

Panning for gold: Ensuring an evidence base for end of life decision-making

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Staking a claim

The End of Life Care [EOLC] Group - part of Hospice Clinical Governance - has responsibility for quality EOLC. Good outcomes depend on timely access to evidence and understanding individual patient/family choices ⁽¹⁾. Information literacy - i.e. access to electronic databases and search skills - are central to achieving this ⁽²⁾. Membership of the EOLC Group is varied in terms of discipline and academic background. Having piloted the setting up of electronic search alerts for a range of end of life topics, the authors decided to involve all Group members in the process.

Panning for gold

Using the metaphor of panning for gold, the Group were supported - by a workshop and/or one-to-one tuition - to access the NHS Knowledge Network and set up search alerts. Members - individually or in pairs - now receive regular email alerts identifying new literature published on topics relevant to EOLC:

- ❖ End of Life/ Advance Care Planning [ACP]
- ❖ Preferred Place of Death [PPOD]
- ❖ Do Not Attempt Cardiopulmonary Resuscitation [DNACPR]
- ❖ Hospice Staff Support, Feelings and Attitudes
- ❖ End of Life Care Quality Indicators
- ❖ End of Life Care - last few hours and days of life
- ❖ Care after Death
- ❖ Bereavement Risk Assessment
- ❖ Spiritual Care

The gold rush

From the email alerts, members “pan for gold” and bring their “nuggets” to the Group meeting. These have included articles on the withdrawal of the Liverpool Care Pathway for the Dying Patient ⁽³⁾, on ACP ^(4, 5), PPOD ⁽⁶⁾, DNACPR ^(7, 8) and verification of death ⁽⁹⁾.

Golden nuggets

These “nuggets” have:

- ❖ stimulated debate and professional development within the Group
- ❖ underpinned audit and practice development across Group work-streams
- ❖ promoted staff engagement with Clinical Governance
- ❖ been disseminated beyond the Group through staff updates, journal club and the annual audit report ⁽¹⁰⁾

After the gold rush

Challenges remain for the Group and the Hospice:

- ❖ to sustain the process
- ❖ to further develop literature evaluation skills
- ❖ embed this approach within the Clinical Governance structure

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