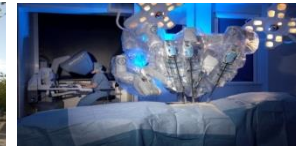


Paul Fernandez, Last Days of Life Educator, Palliative Care Team
Joe Fielder, CoE/Free Church Chaplain
Bradford Teaching Hospitals Foundation Trust

End of Life Companions 2017



Background – What is an End of Life Companion?

- To provide presence, company and very simple care to patients in the last hours and days of life
- Existing Chaplaincy volunteers – 11 signed up
- Trained by Palliative Care Team and Chaplaincy – collaboration!
- Role = To sit with dying patients
- Referral made from ward staff or Palliative Care Team to Chaplaincy

Why?

- Anecdotally nursing staff report that they would like to spend more time with dying patients
- Resources limited
- Chief nurse memo
- An idea is born...

Context

- Trusts commitment to patient care, NICE guidelines (2015) and CQC
- Consistent with the “One Chance to Get it Right” report (LACDP, 2014). **Dignity and spirituality**
- Variable success with other national schemes
- Trust commitment to good end of life care



How it works...

- Referral made from ward staff or Palliative Care Team to Chaplaincy
- Companions contacted for availability. Patients details given to companion
- Nursing staff of ward handover relevant patient information
- Nursing staff to support companion
- Visits 2-3 hours

The ELC's perspective:

- Sense of providing comfort
- Training sessions – knowledge & limitations
- Need for self-care
- Debriefing, feedback and supervision
- Working with nursing staff
- **Jeanette's experience...**

Nursing staff perspective:

- Knowledge patient is safe and observed despite time constraints and ward pressures
- Able to reassure families their loved one is not alone
- ELC can provide comfort and simple care
- Building relationships and sense of collaboration

Progress

- 12 volunteers trained (3 teaching sessions)
- 11 currently providing support
- 96 separate patient referrals/visits (30 dying patients)
- 11 volunteers participated in one or more visits

Progress

- 5 ELC group supervision – regular sessions
- **Supporting families through visits**
- Approximately 5 weeks of full time nursing care

Feedback

- Feedback from ELC's and ward staff
- 100% volunteer response – most felt visit went well
- Encourage better staff response
- However, staff would use an ELC again
- ELC working hours limited
- ELC immediate availability limited

Comments

ELC “it felt natural and valuable...the passing was smooth and peaceful”

Ward manager “the ELC gave the family a welcome break...I would definitely use an ELC again”

Patients’ partner expressed his gratitude as he was ill himself and it felt comforting to know his loved one was not alone

ELC “talking & stroking his hand seemed to calm him”

Words from a relative...

"Johns final weeks could not have been better handled by all the teams involved... and the volunteers who were by his bedside, read him poems, talked or were quietly with him. All this has made the highly traumatic experience of watching my husband slowly die one which I will look back on with love and gratitude."

Action plan

- Audit
- Encourage staff and ELC feedback
- Seek carers views
- Recruit more volunteers
- Promote

Any Questions?

References

Leadership Alliance for the Care of Dying People (2014) *One Chance to get it right: Improving people's experience of care in the last few days and hours of life* Available at <https://www.gov.uk/government/publications/liverpool-care-pathway-review-response-to-recommendations> Accessed on 09/05/2015

National Institute for Clinical Excellence (2015) *Care of Dying Adults in the last days of life* Available at <https://www.nice.org.uk/guidance/ng31> Accessed on 17/12/2015