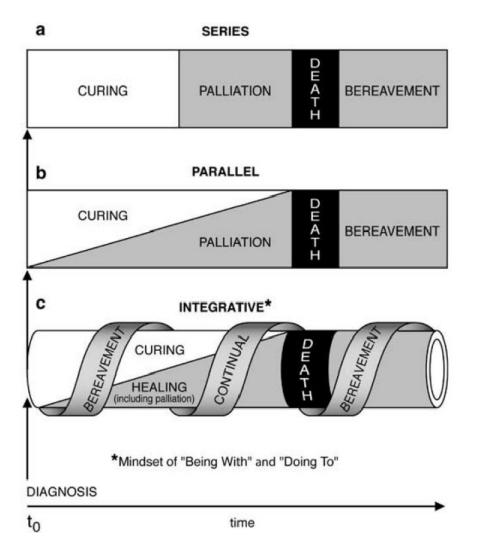
10 YEAR RETROSPECTIVE AUDIT OF PALLIATIVE CARE PRACTICES IN A TERTIARY NEONATAL INTENSIVE CARE UNIT

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Perinatal Death

- NZ = 5.7 deaths in 1,000 live births*
- Large proportion in hospital
- Distressing for families and staff alike
- Neonatal Palliation needs to begin in the NICU

Palliative Care



 Milstein 2005 "Loss is experienced even in the absence of death... Bereavement is a continual process throughout life and as new diseases

Neonatal Nurses College Aotearoa

- Palliative Care for New Zealand Neonatal Units 2015
 - Comfort as a Model of Care
 - Communication
 - Psychological Supports
 - Spiritual Supports
 - Cultural Supports
 - Social Supports

Audit

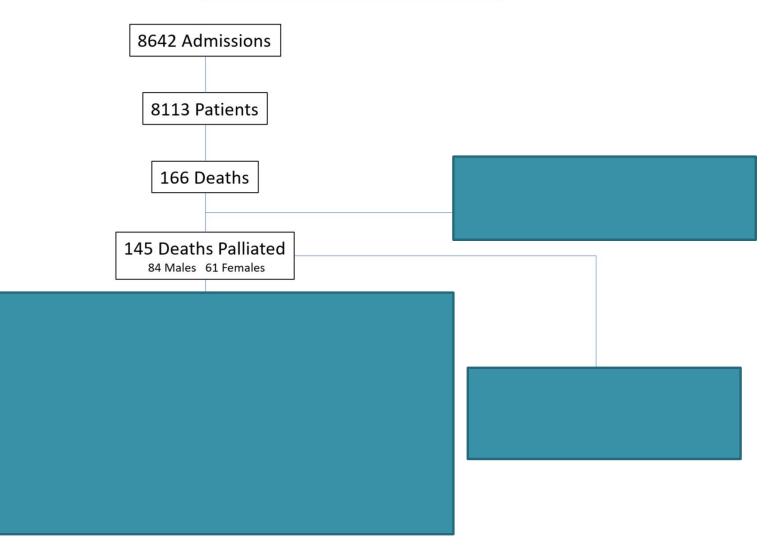
- Retrospective review of clinical notes
- Wellington Regional Hospital
- 10 year epoch
 - 1 Jan 2006 31 Dec 2015
- 3 investigators
 - Internally validated
- Data collection
 - June September 2016

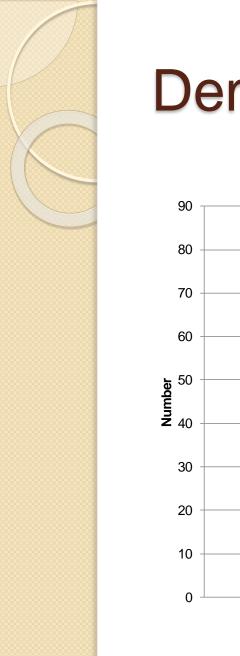
Audit

- All clinical data reviewed
 - Demographics (including causes of death)
 - Documented discussions with family
 - Documented actions of palliation
 - Documented advanced care plans
 - Psychosocial supports offered
 - Post-mortem discussed/declined

Results

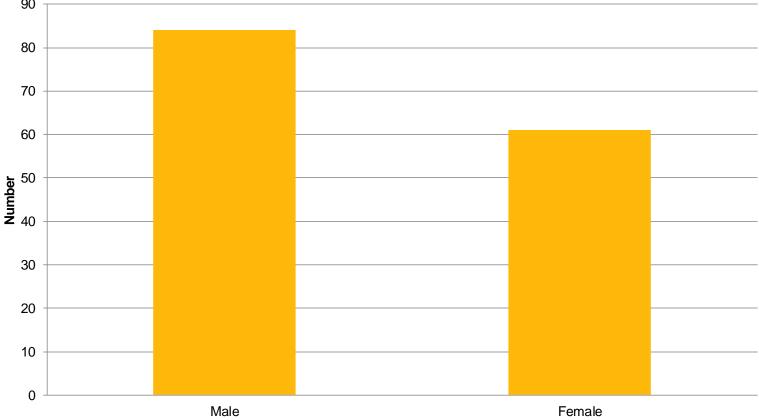
<u>01 January 2006 – 31 December 2015</u>



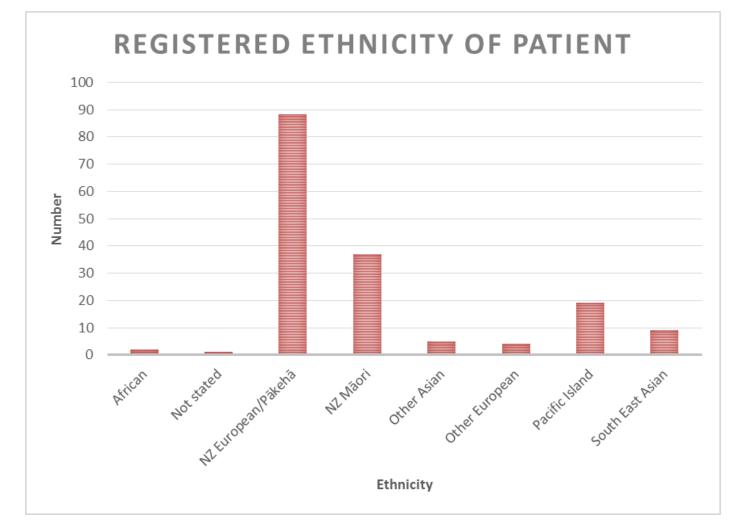


Demographics (n = 145)

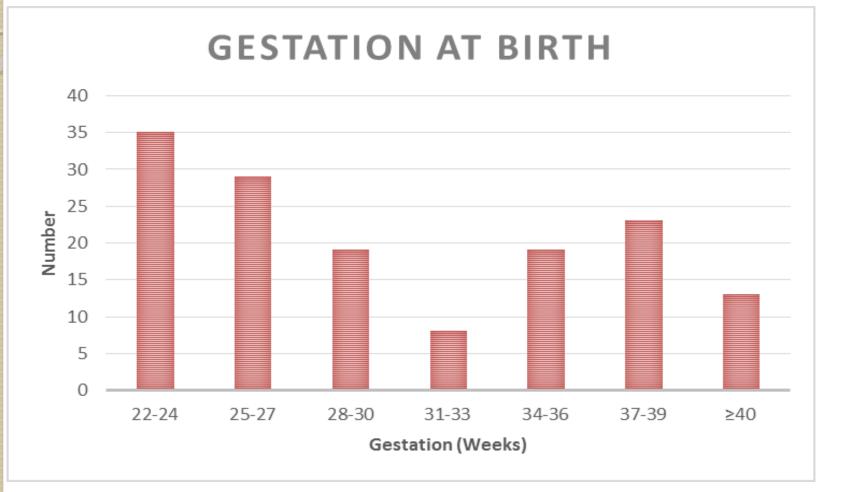
Sex of Infant

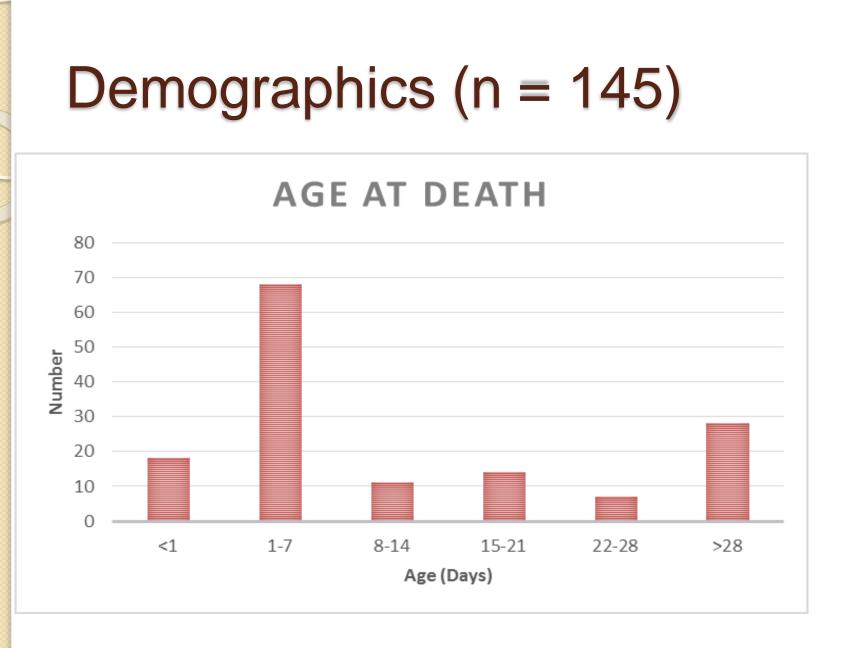


Demographics (n = 145)



Demographics (n = 145)





Documentation (n = 120/145)

Documentation Regarding	Decision and	Actions to Redirect Care	<u>83%</u>
Antenatal Discussions	6	Non-Escalation Plans	25
Documented Discussions on Redirection (Postnatal)	114	Incomplete Documentation of Discussions	25

Documentation (n = 145)

Timing Between Documented Discussions, Actions & Death

	<i>Time between Decision & Action (112/145)</i>	Time between Action & Death (136/145)
Range	0 to 15 days 5 minutes	0 to 22 days 41 minutes
Median (Mean) in minutes	80 (1445)	60 (1599)
% taking ≤60 minutes	45%	51%
% taking ≤180 minutes	64%	71%
% taking ≤360 minutes	75%	80%

Palliative Care (n = 18/145)

Cases with Palliative Care Referrals

Palliative Care Involved	18
Documented discussions & actions	12
Non-Escalation Plan	9
Minutes taken from Discussion until Action – Median (Mean)	1170 (4254)
Minutes taken from Action until Death – Median (Mean)	682 (4137)

Comfort Cares (n = 128/145)

Cases with Symptom Control or Comfort Cares

None prescribed	17	Endocrine	11
Analgesia or Sedation	94	Haematological	24
Anticonvulsant	8	Muscle Relaxants	2
Infection	18	Respiratory	9
Gastrointestinal	17	Renal or Electrolytes	9
Cardiovascular	18	Procedures/Manoeuvres	5

Psychosocial Supports (n=98/145)

Psychosocial Supports Utilised	<u>N (%)</u>		
Not Documented	47 (32%)	Religious Services	44 (30%)
Other Health Care Professionals	90 (62%)	- Chaplain (not specified)	38
- Palliative Care	18	- Māori/Pacific Chaplain	5
- Social Work	57	- Provided by Family	1
- Other Health Professionals	15	Keepsakes/Memory Making	94 (65%)
Cultural Services	17 (12%)		
- Whanāu Care Services	7		
- Pacific Health Unit	2		
- Interpreters	2		
- Whenua/Placenta Kept	1		
- Māori/Pacific Chaplain	5		

Post-mortems (n=145)

Post-mortems By Ethnicity	Performed	Declined	Not Required	Not Documented & Not Performed
African	1	0	0	1
Not stated	1	0	0	0
NZ European/Pākehā	47	14	18	9
NZ Māori	15	14	7	2
Other Asian	3	1	1	0
Other European	4	0	1	0
Pacific Island	7	7	4	1
South East Asian	6	0	2	1



Discussion

- 83% discussions with families documented
- Sensitive and flexible environments
- Common to have inconsistent and incomplete documentation
 - 26% had complete documentation of all aspects of the redirection pathway.
 - Clinical & medicolegal risks



Limitations

- Retrospective
 - Limited to documentation in clinical notes
 - Does not reflect point-of-care handovers



Strengths

- Highlighted gaps in documentation
- Population reflects findings of PMMRC
 - Need for cultural supports?



What next?

- Palliative Care Template
 - Standardise documentation
 - Prompts for medical + psychosocial supports
 - Individualise care
 - Aligns expectations between staff/families
 - Timed for reassessment
 - In conjunction with "Death Pack"

						Time:	
REDIRECTION OF	CARE						
Deficitive Open Defeated - Mars 🗖	10-11 1125-07		Cier				
Palliative Care Referral - Yes Patient's Key Issues:	(Call #056/		Pian	needs to	be review	led on:	
Family Meeting Outcomes:						Participanta:	
Redirection Plan/Non-Escalation	on Plan: /ex	onsider economisteness o	f mechanical vertilati	on, chest (ompression	vescular accessi	
Symptom Control: (tick where egg	sicable then pro	escribe es eppropriete, o	r edd specific interver	tions es re	iguihed)		
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