

# Person Centred Care at the End of Life:

Developing a care plan for End of Life Care in a hospice setting

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## Why?

Recognising dying, and caring for people at end of life, is often challenging, uncertain and emotive for all involved<sup>1</sup>. Striving to 'get it right' when you only have one chance is a fundamental attribute of professionals<sup>2</sup>.

Having successfully used the Liverpool Care Pathway (LCP) to guide the care offered to dying people and their families, St Columba's Hospice appreciated the importance of taking a considered approach in moving forward after the LCP planned phase out in 2014<sup>1</sup>.

## Who?

In line with our participation strategy 'Side by Side'<sup>3</sup> many people were consulted on what was important to them at the end of life. The thoughts and experiences of all who participated were fundamental to the development of our Person Centred Care at the End of Life Document.

## What matters?

- care being person centred
- being informed
- being comfortable
- being safe
- having wishes known and respected
- families being supported
- sensitive communication



## How?

A multidisciplinary working group analysed the information gathered in the consultation and critically reviewed the literature<sup>4,5,6,7,8,9,10,11</sup>. Openness from colleagues across Lothian to share their work and review the work of St Columba's Hospice was invaluable.

Facilitated workshops with key clinical staff informed the content and layout of document ensuring it dovetailed with existing Hospice documentation.

Early versions of the document were tested in practice, adaptations made and further testing completed. Guidelines and supporting materials were developed.

Education for all clinical staff based around discussion of advance care planning leading to end of life care was delivered by a multidisciplinary representation of the working group. Minor adaptations were made following the education sessions.

Our "Person Centred Care at the End of Life" Care Plan was implemented in December 2014.

An initial review 6 weeks post implementation was carried out and again adaptations made to support its use in practice. It continues to be embedded in practice, with changes made as we learn more about its use.

## What next?

A formal planned full evaluation one year post implementation.

Listening to feedback from our patients, families, staff and volunteers is vital in ensuring we continue to deliver excellent person centred care at the end of life.

## References

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- <sup>3</sup> Hill, V., and Partington, D. 2015. Side by Side: St Columba's Hospice Participation Strategy Working Together to Deliver Excellence. Edinburgh: St Columba's Hospice
- <sup>4</sup> British Medical Association, Resuscitation Council and Royal College of Nursing, 2014. Decisions relating to cardiopulmonary resuscitation 3rd Ed. Guidance from the British Medical Association, Resuscitation Council (UK) & the Royal College of Nursing.
- <sup>5</sup> Ebroshaw, J. & Lakhani, M. 2013. Best care of the dying patient. British Medical Journal (online) 347 (7379) Available from: <http://www.bmj.com/>
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- <sup>7</sup> General Medical Council, 2010. Treatment and care towards the end of life: Guidance for doctors. London: General Medical Council
- <sup>8</sup> Low, C, Finucane, A, Mason, B & Spiller, J. 2014. Palliative care staffs' perceptions of do not attempt cardiopulmonary resuscitation discussions. International Journal of Palliative Nursing, 20 (7) pp 327-333
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- <sup>12</sup> Scottish Government, 2010. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Integrated Adult Policy. Edinburgh: Scottish Government. Available at: <http://www.scotland.gov.uk/resource/doc/312784/0098903.pdf>