

An Interdisciplinary Assessment Tool



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- ◆ To improve Quality of Life for patients at the end of life, WHO has pointed out, that we need to offer a support system, working in a team. To meet patient's different needs, it is necessary that several disciplines cooperate as a team.
- ◆ This can be done in a parallel way, where the involved disciplines are working apart from each other, or in an interdisciplinary way.
- ◆ As a well qualified and well-going interdisciplinary team, we wish to support our patients in a way, so that they may be able to experience their last part of life as positively as possible.
- ◆ For that purpose we use the S-analysis at Hospice Djursland.
- ◆ We gather information in order to be able to analyse our patient's well-being and situation, regarded from the following six dimensions:

Symptom control:

Palliation according to the symptoms and needs of the patient. Thorough anamnesis. Use the relevant assessment tools (EORTC, ESAS, VAS, etc.)

Self-image:

How does the patient describe him- or herself? What is important to him or her? Habits? Vulnerability? In which ways has the disease affected the person's self-image? Resources? How can we help the patient to the self-image, in spite of increasing dependence?

Self-determination (Integrity):

Expectations and wishes? In which decisions will the patient take part, if able to? How does the patient experience the rising need for help and influence on the help offered? What can be done to support the patient's autonomy? Possible supportive measures?

Social relationships:

Relations of importance for the patient. The will and ability of the patient and near relations to speak openly to each other about the situation. Need for support and help to preserve integrity?

Strategy/surrender:

Accept of death closing in? Does the patient want to talk about death? Which needs are there to prepare for death? Religious rituals of importance? After death: traditions in culture and family; which clothes to wear; religious rituals, etc.

Sense of coherence

The patient's need to experience synthesis and meaning in and with his or her life and death. The possible wishes of the patient to clear up, or to finish themes from life? The need of the patient to discuss existential matters?

- ◆ Research has shown that the six S-dimensions affects quality of life experienced by the dying persons.
- ◆ The interdisciplinary palliative care is based on knowledge of the patient as a person.
- ◆ In the interdisciplinary cooperation all professionals contributes to knowledge of the patient's strengths in relation to each S-dimension. And it builds on the knowledge that other colleagues have provided.
- ◆ The S-approach strengthens the interdisciplinary efforts to provide a holistic person-centered palliative care.
- ◆ Thinking S-dimensions as criteria for a good death serves as a guide to assess which of the possible relevant professional groups, that can help the patient best.

What is the practice at your place?