



Health Care Kogarah

“What do I need to know about you as a person to give you the best care possible?”

Implementing the Patient Dignity Question into specialist palliative care service

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The Patient Dignity Question (PDQ)

A study using the PDQ

a simple means of enquiring about personhood

“What do I need to know about you as a person to give you the best care possible?” with a prompt that we were not seeking medical information

Based on the premise that we treat the patient as a whole person not just their disease.

Ref: Chochinov, H.M., et al, 2015, Eliciting personhood within clinical practice: Effects of patients, families and health care providers, *Journal of Pain and Symptom Management*, 49 (6), 974-80

Background

Failure to acknowledge person-hood is often the cause of patient and family dissatisfaction.

Calvary Health Care Kogarah (CHCK) undertook an exercise to map our strength against the 10 Essential Components of Care of the PC and EoLC Blueprint and identified opportunities for improvement.

Heads of Clinical Services met and identified gaps in Essential Component of Care 5
 “Care is Based on the assessed needs of the patient, carer and family”.



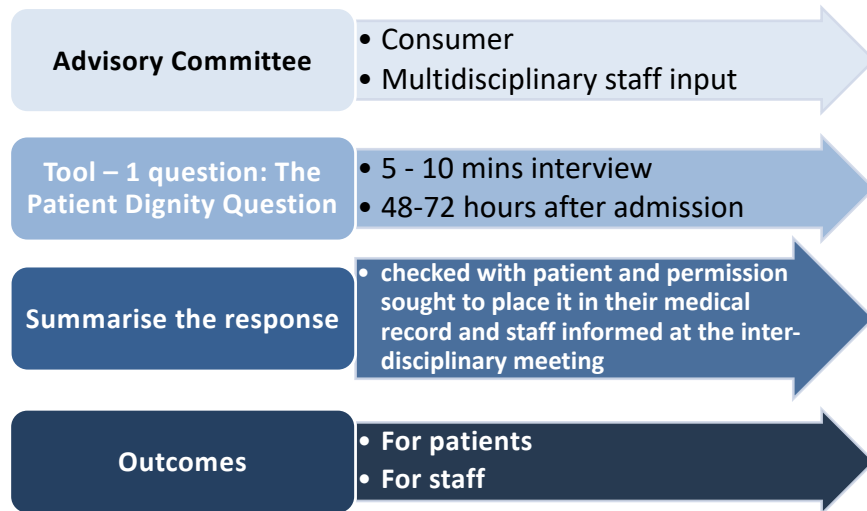
Aims of the study

To collect information from the patient to inform the delivery of whole-person-centred care.

To find effective ways of incorporating patient's needs and preferences into care planning and decision making.



Method



Method

All newly admitted in-patients at CHCK, were invited to complete the PDQ, 48-72 hour after admission



5-10 mins interview

“What do we need to know about you as a person to give you the best possible care during your stay with us?” **with a prompt that we were not seeking medical information**

Patient with CALD Background - phone interpreter.

Data

- Collected in Sept 2017 to Feb 2018
- The PDQ was completed by two Researchers and partly by Pastoral Carers.
- Participants
 - 372 new admissions: 67 too ill, imminently dying, could not be approached; 104 confused, non-verbal, breathless or did not wish to answer the PDQ.
 - 87 patients (43%) completed the PDQ.

Data

For the 87 patients who participated

- The responses to the PDQ were summarised.
- Checked with the patient & permission sought for the information to be placed in the patient's medical record.



- Staff reported Phase, RUG and PDQ response at inter-disciplinary meetings & at clinical handover.
- Integrated into Calvary processes of care.

Analysis: Summary of responses

A wealth of psycho-social information not usually available on medical records, but important to the patients, was collected.

Family & things that involve family

Living arrangement

Previous employment

Hobbies, Interest

Ambience in hospital

Religion

Other, e.g. food

Examples of responses

Family & family related topic

- *"Please be with my family and care for them when I die". (James)*
- *"I call myself an arsehole. I am also a man who cares deeply for the people in my life. I speak my mind freely because it clarifies what needs to be done and clears the air". (Darcy)*
- *"I would like to see my wife happier when I die. I would like to talk with my son, who is a surgeon in UK. He is too busy at work to come down to Australia to see me". (Chris)*

Examples of responses

Living arrangement

"I have been single for a while. I mostly lived with and travelled to many places in the world with my daughter and her family". (Mary)

Hobbies

"Would love to get back to dancing, even for a short while". (Judy)

Pets

"I love my dog, an 8-year old Jack Russel. My wife is taking care of it now, at home". (Ron)

Ambience in hospital

"I am an avid reader, but my eyes are failing me. If I could have a radio, I will be able to listen to news, etc.". (Sheila)

Outcomes

For patients included

initiating a Skype chat with a relative overseas, arranging a volunteer to chat/play particular music, providing radio/book/CD, leaving the light on/off at night, facilitating a pet to visit.



Outcomes - Staff

Provided with psycho-social information not usually available on medical records, but important to the patients.



Facilitating better communication that can *improve care and understanding of important choices for patients and their families*, including those surrounding end-of-life issues.

Translating into clinical care

As anticipated, a number of barriers were identified in the translation of this study into clinical practice.

- Some patients tired easily and could not focus to answer the question.
- PDQ was not always an easy question to answer. Many pt needed more than 10 minutes to answer. Prompts used, e.g.: Can you tell me about yourself?
- CALD patients – Interpreters were given background & prompts.
Strange/personal question asked by strangers (researchers/interpreters).

Translating into clinical care

PDQ will continue to be an element of our focus on whole person care.

Already it has been used in our rehabilitation service as the question does not relate only to palliative care patients.



Health Care Kogarah



THANK YOU
for your
ATTENTION!

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