End-of-Life Rooms
Improving End-of-Life Care for Terminally Ill Patients

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Why EOL Rooms?
Need for single-bedded rooms for EOL care

- Better Care for Patient
- Better Care for Family Members & Loved Ones
- Better Care for Other Patients

With other patients and visitors around, the dignity and privacy of patient’s passing can be compromised

Lack of private space for saying goodbye and grieving, that is away from other patients and visitors

Symptoms of the dying patient (e.g. dyspnoea, confusion, death rattle) can be distressing to other patients in the same cubicule

- Provide privacy for terminally ill patients and their next-of-kins (NOK) and loved ones.
- Achieve better resource allocation through right-siting of patients according to the appropriate extent of care.

Methodology

Inclusion criteria
Patients in subsidized wards with an estimated prognosis of <48 hours, and meets either of the following criteria:
- Family members requested for privacy to spend time with patient, OR
- Patient with symptoms (e.g. dyspnoea, confusion, death rattle) which is/are distressing to other patients in the same cubicule.

Exclusion criteria
- Patient who requires medical equipment(s) which cannot be supported in the EOL room.
- Patient who requires close monitoring which cannot be fulfilled by the nursing staff in-charge.
- Patient who needs to be isolated because of infectious disease reasons.
- Consultant / ic does not consent to the transfer for medical reasons.
- Family member refuses to give consent for the transfer.

Results

Patients and NOKs Well-Being

More than 50% of NOKs agreed that patients’ emotional needs were attended to majority of the time

More than 60% of NOKs agreed that their own emotional needs were taken care of majority of the time

Utilisation

Overall utilisation rate: 68.7%

Cost Savings

EOL patients in ICU and HD beds are more easily transited to single-bedded EOL rooms, which operates at a lower cost per bed day. Right-siting of patients result in systems savings.

ICU Bed Days Saved
- Over a year, 27 patients transferred into EOL rooms from ICU beds.
- Of the 27 patients, 22 passed away in TTSH.
- On average, each of them stayed in EOL room for 4.2 days.
- In total, they stayed in EOL room for 113 days.

HD Bed Days Saved
- Over a year, 22 patients transferred into EOL rooms from HD beds.
- Of the 22 patients, 18 passed away in TTSH.
- On average, each of them stayed in EOL room for 4.7 days.
- In total, they stayed in EOL room for 104 days.

*Cost Savings = (Cost differential between General Bed and ICU/HD Bed) x No. of ICU/HD Bed Days Saved

With a rapidly ageing population, dying well has gained more attention and emphasis in recent years from providers, patients, and the public alike. In moving towards a holistic care model, TTSH aims to provide an environment that is conducive not just for healing, but also for good end-of-life care. The importance of respecting the need for privacy and grieving should not be neglected. The availability of EOL Rooms provides the space and environment for patients and their loved ones to spend time together, without disturbing the rest of other inpatients. At the same time, this purpose-built space helps to improve resource allocation by redirecting EOL patients from ICU/HD beds.

$260,131 of systems savings was achieved in CY15.