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Introduction

In the case of Maureen, an elderly patient diagnosed with Alzheimer's, the quality of her palliative care journey becomes paramount. This critique assesses the care provided to Maureen through the lens of high-quality evidence, the Clinical Practice Guideline (CPG), the National Palliative Care Standards, and the Nursing and Midwifery Board of Australia (NMBA) standards. Four pivotal episodes of care will be analyzed: Maureen's initial hospital admission, her subsequent admissions, her care at home, and her hospice care (Unroe *et al.*, 2023). Each episode will be scrutinized for adherence to established standards, emphasizing positive aspects and improvement areas. Through this analysis, the effectiveness of the provided care will be evaluated, highlighting the importance of integrating evidence-based practices and standards to ensure the best possible palliative care experience for patients like Maureen (Eisenmann *et al.*. 2020)

Episode of Care 1

In Episode 1 of Maureen's care, the lack of culturally sensitive care emerged as a negative element. The nurses did not appreciate the significance of Maureen's cultural heritage, which contributed to her anxiety and distress. The National Palliative Care Standard 2.1 stresses cultural competency in palliative care, which is essential for upholding patients' values and beliefs. This episode's lack of cultural awareness violated this norm since it didn't respect Maureen's worth and well-being. There was a breakdown in communication between Maureen and her primary carer, Lisa, as demonstrated by this incident (Kashyap & Gielen, 2022). According to the National Palliative Care Standards, effective communication is a key component of integrated care. Weak lines of communication with Lisa reduced the effectiveness of our comprehensive approach to caring for Maureen. It is clear from this experience that the National Palliative Care Standards' emphasis on cultural competency and good communication is warranted. The inability to satisfy these requirements in Maureen's care highlighted the need for more education and understanding among healthcare personnel to recognize cultural variations and prioritize communication with carers (Panozzo *et al.,* 2023). If healthcare practitioners focus on these areas, they can improve the standard of palliative care and move towards a more person-centered and holistic approach.

Several enhancements may have been made to remedy the shortcomings seen in the first episode of Maureen's care. First, medical staff should have participated in programs designed to improve their cultural competency, particularly communication. Modern research emphasizes the value of culturally responsive treatment in enhancing patient health outcomes. Studies have shown that healthcare providers receiving cultural competence training can effectively navigate cultural differences, enhancing patient satisfaction and adherence to treatment plans. By recognizing and respecting cultural diversities, nurses can establish trustful relationships with patients, ensuring their emotional well-being, which is particularly crucial in palliative care contexts (Johns *et al.,* 220). Secondly, in line with the National Palliative Care Standard 2.2, establishing regular updates and open communication channels with the primary caregiver, such as Maureen's daughter Lisa, is vital. Engaging caregivers in decision-making processes enhances the continuity and quality of care. Research indicates that involving family caregivers in care planning improves patient outcomes and reduces caregiver burden and stress. Effective communication fosters a collaborative approach, ensuring that the patient's preferences are respected while addressing the patient's and their family's emotional needs. By implementing these improvements, healthcare providers can create a patient-centered, culturally sensitive, and collaborative care environment, aligning with the best practices outlined in the National Palliative Care Standards and contemporary nursing literature (Koch & Grier, 2020). These changes would significantly enhance the quality of care for patients like Maureen, ensuring a holistic and compassionate approach during their palliative journey.

Episode of Care 2

Episode 2, Maureen's third hospital admission, represents a positive element of care due to the implementation of a collaborative and inclusive approach. The interdisciplinary team demonstrated a high standard of care by organizing a family meeting involving Lisa (Maureen's daughter), Karen, and Mark to discuss Maureen's prognosis and care plan. This positive experience aligns seamlessly with the National Palliative Care Standard 1.3, emphasizing the crucial role of family involvement in decision-making processes. Contemporary evidence underscores the significance of family-centered care in palliative settings. Research indicates that involving family members in care discussions enhances patients' and their families' quality of life. Open communication within a family meeting provides a platform for sharing concerns, understanding the patient's condition, and aligning the care plan with the patient's preferences (Symmons *et al.*, 2022). Moreover, family involvement is associated with improved patient outcomes, including enhanced emotional well-being and satisfaction with care. By engaging in inclusive communication, the healthcare team ensured that everyone comprehensively understood Maureen's condition and actively contributed to the decision-making process. This approach respects the patient's autonomy and fosters a supportive environment, addressing the emotional needs of both the patient and her family. The positive outcome of this family meeting demonstrates the effective integration of evidence-based practices, aligning with contemporary literature (Gerber *et al.,* 2020) and the National Palliative Care Standards, ultimately enhancing the overall quality of care provided to Maureen.

In Episode 2, the positive aspect of the family meeting could have been further enhanced by addressing language barriers and providing comprehensive education to family members, especially Lisa, about the progression of Alzheimer's disease and its impact on Maureen's condition. To ensure effective communication, involving a language interpreter would have been crucial, aligning with the National Palliative Care Standard 1.2, emphasizing the significance of clear and appropriate communication in palliative care settings (Chahda *et al.*, 2021). Research indicates that language barriers can lead to misunderstandings, inadequate information sharing, and decreased satisfaction with care among patients and their families. Utilizing trained interpreters enhances the quality of communication, ensuring that all family members fully comprehend the medical information and can actively participate in decision-making processes. Family members, especially main carers like Lisa, must be informed about Alzheimer's disease and its course. With knowledge of the disease's course, symptoms, and probable obstacles, loved ones may better assist the sufferer and show compassion. Misconceptions may be dispelled, fear can be mitigated, and a more caring atmosphere can be created via education (Shahid *et al.,* 2019). Healthcare practitioners may improve patient and family comprehension, collaboration, and emotional well-being by accommodating language difficulties through interpreters and providing focused education during family meetings.

Episode of Care 3

It was an unfavorable aspect of care when Maureen fell at home and fractured her wrist in Episode 3. This occurrence demonstrated serious carelessness, suggesting insufficient supervision and assistance. Standard 2.3 of the Nursing and Midwifery Board of Australia (NMBA) guidelines was breached by not doing a home assessment and not taking the appropriate safety steps. According to the NMBA's principles, nurses should actively work to ensure the safety of their patients at all times (NMBA, 2016). Care must be taken to thoroughly analyze the patient's residence, identify any dangers, and implement adequate safety measures to protect the patient from harm. Research emphasizes the need for home safety evaluations and individualized treatments to avoid falls in this group (Griebling, 2019) because of the well-documented problem of falls in senior patients. Maureen's safety was jeopardized due to a serious adverse incident caused by the lack of compliance with these requirements. To enhance treatment in comparable scenarios, healthcare practitioners should prioritize thorough home assessments considering the patient's mobility, environmental dangers, and fall risks. Evidence-based fall prevention methods, such as fitness programs and home adaptations, are consistent with NMBA guidelines and current research in nursing (Ambika *et al*., 2023) and can successfully lower the risk of falls and promote patient safety.

With Maureen's fall within her home owing to a lack of sufficient help and supervision shown in Episode 3, the recognized changes attempt to correct this negative aspect of care. To enhance patient safety and prevent such incidents, a comprehensive home safety assessment should have been conducted in adherence to the Nursing and Midwifery Board of Australia (NMBA) Standard 2.3. This assessment, informed by contemporary evidence-based literature, would involve identifying and addressing potential hazards in Maureen's home environment. Studies emphasize the effectiveness of home safety assessments in reducing fall-related injuries among elderly individuals. Furthermore, collaboration with occupational therapists is essential, aligning with the National Palliative Care Standard 3.1. Occupational therapists possess specialized knowledge in assistive devices and home modifications that enhance patient mobility and safety (Jian-Yu *et al.*, 2020). Involving them in Maureen's care could have resulted in implementing necessary assistive devices and modifications tailored to her needs, thereby minimizing fall risks and ensuring a safer home environment. Research supports the role of occupational therapists in fall prevention interventions, emphasizing their contribution to enhancing patients' overall quality of life. By incorporating these improvements, healthcare providers can significantly enhance patient safety and contribute to delivering high-quality, person-centered care, aligning with the established standards and contemporary evidence (Arthanat *et al.*, 2022).

Episode of Care 4

This practice guideline aligns with recent research highlighting the value of palliative treatment for terminally ill patients (Ho *et al*., 2021). Maureen's great outcome may be credited to the hospice team's skill in providing pain relief, spiritual care, and emotional support adapted to her unique cultural and religious practices. It is crucial to use a person-centered approach to ensure that Maureen's dying moments are peaceful and respectful of her wishes. Individualized, culturally appropriate end-of-life care has been shown to improve the quality of life for patients and their loved ones (Shack *et a*l., 2023) based on research conducted in this area. The hospice care staff showed exceptional skill, empathy, and professionalism by following the National Palliative Care Standards and using the most up-to-date evidence. In line with known best practices and standards, this encouraging event highlights the need for specialized palliative care in delivering a dignified and peaceful end-of-life experience for patients.

There are certain major ways in which hospice care for Maureen could be improved to make her final days more comfortable. First, it is essential that the hospice staff, Maureen, and her family keep lines of communication open so that concerns can be addressed quickly and Maureen's wishes and needs can be respected (Tenzek *et al*., 2022). This aligns with the National Palliative Care Standard 2.2, which emphasizes the importance of frequent and transparent communication. The quality of end-of-life treatment, as well as the satisfaction and psychological well-being of patients and their families, is strongly impacted by open lines of communication between healthcare professionals, patients, and families. In addition, as emphasized by the National Palliative Care Standard 2.3, it is crucial to implement ongoing training in cultural competence for hospice staff. Culturally sensitive care guarantees that Maureen's distinctive cultural and religious beliefs are recognized and incorporated into her treatment regimen (Jung *et al.,* 2022). Culturally competent care has been shown to improve the quality of care experience for patients from varied backgrounds by increasing their levels of satisfaction, trust, and adherence to treatment plans (Lippe *et al.,* 2021). By implementing these changes, hospice care for Maureen will be even more individualized and customized to her needs, guaranteeing her physical ease and psychological and cultural well-being for a complete and respectful passing.

Conclusion

Overall, the four defining moments of Maureen's palliative journey revealed a mixed bag in the care given to the elderly patient with Alzheimer's disease. The problems highlighted vital places for development, such as the absence of cultural awareness in the first episode and the failure to do a thorough home safety evaluation in the third. These lapses highlighted the need for rigorous evaluations to guarantee patient safety and the necessity for improved training in cultural competency. Positively, the cooperative family meeting in the second episode and the specialized hospice treatment in Episode 4 revealed the beneficial impact of open communication and culturally sensitive hospice services in keeping with established guidelines and modern research. The critique underlines the necessity of continually adhering to the National Palliative Treatment Standards and NMBA standards throughout a patient's journey, even if there were noticeable positives in Maureen's treatment, notably in the later episodes. To guarantee a person-centered, comprehensive, and respectable palliative care experience, it is crucial to provide thorough cultural competency training and maintain open lines of communication. By integrating these improvements, the quality of care for patients like Maureen can be significantly enhanced, fostering a compassionate and supportive environment during their challenging journey towards the end of life.

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