# Background

- In 2009-2010, approximately 52% of Australians died when inpatients in acute hospitals
- Hospital deaths often identified as less than satisfactory
- No Australian standard defines what constitutes a quality model of EoL care
- Literature suggest dying patients and families identify quality EoL care as:
  - Pain and symptom management
  - Family's presence and a sense of support
  - Avoidance of unnecessary burdens
  - Communication with the person and their family

# Progress so far



# How can we improve the care of the dying in acute hospitals?

Plan

Undertake a systematic, cyclical series of projects to determine actual gaps

Do

Pragmatic pilot of care bundle undertaken to inform the development of an adequately powered CRT

# Study

53% uptake of bundle

90% improvement in symptom observations being performed

30% improvement in evidence-based prescribing

Cluster RCT development

Act

# Design

## Cluster Randomised Controlled Trial

Eligible  
Sites  
Clustered



Randomisation  
Sequence

**I** **C** **C** **I** **C** **I**



Intervention



Control





# Methods

Each site will have the following:

1. Audit usual practise
2. Structured education program with staff surveys
3. Interviews with bereaved family members
4. Bundle implemented
5. Track compliance of patients who have been cared for using the bundle
6. Repeat staff surveys and family interviews

Complete review and comparison will occur at completion of trial

**1° Outcomes:** Investigations  
MET calls  
Documentation of symptom scores

# Challenges

- Consistency across sites
  - Education
  - Auditing
  - Interviewing
- Time-frame for roll-out & how long to trial at sites?
- Is randomised cluster design appropriate?
- Undertaking appropriate analysis