Improving End of Life Care in A1, Antrim Area Hospital

Aim

To improve person centred end of life care to those patients identified as potentially in the last year of life, including those in the dying phase.

Objectives

- To support staff to identify those patients whose health is deteriorating and who are in need of palliative support in the community
- To measure key performance indicators for those patients in the dying phase
- To carry out an audit of the experience of bereaved relatives.

Background Literature

The regional palliative and end of life care strategy for adults in Northern Ireland, Living Matters, Dying Matters (DHSSPSNI, 2010) advocates the need for timely identification of palliative care needs. This is also supported by the RQIA Review of Stroke Services, (2014) and RCP National Clinical Guidelines for Stroke, (2012).

Methodology

A Trust end of life care task and finish project group was established in September 2015.

1. Identification of end of life

- Identification tool agreed as 'Supportive & Palliative Care Indicators Tool' (SPICT)
- Baseline data collected
- Identification processes agreed
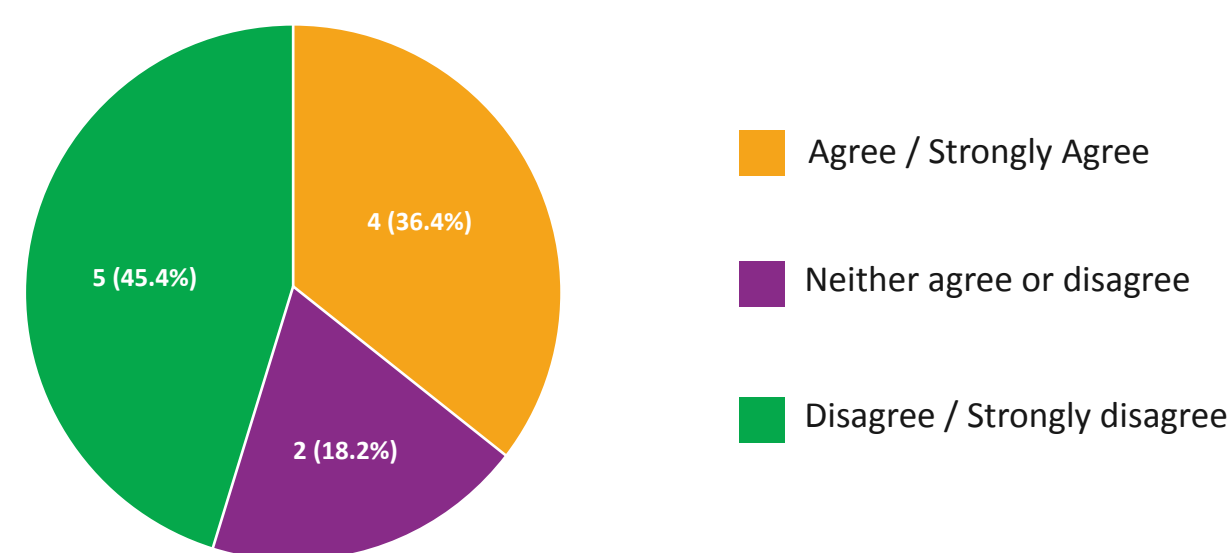- Staff training

Data is collected monthly by examining the Immediate Discharge Summary letters that are sent to GPs. Figure 1 shows the number of patients identified and referred to primary care for inclusion on the palliative care register.

Figure 1: Patients identified and referred to primary care
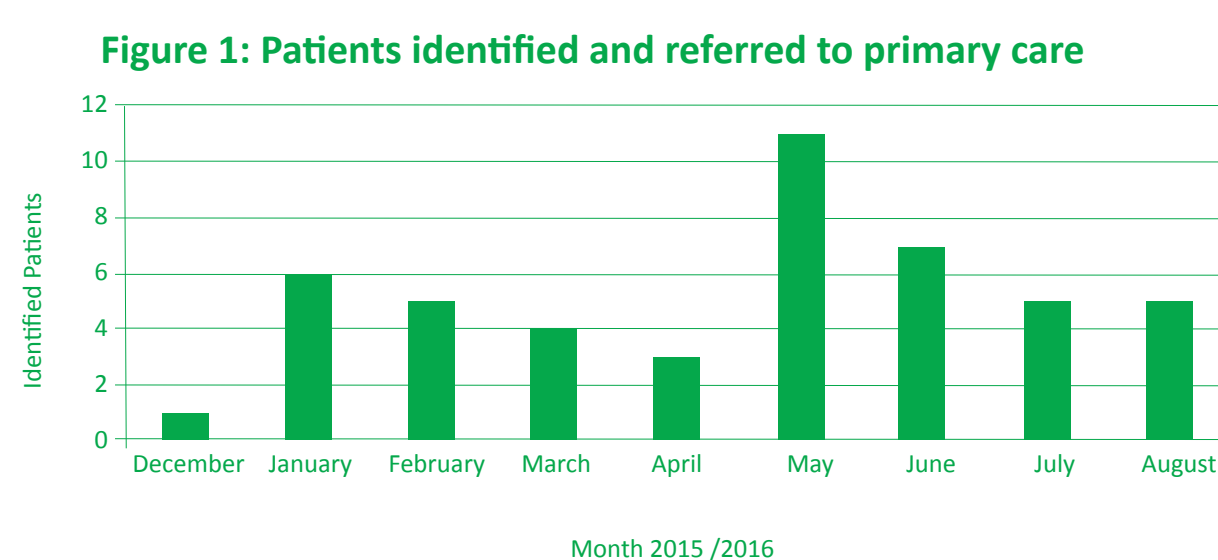
3. Audit of bereaved relatives using ECHO D

Thirty one bereaved relatives were identified and sent a letter inviting them to participate in a postal survey at 3 months post bereavement. There was a return rate of 35% (N=11).

This yielded very rich data and in addition captured important information which the relatives wished to share. Figure 4 is an example of one aspect of the questionnaire.
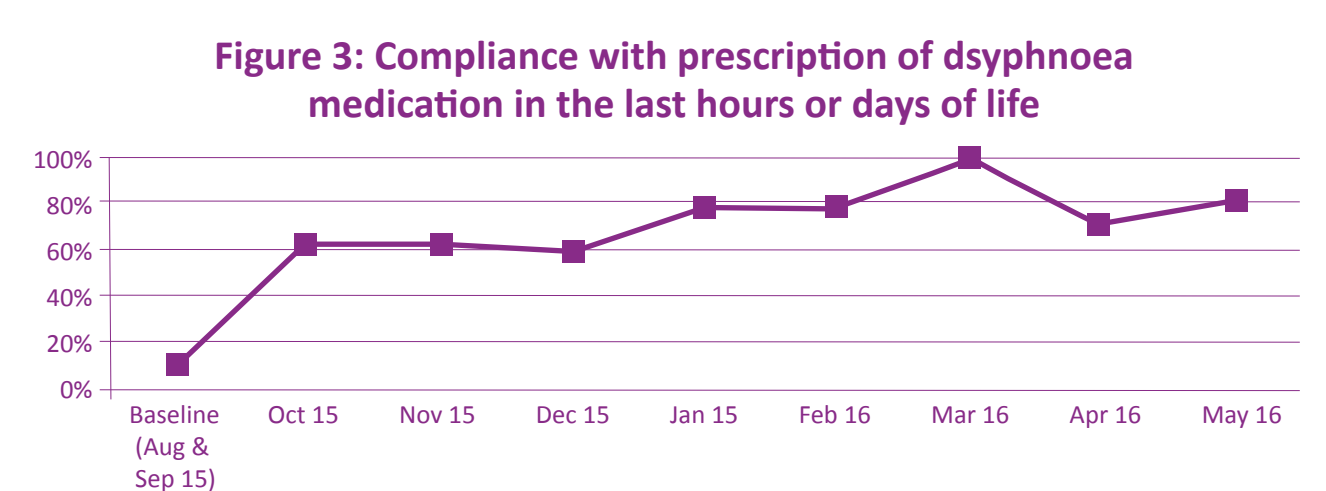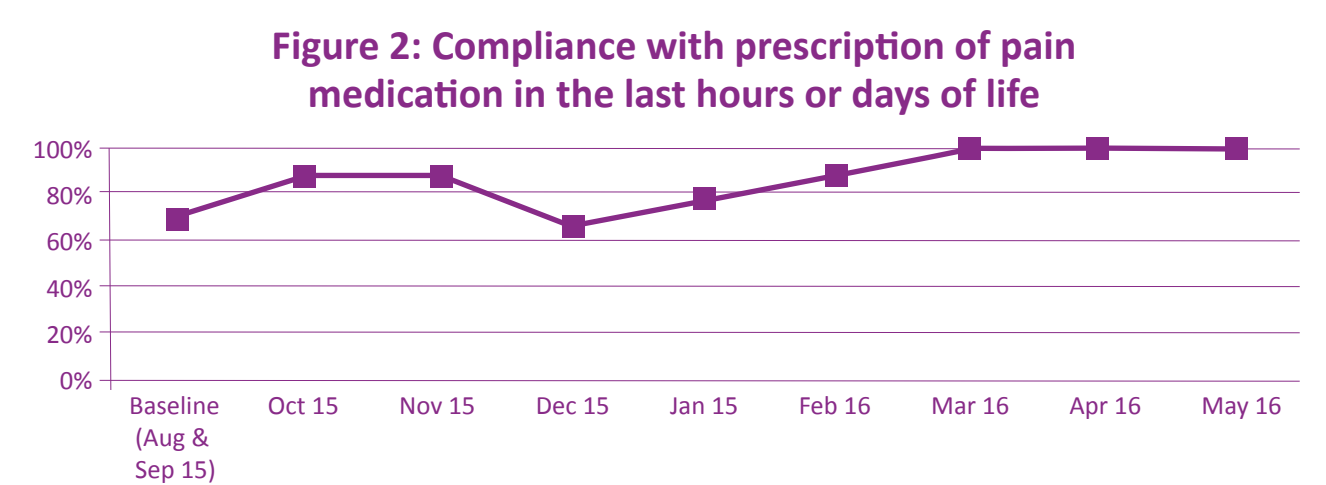
Figure 4: The doctors had time to listen and discuss his / her condition with me

- 4 (36.4%) — Agree / Strongly Agree
- 2 (18.2%) — Neither agree or disagree
- 5 (45.4%) — Disagree / Strongly disagree

2. Key Performance Indicators (KPIs) for the dying phase

- Recording template developed
- Identified clinical champions to collect data
- Baseline data collected
- Run charts compiled
- Results disseminated to stakeholders
- Action plan developed

Baseline data was collected on 6 KPIs. Figure 2 and 3 are examples of the KPIs measured.

Figure 2: Compliance with prescription of pain medication in the last hours or days of life

Figure 3: Compliance with prescription of dsyphnoea medication in the last hours or days of life

Overall benefits:

Patients

- Improved access to anticipatory prescribing
- Actively seeking relatives to discuss end of life care plan
- Patient & relatives involved in decision making
- Better access to end of life care booklets

"I want to express my gratitude to the wonderful care that was given to my dad during the last days of his life in A1. This was so appreciated by my mum who watched him ebb away …we can only praise you all for your kindness."

Staff

- Improved communication & documentation
- Improved medical written & verbal handover
- 64% of staff felt that the attitude towards end of life care had improved
- 82% of staff reported improved self/ team reflection in helping them learn

Next Steps

- Continue audit in A1
- Embedding this into everyday practice
- Further roll out into other wards

ramp
REFORM AND MODERNISATION PROGRAMME

innovation
Quality
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