Emergency Care Improvement Programme and End of Life Care: Wirral University Hospital Teaching NHS Foundation 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-tiered structured Quality Improvement approach: 1) A site visit. 2) A Patient and Relative Experience Walkthrough. 3) Case file review.

The Wirral University Teaching Hospitals NHS Foundation Trust (WUTH) serves a population of 330,000. The population contains a significant level of inequality with higher levels of deprivation, higher numbers of long term conditions, lower life expectancy and disability-free life expectancy than national average as well as a higher proportion of elderly people living alone.

Palliative and end of life care on the peninsula is fragmented, and historically under-resourced within the Acute Trust. As such the aim of the ECIP EoLC project has been to support the strategy which aims to improve cohesiveness between the arms of the service, put patient’s wishes at the heart of everything they do and work proactively to achieve them.
The approach

One element of the ECIP EoLC programme was to establish a community of practice for the project teams to engage, support and share learning with one another and the programme delivery team.

Initial discussions came about at community of practice day between the regional ECIP lead and the local ECIP EoLC project lead.

Although there was a significant emphasis on the need to improve patient flow within the organisation, it was suggested that the ‘Red to Green’ concept could be used to keep the focus on what mattered most to the person, and adapted to suit the needs of a Specialist Palliative Care caseload (where an emphasis on patient experience as well as flow is especially crucial). An added benefit could be increased team cohesiveness by implementing a board round process, focussed on the patients’ priorities.

Derived from NHSI ‘Red to Green Bed Days initiative’ – where red is a day with no value to the patient and green is a day of value to the patient – the principle aim of the initiative is to reduce the number of red days to have a shorter and safer stay for the patient.

In a collaborative effort, adapted from mainstream ECIP work and working with the ECIP EoLC delivery team at NCPC the ‘Red to Green’ initiative was translated for EoLC; what did a ‘green’ day mean, what did a ‘red day’ mean in palliative care? Re-naming the initiative ‘Silver to Gold’ was suggested to distinguish it from Red to Green.

**Silver Day**

‘A day in which the patient experiences safe, high quality, compassionate care in hospital, but no specific actions are taken them to support them in achieving their stated wishes.’

**Gold Day**

‘A day in which a specific action occurs which enables progress in achieving the patient’s expressed wishes.’
**Improvements**

**Improved patient experience:** For some palliative care patients approaching the last days of life, hospital is where they want to be. The use of ‘Silver to Gold’ helps to ensure that the experience is as good and as meaningful as it can possibly be. Other patients may wish to be cared for outside the hospital environment, but have priorities relating to their experience of care rather than progress towards discharge itself. All patients on SPC caseload are now discussed during the morning board round, and the question: *what matters most today?* is asked. The palliative care team take daily positive action to support patients in achieving their preferences and wishes, escalating any barriers to help patients achieve gold days, aiming to achieve ‘gold’ days for all patients on caseload.

SPC charts are used to capture gold days (figure 1). The chart shows some initially variation then settled down. Dip on 20th of June when hospital was at 100% capacity due to reduced discharge and had large number of patients who wanted to get home but couldn’t because of lack of care packages in the community.

**Figure 1:** SPC Chart: Daily percentage gold bed days achieved
Thematic analysis of Silver Bed Days to gather learning when a gold day is not achieved found that the most significant blocks are external due to lack of available packages of care (28%) followed by capacity within the SPC team (23%); 19% of blockages were due to internal factors in the hospital more generally such as delays in radiology and processing of continuing healthcare (CHC) applications. Finally, hospice beds accounted for 19% of silver days.

How do they know if these improvements make a difference?

Examples of improved patient experience are illustrated below:

- One lady who had been left with poor body image following chemotherapy desperately wanted a wig. The SPC team were able to speak directly to the cancer team and obtain a wig resulting in more positive body image.
- A patient with sever COPD, who was approaching last days of life had a long discussion about what mattered most to her and her fears about dying. When asked “what matters most to you today” the lady replied she was suffering from incontinence sitting in a wet bed. Was able to arrange for a catheter to be fitted that day.
- Ensure a gentleman with complex spiritual needs, following the death of his Catholic wife a few years earlier, was supported by the chaplaincy team, allowing him to die peacefully a couple of days later.
- A wedding ceremony arranged.
- Ensuring more effective relief from pain – a more common issue but often not always the easiest to recognise and solve.

Silver to Gold bed days also improved the experience of the palliative care team:

- Increased team cohesiveness as a result of focusing on ‘what matters most’ to the patient and those close to them.
- The team has been able to move away from individual caseloads to an approach with increased peer support where responsibility is shared.
- The team feel a sense of achievement with each gold bed day
- Analysis of silver bed days allows increased sense of ownership and control over challenges.
- The approach has led to greater proactivity. For example, by proactively going down to radiology themselves to negotiate a scan or procedure; by picking up the phone to chaplaincy directly.
- Ensures that focus is on the outcome for the patient rather than process.
What resources were needed?

Community of practice involving people with experience of using different approaches.

On-going support from the ECIP EoLC delivery team as well as the mainstream ECIP team to ensure modification and implementation of ‘Red to Green’ in the form of ‘Gold to Silver’.

Engagement with teams across the acute and community sector to enable the wishes of patients to be achieved.

Contact

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