Gloucestershire Safety & Quality Improvement Academy

Gloucestershire Hospitals NHS
NHS Foundation Trust

Improving End of Life Decisions for Frail, Elderly Patients

Alison Doyle, Advanced Nurse Practitioner Palliative Care

Background of Project

NICE guidance defines End of Life Care as pertaining to the last year of life (NICE, 2011). Woodmancote ward cares for General Old Age Medicine (GOAM) and Endocrine patients. A high proportion of elderly frail patients on this ward and other acute settings have multiple co-morbidities, are increasingly frail, and many are in the last year of their lives. Clinical decision making in their group is complex and challenging, and may be delayed. The consequences of such a delay might include: poor recognition of end-of-life wishes, a failure to engage in conversation around ceilings of treatment, and protracted interventions in the dying phase with potential resource and life quality implications.

Team

Dr Helen Alexander – GOAM Consultant

Matron – Sue McShane

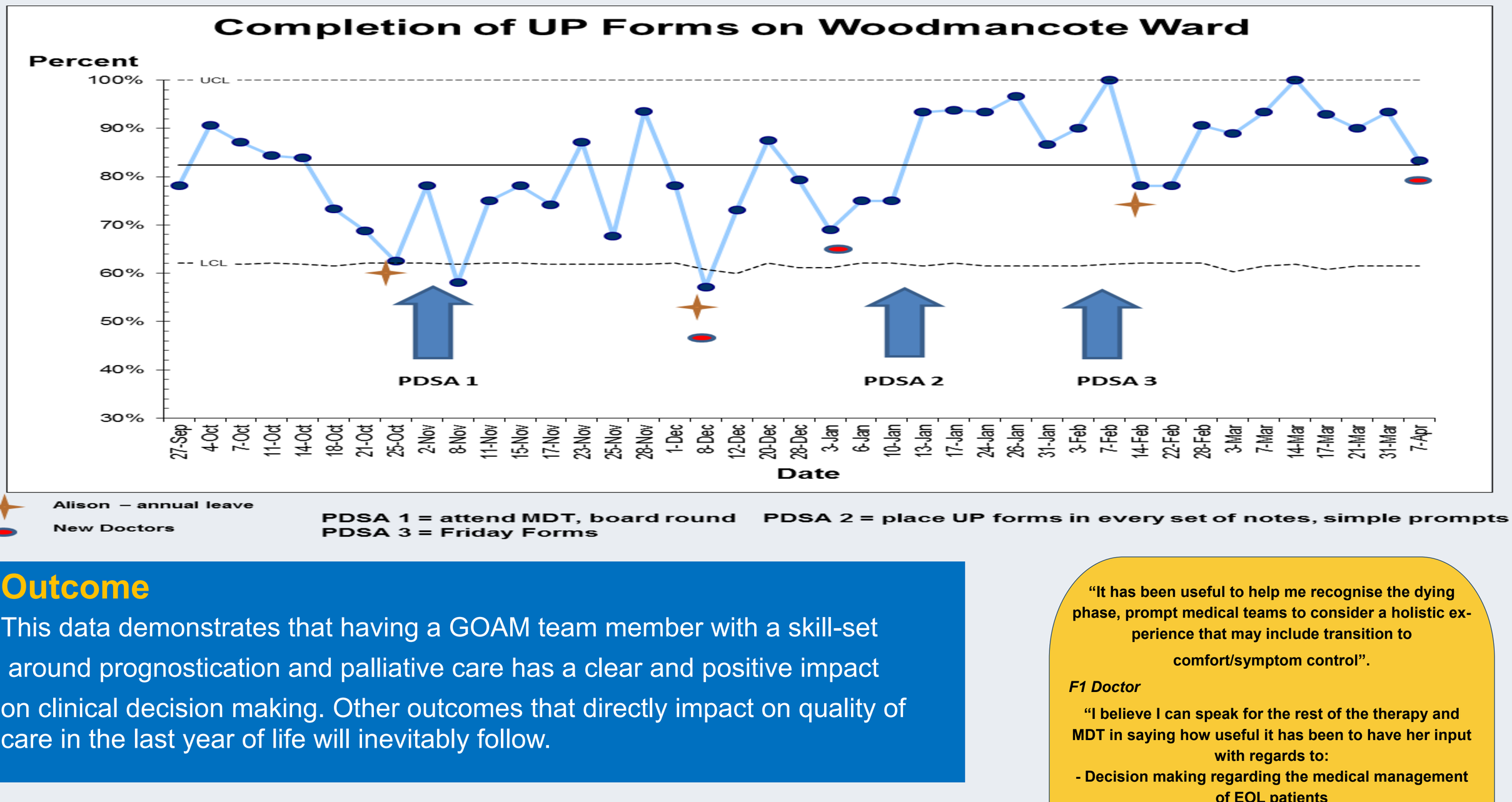
Woodmancote Ward Team

CGH Palliative Care Team

Dr Charlie Candish – Oncology Consultant

Aim

To facilitate timely patient engagement and decision–making around ceilings of treatment to enable: appropriate comfort-focused care, end-of-life conversations and honest communication. This may impact positively on length of stay, reduced re-admission, fast track discharge and avoidance of potentially harmful treatments.



Outcome

This data demonstrates that having a GOAM team member with a skill-set around prognostication and palliative care has a clear and positive impact on clinical decision making. Other outcomes that directly impact on quality of care in the last year of life will inevitably follow.

Future Implications

For Palliative Care to meaningfully impact on care within the last year of life, arguably it should be integrated within all specialities. There maybe real benefits in using this model widely across many hospital teams.

"It has been useful to help me recognise the dying phase, prompt medical teams to consider a holistic experience that may include transition to comfort/symptom control".

F1 Doctor

"I believe I can speak for the rest of the therapy and MDT in saying how useful it has been to have her input with regards to:
- Decision making regarding the medical management of EOL patients
- Support in speaking to family/ carers and the patients themselves about their wishes during their discharge planning
- Helping to support in providing and pulling together packages of care for these patients".

Physio

"I am certain many discharges were expedited with your support, and that many were done in a more appropriate way, including destination, care, equipment, medication and expectations".

F2 Doctor

NICE GUIDANCE—End of Life Care for Adults, November 2011