

Excellence in Care: Documenting Patients' Preferences for Preferred Place of Care and Death

Developing person-centred care plans, fostering collaborative discussions regarding palliative and end-of-life care preferences and location.



Introduction

Building a Community Nursing workforce that promotes individual and collective responsibility for recording the outcomes of Future Care Planning conversations helps to ensure that the right decisions are made at the right time. Transparent, early and repeated communication throughout the dying process has been shown to decrease patients' and their families' anxiety, increasing their sense of agency and control over decision making. At the project initiation, only 17% of patients had their end-of-life preferences recorded. Our objective was to improve documentation of conversations between community nurses and patients, aiming to reach the target benchmark of 60% set from the Excellence in Care NHS Board development sites.

Aim

By March 2024, 60% of patients within the Troon Locality's District Nursing Caseload who are receiving palliative and end-of-life care will have a 'Preferred Place of Care' discussion documented in the District Nursing Care Record in alignment with Excellence in Care Standard (EIC)

Method

A Cause and effect analysis helped the team to understand the system and identify the barriers to recording Preferred Place Of Care (PPOC).



Results

Chart 1

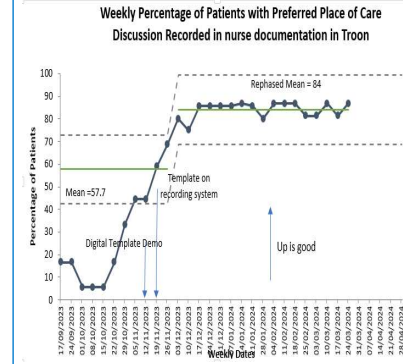
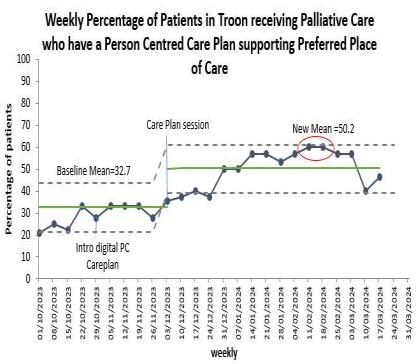


Chart 2



Process Changes

The Driver Diagram using a collaborative approach helped visualise the key drivers and change ideas. A priority matrix determined high impact/ lowest effort next steps. PDSA Cycles were used to test the ideas.

The key changes tested were;

- Digital Nursing Documentation to record preferred place of care/death discussions for patients.
- Digital Care Plan template and Person-Centred Aid Memoir
- Patient/ Carer experience Survey

- In charts (1 & 2) due to limited data available and based on knowledge of the system, 10 data points were used to calculate the baseline mean of 57.7 (chart 1) and 32.7 (chart 2)
- In XmR chart 1 SPC rules detected special cause variation with a sustained shift and 15 consecutive points close (inner one third of the limits) to the centre line.
- In XmR chart 2 we can see special cause variation with a sustained shift and 2 out of 3 consecutive points near outer one third of control limit. This is in desired direction after delivery of care plan session.

Conclusion

A rephased mean of 84% patients with Preferred Place of Care discussions documented significantly surpassed the aim of 60%

A patient and carer experience survey of 21 carers and 30 patients using a Likert scale and qualitative feedback provided positive feedback.

99% felt involved in decisions about their care	100% felt their care was planned well and they got the help they needed
100% felt staff recognised what matters to them	100% felt listened to

Key Learning Points

The team understood the importance of basing decisions on data and evidence. Fostering a culture of continuous improvement, that valued learning and shared ownership enabled staff at all levels to develop leadership skills. The introduction of digital templates for recording preferred place of care discussions and care planning made it easier and more accessible for the nursing staff to update.

Next Steps

- Implement within Troon District Nursing Team as standard practice.
- Lead and develop scale and spread plan across District Nursing Teams in collaboration with NHS A&A Excellence in Care Lead.

