Guy's and St Thomas' Hospital sees 2.4 million patient contacts per year, including more than 800,000 in community services, 103,000 daycase patients, 88,000 inpatients and 1.2 million outpatients (2016/17 statistics).

Outcomes

1. Lack of smooth transition in and out of hospital for palliative care patients.
2. Variable advance care planning (ACP).
3. Variation in symptom control, care planning and experience for patients being supported by the priorities for care of the dying person.
4. Variation in knowledge and confidence with respect to end of life care (EoLC) and uptake of education.

Guy's and St Thomas' Hospital has a paper patient list of 1.2 million, more than 800,000 in community services, 103,000 daycase patients, 88,000 inpatients and 2.4 million outpatients in 2016/17.

About the project

1. What was done?

- Questionnaires to GPs and patients
  Ethical approval obtained for research study interviewing patients re their experience of palliative care hospital discharge.
  GP telephone handover supported by SBAR (Situation, Background, Assessment and Recommendation) template and subject to quality improvement project.
  Testing of discharge checklist for palliative care patients – this project evolved into testing of a transfer of care navigator role within palliative care.
  Working group set up to develop rapid access pathway via Emergency Department (ED) for palliative care patients.

- Training in EPaCCS (Coordinate my Care, CMC) for ED and ITU nurses as well as disease specific clinical teams.

- Adapted Brighton symptom observation chart and tested its use in acute admissions ward alongside bespoke nursing care planning guide for patients supported by the priorities for care of the dying person.
  Tested more widely in three wards of Older Persons Unit as part of medical student QI project; the students have volunteered to run a further PDSA cycle following formal completion of their project.
  Discussions ongoing with Chief Technology Officer (CTO) and Chief Clinical Information Officer (CCIO) re embedding the above into electronic patient record.
  Worked with spiritual care team to ensure support given when wanted – championed by EoLC CNS and chaplains and automatic notification to patient record.

- Discussions ongoing with Chief Technology Officer (CTO) and Chief Clinical Information Officer (CCIO) re embedding the above into electronic patient record.

- Successful bids for and recruitment to EoLC Darzi fellow and pan-London research fellow in EoLC.
  Developed novel educational initiatives including Second Conversation (in collaboration with the Royal College of Physicians) and one-day advanced communication skills training, supported by Darzi fellow. Darzi fellow led project with a focus on improving conversations around DNACPR and treatment escalation decision making, linked with all-Wales TalkCPR.

• Worked with EoLC education subgroup to finalise prospectus / training matrix for essential EoLC training for all Trust staff and embedded EoLC education into Trust induction / mandatory training (as non-mandatory update).

- Training in EPaCCS (Coordinate my Care, CMC) for ED and ITU nurses as well as disease specific clinical teams.

- Adapted Brighton symptom observation chart and tested its use in acute admissions ward alongside bespoke nursing care planning guide for patients supported by the priorities for care of the dying person.
  Tested more widely in three wards of Older Persons Unit as part of medical student QI project; the students have volunteered to run a further PDSA cycle following formal completion of their project.
  Discussions ongoing with Chief Technology Officer (CTO) and Chief Clinical Information Officer (CCIO) re embedding the above into electronic patient record.
  Worked with spiritual care team to ensure support given when wanted – championed by EoLC CNS and chaplains and automatic notification to patient record.

- Successful bids for and recruitment to EoLC Darzi fellow and pan-London research fellow in EoLC.
  Developed novel educational initiatives including Second Conversation (in collaboration with the Royal College of Physicians) and one-day advanced communication skills training, supported by Darzi fellow. Darzi fellow led project with a focus on improving conversations around DNACPR and treatment escalation decision making, linked with all-Wales TalkCPR.

What was done?

- Questionnaires to GPs and patients
  Ethical approval obtained for research study interviewing patients re their experience of palliative care hospital discharge.
  GP telephone handover supported by SBAR (Situation, Background, Assessment and Recommendation) template and subject to quality improvement project.
  Testing of discharge checklist for palliative care patients – this project evolved into testing of a transfer of care navigator role within palliative care.
  Working group set up to develop rapid access pathway via Emergency Department (ED) for palliative care patients.

- Training in EPaCCS (Coordinate my Care, CMC) for ED and ITU nurses as well as disease specific clinical teams.

- Adapted Brighton symptom observation chart and tested its use in acute admissions ward alongside bespoke nursing care planning guide for patients supported by the priorities for care of the dying person.
  Tested more widely in three wards of Older Persons Unit as part of medical student QI project; the students have volunteered to run a further PDSA cycle following formal completion of their project.
  Discussions ongoing with Chief Technology Officer (CTO) and Chief Clinical Information Officer (CCIO) re embedding the above into electronic patient record.
  Worked with spiritual care team to ensure support given when wanted – championed by EoLC CNS and chaplains and automatic notification to patient record.

- Successful bids for and recruitment to EoLC Darzi fellow and pan-London research fellow in EoLC.
  Developed novel educational initiatives including Second Conversation (in collaboration with the Royal College of Physicians) and one-day advanced communication skills training, supported by Darzi fellow. Darzi fellow led project with a focus on improving conversations around DNACPR and treatment escalation decision making, linked with all-Wales TalkCPR.

• Worked with EoLC education subgroup to finalise prospectus / training matrix for essential EoLC training for all Trust staff and embedded EoLC education into Trust induction / mandatory training (as non-mandatory update).

- Training in EPaCCS (Coordinate my Care, CMC) for ED and ITU nurses as well as disease specific clinical teams.

- Adapted Brighton symptom observation chart and tested its use in acute admissions ward alongside bespoke nursing care planning guide for patients supported by the priorities for care of the dying person.
  Tested more widely in three wards of Older Persons Unit as part of medical student QI project; the students have volunteered to run a further PDSA cycle following formal completion of their project.
  Discussions ongoing with Chief Technology Officer (CTO) and Chief Clinical Information Officer (CCIO) re embedding the above into electronic patient record.
  Worked with spiritual care team to ensure support given when wanted – championed by EoLC CNS and chaplains and automatic notification to patient record.

- Successful bids for and recruitment to EoLC Darzi fellow and pan-London research fellow in EoLC.
  Developed novel educational initiatives including Second Conversation (in collaboration with the Royal College of Physicians) and one-day advanced communication skills training, supported by Darzi fellow. Darzi fellow led project with a focus on improving conversations around DNACPR and treatment escalation decision making, linked with all-Wales TalkCPR.

What was done?

- Questionnaires to GPs and patients
  Ethical approval obtained for research study interviewing patients re their experience of palliative care hospital discharge.
  GP telephone handover supported by SBAR (Situation, Background, Assessment and Recommendation) template and subject to quality improvement project.
  Testing of discharge checklist for palliative care patients – this project evolved into testing of a transfer of care navigator role within palliative care.
  Working group set up to develop rapid access pathway via Emergency Department (ED) for palliative care patients.

- Training in EPaCCS (Coordinate my Care, CMC) for ED and ITU nurses as well as disease specific clinical teams.

- Adapted Brighton symptom observation chart and tested its use in acute admissions ward alongside bespoke nursing care planning guide for patients supported by the priorities for care of the dying person.
  Tested more widely in three wards of Older Persons Unit as part of medical student QI project; the students have volunteered to run a further PDSA cycle following formal completion of their project.
  Discussions ongoing with Chief Technology Officer (CTO) and Chief Clinical Information Officer (CCIO) re embedding the above into electronic patient record.
  Worked with spiritual care team to ensure support given when wanted – championed by EoLC CNS and chaplains and automatic notification to patient record.

- Successful bids for and recruitment to EoLC Darzi fellow and pan-London research fellow in EoLC.
  Developed novel educational initiatives including Second Conversation (in collaboration with the Royal College of Physicians) and one-day advanced communication skills training, supported by Darzi fellow. Darzi fellow led project with a focus on improving conversations around DNACPR and treatment escalation decision making, linked with all-Wales TalkCPR.

What was done?

- Questionnaires to GPs and patients
  Ethical approval obtained for research study interviewing patients re their experience of palliative care hospital discharge.
  GP telephone handover supported by SBAR (Situation, Background, Assessment and Recommendation) template and subject to quality improvement project.
  Testing of discharge checklist for palliative care patients – this project evolved into testing of a transfer of care navigator role within palliative care.
  Working group set up to develop rapid access pathway via Emergency Department (ED) for palliative care patients.

- Training in EPaCCS (Coordinate my Care, CMC) for ED and ITU nurses as well as disease specific clinical teams.

- Adapted Brighton symptom observation chart and tested its use in acute admissions ward alongside bespoke nursing care planning guide for patients supported by the priorities for care of the dying person.
  Tested more widely in three wards of Older Persons Unit as part of medical student QI project; the students have volunteered to run a further PDSA cycle following formal completion of their project.
  Discussions ongoing with Chief Technology Officer (CTO) and Chief Clinical Information Officer (CCIO) re embedding the above into electronic patient record.
  Worked with spiritual care team to ensure support given when wanted – championed by EoLC CNS and chaplains and automatic notification to patient record.

- Successful bids for and recruitment to EoLC Darzi fellow and pan-London research fellow in EoLC.
  Developed novel educational initiatives including Second Conversation (in collaboration with the Royal College of Physicians) and one-day advanced communication skills training, supported by Darzi fellow. Darzi fellow led project with a focus on improving conversations around DNACPR and treatment escalation decision making, linked with all-Wales TalkCPR.

What was done?

- Questionnaires to GPs and patients
  Ethical approval obtained for research study interviewing patients re their experience of palliative care hospital discharge.
  GP telephone handover supported by SBAR (Situation, Background, Assessment and Recommendation) template and subject to quality improvement project.
  Testing of discharge checklist for palliative care patients – this project evolved into testing of a transfer of care navigator role within palliative care.
  Working group set up to develop rapid access pathway via Emergency Department (ED) for palliative care patients.

- Training in EPaCCS (Coordinate my Care, CMC) for ED and ITU nurses as well as disease specific clinical teams.

- Adapted Brighton symptom observation chart and tested its use in acute admissions ward alongside bespoke nursing care planning guide for patients supported by the priorities for care of the dying person.
  Tested more widely in three wards of Older Persons Unit as part of medical student QI project; the students have volunteered to run a further PDSA cycle following formal completion of their project.
  Discussions ongoing with Chief Technology Officer (CTO) and Chief Clinical Information Officer (CCIO) re embedding the above into electronic patient record.
  Worked with spiritual care team to ensure support given when wanted – championed by EoLC CNS and chaplains and automatic notification to patient record.

- Successful bids for and recruitment to EoLC Darzi fellow and pan-London research fellow in EoLC.
  Developed novel educational initiatives including Second Conversation (in collaboration with the Royal College of Physicians) and one-day advanced communication skills training, supported by Darzi fellow. Darzi fellow led project with a focus on improving conversations around DNACPR and treatment escalation decision making, linked with all-Wales TalkCPR.