

# Improving Quality of End-of-Life Care in an Acute Palliative Ward

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## Aim

To improve the quality of end-of-life care (EOLC) in our acute inpatient palliative care ward and achieve 100% of patients whose care meet the criteria for all five identified domains of high quality EOLC.

## Background

High quality EOLC involves addressing psychosocial, spiritual and physical needs of patients and their caregivers. Despite robust evidence that measuring the quality of EOLC shapes how and what care is delivered, there is much less consensus on what these indicators should be.

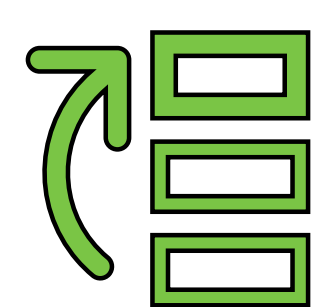
Despite a need for consensus on indicators, no clear measures have been developed and tested in patients who may have a variety of diseases, different trajectories of dying, in different settings and with different cultural and family contexts.

## Interventions / Implementation



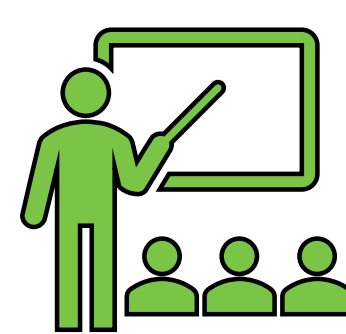
Domains that addressed the various aspects of high-quality EOLC were identified

- based on the current international literature
- taking into consideration our local cultural context.



Domains were prioritised through discussion amongst the Palliative Medicine Specialists

- five that were most important were reached in consensus (Fig. 1).



Education was provided to the team on delivery of these aspects of care

- developed 'smartphrase' on EPIC
- standardised framework.



Each death on our acute palliative care ward was audited

- weekly meetings over a 5 month period
- collective decision if each domain was achieved.

## Onward 2026

### SP4 - Manage and Prevent Frailty

- We help our frail patients at advanced stage of illness to live as well as possible and at the end of their lives provide the person-centred, compassionate care needed to die well.

### Quality and Patient Safety

- Auditing and objective measures of care quality deepens improvement culture and prioritises patient safety.

### Operational Resilience

- Structured approach minimizes variability in care and enhances overall quality of service.
- Regular review and team discussion fosters a culture of continuous improvement.

### Staff Well-Being

- Weekly audit provides an opportunity for debriefing
- Culture of learning and collaboration promotes joy in work.
- Delivering high quality EOLC brings meaning and fulfilment.

## Results

Fig. 1 - 5 Domains of high quality EOLC

1

Goals of care discussion

- Explore matters of importance
- Shared decision making on treatment options, preferred place of care and preferred place of death.

2

Adequate symptom management

- Symptoms adequately managed
- Anticipatory medications prescribed

3

Cultural/ spiritual/ religious practices

- Specific practices thoroughly explored and documented.

4

Recognition of dying phase

- Prepare and support patients, families and staff

5

Bereavement support

- Identify individuals at risk of complicated grief
- MSW support in place for appropriate follow up.

- 31 deaths over a 5 month period.
- Key indicator of quality of EOLC: % of patients who meet criteria for all 5 domains
- Overall trend of improvement in quality of EOLC (Fig. 2).
  - Not always possible to recognise the terminal phase due to sudden or rapid deterioration in clinical condition.
  - Dip in July with new junior medical staff who had not received adequate education on how to provide this care.
- Main area for improvement in domain 3 – achieved in 68% (Fig. 3).

Fig. 2 - % of patients who met criteria for all 5 domains

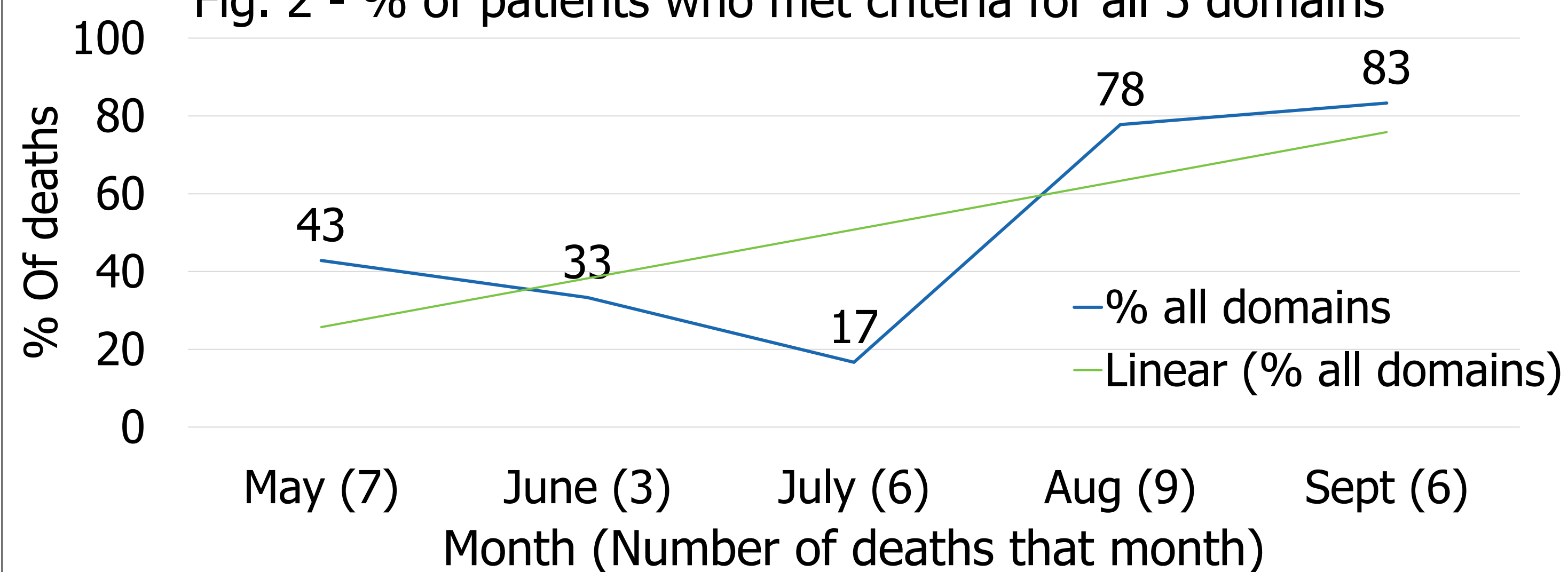
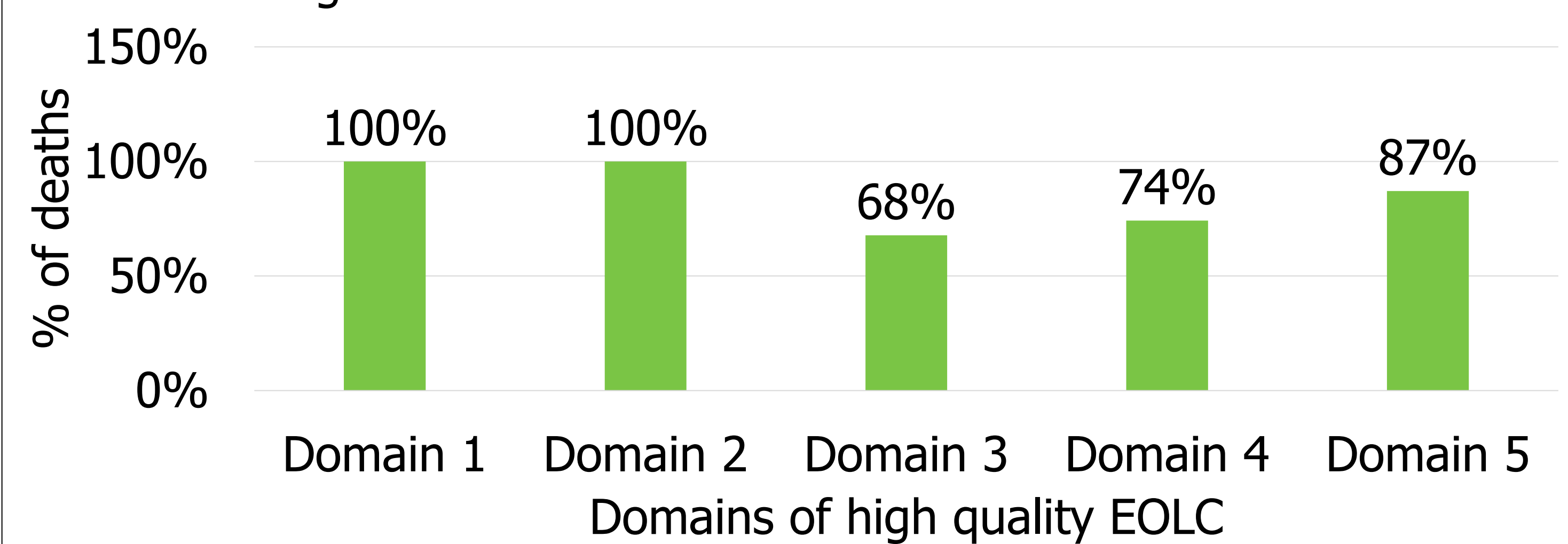


Fig. 3 - % of deaths that achieved each domain



## Outcomes

Timely compassionate discharge

Uphold patient wishes

Standardised high quality care

Less complicated grief

A good death is priceless

## Conclusion

The quality of EOLC is an important aspect of good Palliative Care and can be achieved through quality improvement interventions such as having clear indicators, standardisation, building awareness and education.