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CONSUMER DIRECTED CARE AND SPIRITUALITY | END OF LIFE FROM A DIFFERENT PERSPECTIVE

Peter Bewert*

*The Salvation Army Aged Care Plus Sydney, Australia

Session Description: Care planning in residential aged care is a regulatory requirement. Despite a compliance framework, the importance of individualism, one's story and spirituality is integral to holistic care provision for the older person, especially during end of life. The session will outline clinical assessment processes which achieve a holistic framework of care provision for terminal phase care grounded in the uniqueness of individuality and one's spiritual self. The session will outline how clinical assessment is completed from a lifestyle approach to ensure the most positive end of life experience during the terminal phase of palliation.

Findings: The Salvation Army Aged Care Plus has implemented a number of systemic changes in relation to care planning and assessment to ensure spirituality is a primary consideration as part of the person centred approach to care delivery. The uniqueness of individuality and the interface with culture, religious practice and spiritual expression are key considerations associated with end of life care planning (Advanced care planning). The Changes to care planning includes a focus on the importance of "story" and encapsulates individuality and the "inner spirit" of Older Australians. Comprehensive spiritual assessment and care planning is paramount to a person centred approach. During palliative and terminal phase care, spirituality is a significant consideration; it cannot be underestimated in its significance to the completion of an individual's story through dying and end of life.

Objectives: An understanding of clinical assessment processes from an individualised perspective which embraces persons lived experiences associated to end of life. Clinical assessment from a nursing and medical model perspective has a very prescriptive framework that often does not include adequate analysis of spirituality. When completed from a person centred philosophy which embraces an understanding of spirituality the assessment process can encompass a more meaningful context. This result in improved well-being and a quality of end of life experience for not only the individual, but their family and loved ones as well. An understanding of staff awareness and how to overcome bias when being confronted with spiritual planning and end of life is important. One's own story and spiritual awareness is critical to the success of assessing others and putting this into practice in a consumer directed approach to death and dying. Personal bias is present for all individuals; this is a consequence of our own individual stories. In order to ensure a comprehensive holistic spiritual assessment which underpins care planning processes, biases need to be made aware. Staff impacts are significant as spiritual assessments results in confrontation of our own spiritual awareness. An understanding of the multi-collaborative approach between clinicians and chaplains to achieve optimal outcomes for residents in their dying experience.

AVOIDABLE EMERGENCY VISITS BY HOME HOSPICE PATIENTS: IS THERE A SOLUTION?

Cindy Porter*

*MCPHS University, USA

Although research has shown the majority of terminally ill people would prefer to die at home, many who are utilizing home-based hospice end up in the emergency room during their final weeks of life. This integrative review evaluates published studies identifying the causative factors and impact of emergency room visits among home-based hospice patients and their family/caregivers in the last few weeks of life from January 2005 to current. A search of the electronic databases EBSCO Host was utilized as well as the U.S National Library of Medicine/Pub Med, Google Scholar, and the Cumulative Index of National and Allied Health Literature (CINAHL) using key words: Nurse Practitioner, palliative care, hospice, end of life care, and emergency. Data was evaluated using a constant comparative approach as well as thematic content analysis to identify key issues. Thirteen studies from the United States were included as well as ten studies from other countries. From these studies, several factors are addressed including: primary reasons for accessing emergency services, the impact on perceived quality of life and caregiver bereavement outcomes, and prevention and guidance aimed towards reducing hospital admissions. The impact of potentially avoidable end-of-life hospital visits by the terminally ill has been shown to adversely affect quality of life and bereavement outcomes. A comprehensive and coordinated specialist palliative care approach may help minimize the number of patients presenting to the emergency department unnecessarily, thereby helping to maintain them in the setting of their choice for the provision of end-of-life care.