**Enhancing Care at End of Life**

**Dying in a Single Room**

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### Introduction and Background

43% of all deaths in Ireland occur in hospitals. Our goal as a hospital is to endeavour to ensure that patients who die in our care experience a place of sanctuary, where they die in comfort and dignity and their families are supported in their bereavement.

The physical environment of hospitals can enhance or detract from dignity and care of patients and their families at end of life. The National Audit of End-of-Life Care in Hospitals in Ireland (2010) corroborates international research on the significance of care at end of life being provided in single rooms and their importance in improving care outcomes at this time.

**Context:** There are a number of competing demands that determine the allocation of single occupancy rooms within an acute hospital in Ireland. Patient need, infection control, income generation and the limited availability of single rooms all determine single room allocation.

### Research Evidence

The National Audit of End-of-Life Care in Hospitals in Ireland (2010) found that 15% of all hospital beds were in single rooms, with 44% of deaths occurring in single rooms. The Mater had 12% of hospital beds in single rooms with 45% of deaths occurring in single rooms. The National Audit also found that single rooms are consistently associated with:

- Better care outcomes in the assessments of nurses, doctors and relatives
- Better symptom management and the increased likelihood of team meetings being held
- Improved quality of staff communication with relatives

**Single rooms also:**

- Afford patients dignity and greater privacy
- Offer staff more personalised patient contact which can reduce patient anxiety
- Improve comfort and allow greater interaction with visitors
- Allow patients personalise the room with mementos of significance from home, enhancing emotional wellbeing
- Reduce noise levels resulting in greater ‘peace’ and ‘quiet’
- Afford privacy when meeting health care professionals
- Facilitate more accessible visiting for relatives
- Enable relatives to stay overnight and be present at the moment of death if they wish

Support patients’ preferences. Research has indicated that some patients prefer a shared room for social contact, however, this preference changed to a single room when seriously ill or close to death.

### Aim

To ensure more patients at end of life are cared for in single rooms, taking into account individual preferences.

### Implementation Strategy

Key stakeholders worked together to achieve our aim. Deming’s Plan-Do-Study-Act (PDSA) cycle was utilised as the method of improvement.

- **Plan:**
  - Identify key stakeholders e.g. ward based staff, bed management team
  - Highlight data from audit & research
  - Ensure Executive Management support

- **Do:**
  - Set Quality Indicator (QI) for 2010 = 50%
  - Create awareness about QI
  - Develop capacity to capture data (IT-Support) and electronic patient identification.

- **Study:**
  - Review data monthly
  - Report findings to all key stakeholders, Executive Management and Board of Hospital

- **Act:**
  - Audit indicator & celebrate success
  - Discuss, review and act when QI not met
  - Publicise initiative and increase QI each year

### Results

In 2010, we set a target of prioritising and increasing the number of patients allocated a single room at end of life to 50%.

Since then we have consistently achieved or exceeded our target from 45% in 2009 to achieving 82% in 2015, see Figure 1. Data for 2014 is presented in Figure 2, this highlights the variation that can occur and the need for ongoing review.

The Mater Board of Directors receive a monthly Quality Dashboard and a report on quality of clinical care indicators. This metric is one of the quality indicators on this dashboard.

### Conclusion

More people die in hospitals than in any other care setting. Research indicates significant improvements in care outcomes may be obtained if care at end of life is provided in a single room.

Since 2010, the number of people at the end of life who have been cared for in a single room has increased by 37%, leading to enhanced care for patients and their families.

This project is an excellent example of a hospital team working together to improve the quality of care for patients nearing end of life and their families.

### References


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