Emergency Care Improvement Programme and End of Life Care:
Brighton and Sussex University Trust

Background

The aim of the Emergency Care Improvement Programme (ECIP) End of Life Care (EoLC) project was **to improve the quality of care for patients who may be in their last three months of life who attend or are admitted to hospital in an emergency**, recognising the different needs of this group of patients to facilitate the right care, in the right place, at the right time.

The project was commissioned by NHS Improvement as a developmental pilot to test proof of concept and as such set aside from the main ECIP programme. The project took a different approach working in partnership with the voluntary sector, the National Council for Palliative Care (NCPC), and relevant experts using QI (Quality Improvement) methodology. The intention was for the project to be very specific with a narrow scope enabling site teams to focus on acute admissions and the accident and emergency department (A&E) for people who may be in the last three months of life. Starting in May/June 2016 the project was initially due to run for 12 months but was given six months extension to finish at the end of September 2017.

Four site teams were selected from across the country that were part of the main ECIP cohort and offered an opportunity to receive targeted support to improve end of life care. The approach was taken to work alongside each of the four sites to identify areas for improvement using a three-tierd structured Quality Improvement approach: 1) *A site visit. 2) A Patient and Relative Experience Walkthrough. 3) Case file review.*

Brighton and Sussex University Trust is a university teaching hospital with 900 beds across two sites. The trust has a dedicated hospital palliative care team involving consultants and nurse specialists who see around 1,400 patients a year. The palliative care team considers itself to be integrated into most teams and well regarded as a specialist team.

The aim of the local Brighton **ECIP project** was to improve the care and experience for patients near the end of life, who are at **risk of dying** and those who are **actively dying** in **A&E (emergency department)** and AMU (**acute medical unit)**. The **ECIP EoLC programme** was seen as an opportunity allowing palliative care to align with AMU and A&E to have a greater focus on improving recognition to identifying patients who are deteriorating.

The approach

The programme delivery team at the **National Council of Palliative Care** (now **Hospice UK**) designed a **case file review** tool aimed at providing retrospective analysis of the last three months of life of a patient journey for patients admitted through AMU or A&E. The **case file review** was designed to identify **existing good and best practice** as well as **missed opportunities** by looking at pre-existing clinical issues for patients who had been admitted with existing life limiting or frailty conditions.

Good existing relationships between palliative care and AMU, as well as between AMU and A&E, with the incentive of being involved in the national ECIP programme worked to bring the three departments together. The **case file review** was carried out by **palliative care, A&E and AMU** who screened 31 notes; 23 of which had pre-existing life-limiting conditions.

What the case file review identified

The **case file review** revealed some excellent examples of care including **timely recognition** of dying, **good communication** and **holistic end of life practice**; providing evidence that **sharing information** allows more **timely** and **appropriate decision making**. In 39% of cases where end of life care was done well it was done '**very well**' with frequent reviews, use of side rooms, and the inclusion of family in discussion.

The **case file review** also identified areas that would benefit from **improvement**:

- A variation in senior decisions makers identifying patients who are at risk of dying who would benefit more from palliative management
- Paucity of available Advance Care Plans
- Variation in pre-emptive prescribing needs; 60% had appropriate medication prescribed
- Few individualised care plans for dying patients documented (22%)
- Clarity of nursing documentation and how it is interpreted by doctors

Improvements

Prompt Cards: An **Emergency Prompt Card** designed by one of the A&E clinical fellows provides A&E doctors with a quick reference guide in the form of an **EoLC check list**. The prompt card distils a significant amount of information regarding **best practice** in end of life care onto two sides of card, guiding A&E clinicians in helping them to **identify patients** who may die in the coming hours or days and care for

them appropriately, ensuring that they deliver of the **five priorities of care** for the dying patient.

Improved nursing documentation: Improvements to **nursing documentation** making them clearer and more uniform to support **recognition of the dying patient** and **symptom control**, for use by nursing staff in A&E and AMU.

Training programme for care of the dying: Building on the relationships developed between AMU, A&E and palliative care the team have gained access to the F2 training giving them access to an increasing number of doctors. Specifically in relation to the ECIP project the site team were able to train 41 health care professionals (six consultants, seven junior doctors and 28 nurses).

Friendship boxes: Introduction of friendship boxes to support families and carers. These contain some basic comfort items such as a phone charger, hand wash, tissues and useful information that may be of value to families and carers visiting their loved ones.

How do they know if these improvements make a difference?

Quality **improvement methodology** using **PDSA** (Plan, Do, Study, Act) is being used to test the improvements being made. A modified version of the **case file review** is now used to audit patients who die in AMU in the form of a pro-forma. Audit is showing that there is **increased** and **improved use of documentation**; **improved recording of symptoms** and evidence that **appropriate, timely discussion** has taken place.

Expected outcomes

It is expected that the **improvements** outlined above will lead to the following **outcomes**:

- More **professionals** who are **trained** and able to **care for the dying patient.**
- Increased adoption of **SPICT** (Supportive &Palliative Care Indicators Tool) for those who need it, and use of **RDP** (Rapid Discharge Planning).
- Increased use of tools to support practice.
- Improved **recognition of those at risk of dying.**
- Improved **recognition of those actively dying.**
- **Improved experience for family/friends.**
- Consistently provide **high quality care of actively dying individuals** which compliant with **gold standard recommendations.**
- Improved **concordance of care** provided with **expressed patient preferences.**

What contributed to successful improvements?

Good engagement with AMU – palliative care were already embedded with the acute medical team prior to ECIP and involved every morning with the board round; had acute AMU who wanted to had interest in palliative care / AMU and palliative care were already integrated with palliative care at handover meeting where they are able to flag patients for whom palliative care may be suitable.

Clinical fellows in A&E – Brighton & Sussex University Trust use a model of clinical fellowships for junior doctors in the A&E. Clinical fellows are attractive positions allowing doctors to spend 60% of their time in clinical practice and 40% on relevant projects and improvements with consultant supervision. With ECIP backing and data supporting the case for change, demonstrating missed opportunities, highlighting people for whom they could have made a difference.

Case file review – in the form of an audit tool developed by the EoLC ECIP programme delivery team.

Support from data support services.

End of Life Committee – providing links with the EoLC ECIP project through one of the Palliative care nurses.

Contact

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