

Anticipatory Care Planning in Care & Nursing Homes in Inverclyde

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Abbreviated abstract: A 14 week quality improvement project to support care/nursing homes in the most deprived area of Scotland during COVID crisis. The internationally recognised SPICT tool was used to identify patients who would benefit from anticipatory care plans. An ACP sticker developed to act as an aid memoire during emergencies, ensuring patient autonomy. Monthly reviews used to calculate how many admissions were avoided due to developed ACPs, and estimated savings for local NHS, were calculated thereafter

Related publications:

1. Deaths involving coronavirus (COVID-19) in Scotland Week 32 (3 August to 9 August 2020)
Published on 12 August 2020, National Records Scotland
2. National Health Service Scotland, Scottish Health Service Costs 2018, National Statistics for Scotland, Published November 2018
3. <https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/2018/emergency-admissions-report-2018.pdf>

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exhibition
2020



Background

“We need to stop trying to focus on fixing people who are clearly dying and focus on quality of life, when appropriate”

Inverclyde is in the 1st decile of deprivation in Scotland, and has become known as Scotland's 'COVID Capital'. Having the highest rate of COVID associated deaths for a local area despite a population that makes up only 1.5% of the nations' populous.

Care & nursing home environments were impacted heavily during this pandemic. 46% of all COVID deaths in Scotland have been registered in such home by the close of week 32⁽¹⁾

This quality improvement project on ACPs has been created to aid the care & nursing homes in the area. ACPs have the potential to ensure patient autonomy and correct provisions of care are met throughout these trying times

“This was something I felt was an unfinished job, and this project has helped me think that we will finally get there.”

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Aims and Methods

Aims:

1. To identify patients who may benefit from Palliative Care input using the internationally recognised SPICT tool
2. Facilitate discussions around ACPs, specifically clinical escalation, in case of emergency with loss of decision making ability
3. To ensure compliance with autonomous patient wishes

Methods:

- 1Hr a week call to care/ nursing homes using the AttendAnywhere App
- Use SPICT tool to trigger ACP conversation
- Trigger development ACPs/ quality review of information in ACP
- Update eKIS forms and send to GPs
- Monthly reviews of GP/NHS24/SAAS call outs
- Develop ACP sticker for front of notes to act as an aid memoire to escalation plan to improve compliance with ACPs

“We use the end of life plans but I feel they can get lost. This is were I think the red sticker has been really good as it’s really attractive and stands out.”

ANTICIPATORY CARE PLAN

Patient name:

CHI:

DNACPR Present: YES/NO

For Admission to Hospital: YES/NO

Name of Doctor Plan Verified by: Dr David-Peter Lynch

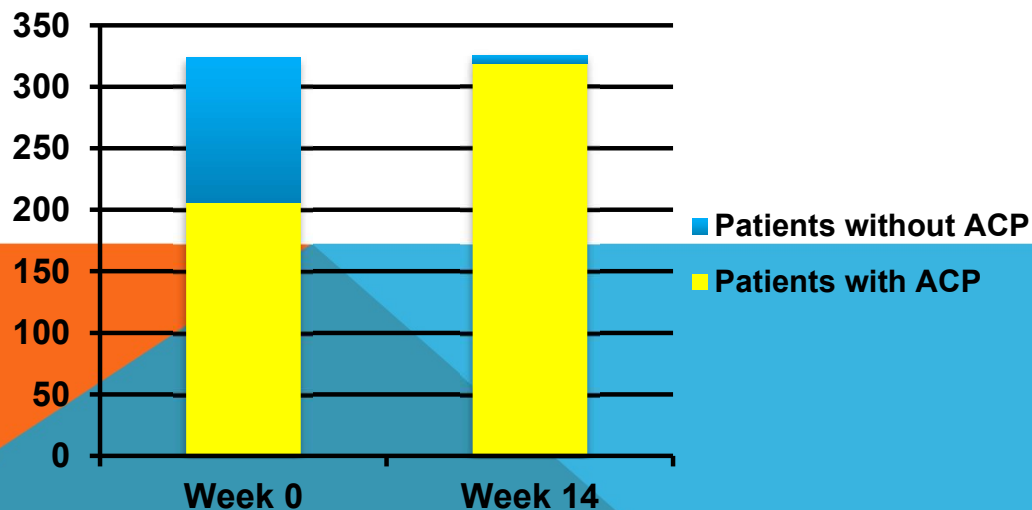
This ACP care has been developed by Palliative Care Doctors at Ardgowan Hospice. It indicates if a patient is for admission to hospital if they become unwell, and if Cardiopulmonary Resuscitation should be attempted in this person if their heart should stop, in accordance with their ACPs

Results

Provisional numbers show 206/324 had ACPs (63.58%)

- 113 ACPs were created due to this project
- 6 admissions prevented, which recovered with conservative management
- 6 admissions prevented, which enabled end of life care at home
- 9 Patients sent to hospital against wishes expressed in their ACP – 2 of whom died in hospital
- 22 DNACPRs requested by patients/ POA

Number of Pts with ACP at Week 0 & 14



Conclusions

Using figures from the Scottish Health Service Costs², of £1190 a night for emergency medical bed, we can estimate projected savings by these avoided admissions.

Of 12 avoided admissions:

- 48 bed days saved between 6 Pts who died at home
- 86 bed days saved between 6 Pts treated conservatively in community (using nationally accepted figures³)

These national averages, twinned with costs reports, yields projected savings of **£159,460 over 14 weeks** simply by documenting and enforcing autonomous patient wishes

“By reviewing ACPs with this project and triggering discussions, we came across a patient who was a Jehovah’s witness that did not want blood transfusions. If it hadn’t been for this project we would not have found this out.”