



# Singapore Healthcare Management 2016

# End-of-Life Rooms

Improving End-of-Life Care for Terminally Ill Patients

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## Background

### What are End-of-Life (EOL) Rooms?

As a part of TTSH's Ward of the Future project, the Palliative Care Service worked with Nursing to create space for 7 single-bedded rooms for EOL Care.

Transition from a single-bedded room such as ICU/HD room into a multi-bedded ward is often hard for patient and family members due to the need for privacy and grieving during such a personal moment.



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

<b>Better Care for Patient</b>	<b>Better Care for Family Members &amp; Loved Ones</b>	<b>Better Care for Other Patients</b>
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 cubicle

➤ 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 criterion:

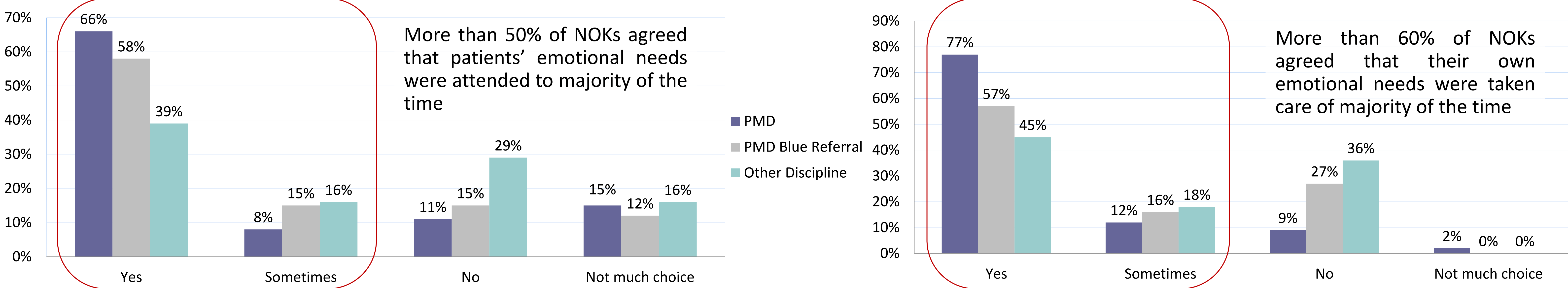
- Family members requested for privacy to spend time with patient, OR
- Patient with symptoms (e.g. dyspnoea, confusion, death rattle) which is/are distressing to other patients in the same cubicle.

### 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 i/c does not consent to the transfer for medical reasons.
- Family member refuses to give consent for the transfer.

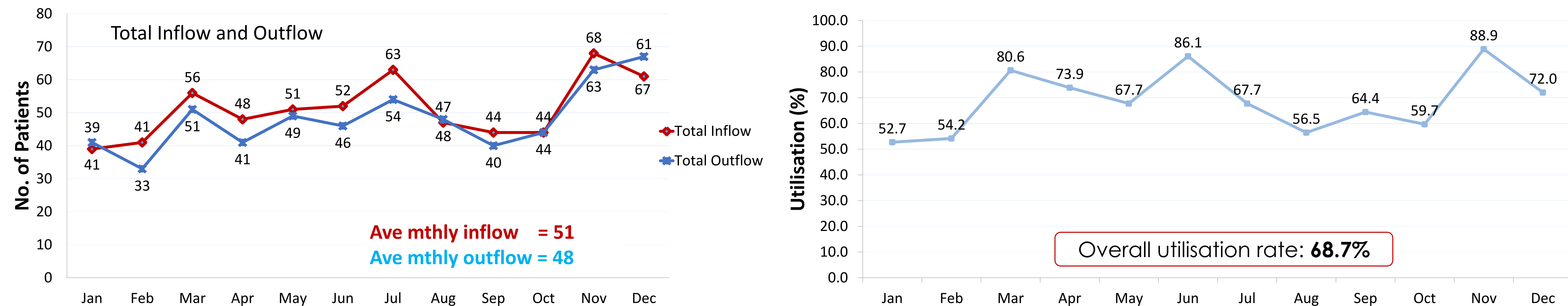
## Results

### Patients and NOKs Well-Being



\*Survey subject pool includes all NOKs of all patients who passed away in TTSH, and is not limited to patients who passed away in EOL rooms.

### Utilisation



### 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**.

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

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

## Conclusion

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.