Improving palliative and end of life care in acute hospitals in Scotland

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The Need for Action

At any point nearly 1 in 3 hospital beds in Scotland is occupied by someone who will die within 12 months. Hospital admissions increase towards the end of life and many people are admitted to hospital on an unplanned basis with deteriorating health and uncertain outcome. There is a need to refine processes and to support staff to deal with this large and often complex area of work. There is also a need to support staff to deal with this large and often busy environment. The project provided us with the capacity for an objective overview of what we’re doing, which has been really useful, especially given how busy this environment is. Ward Team Member

Results

A variety of changes were prompted and tested.

Five prompt cards were developed and tested across multiple wards. These were designed to be used as a quick reference tool to support staff with the identification of patients who might benefit from a palliative care approach as well as to guide them in effective approaches to conversations about deteriorating health and anticipatory care planning with individuals and family members. An evidence-based core communication mnemonic (RED-MAP) was used. The cards were sized to fit into the back of the standard ID card used by NHS Scotland staff. A linked poster for the public was displayed in wards.

Interventions to develop communication skills and confidence were prioritised by some ward teams, particularly for medical staff and healthcare assistants. Some ward processes were changed, to improve intra-team communication.

Conclusions

The scoping phase generated rich learning and was an effective catalyst for change. The engagement and commitment of ward staff was strong. However, workforce pressures and competing priorities meant that progress was slow and uneven. Measuring impact was difficult because of time pressures and also methodologically. Some of the qualitative feedback suggests positive impacts on the experiences of individuals and their families were achieved. There is enthusiasm for continuing and developing the work beyond the first phase of the project.

For More Information

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