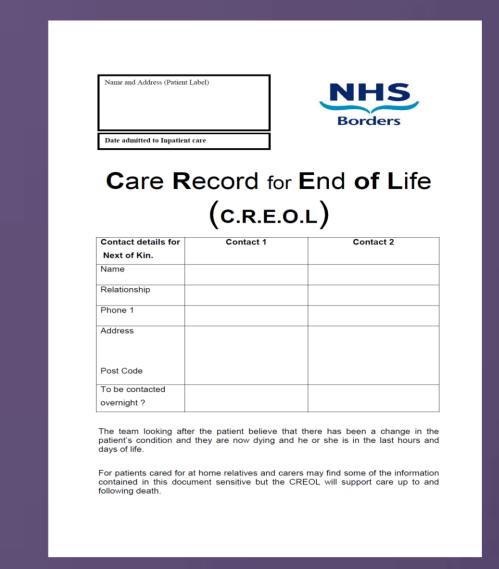# C.R.E.O.L

## The Care Record for End of Life

## More Care Less Pathway approach to End of life Care

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The **Strategic Framework for Action on Palliative and End of Life Care** (2015) states that " *by 2021 , everyone in Scotland who needs palliative care will have access to it.*"
This document goes some way towards supporting those aims.

## Why take This approach ?

Following an independent review of the Liverpool Care Pathway - the more care less pathway report recommended that amongst other things:
•The LCP should be phased out and replaced with an individual end of life care plan
•A patient should only be placed on the LCP or a similar approach by a senior responsible clinician in consultation with the healthcare team.
•A new system-wide approach to improving the quality of care for the dying should be adopted.

## How do we support the recommendations ?

•The CREOL was developed to help achieve high quality accessible end of life care across all settings within NHS Borders.
•It is a record of care delivered to patients and not a tick box exercise.
•It can be used to promote discussion of diagnosis of dying between the wider MDT and the patient and family.
•It is flexible and allows the MDT to focus on relevant issues with clearly defined areas of assessment.
•The patients wishes and goals of care are clearly documented so future care can be planned , ensuring all clinicians including OOH team are informed and aware of care needs.

## Initial Roll out and feedback

•Tested within the MKU unit ( an eight bedded specialist palliative care unit within the Borders General Hospital) over the last 12 months. Currently testing in Community settings and community hospitals with plans to roll out to care homes.
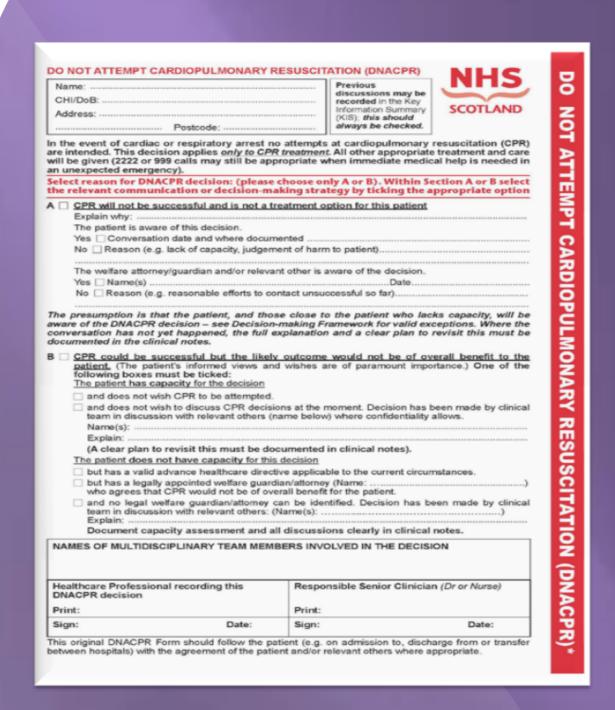
### References

www.gov.uk/government/publications/review-of-liverpool-care-pathway-for-dying-patients
www.gov.scot/Topics/Health/Quality-Improvement-Performance/peolc/SFA

•A truly person centred approach to care.
•Stays with patient wherever the patient chooses or receives their end of life care.
•Provides advice , support and clarification of goals of care to support health care professionals in any setting to help deliver good quality end of life care
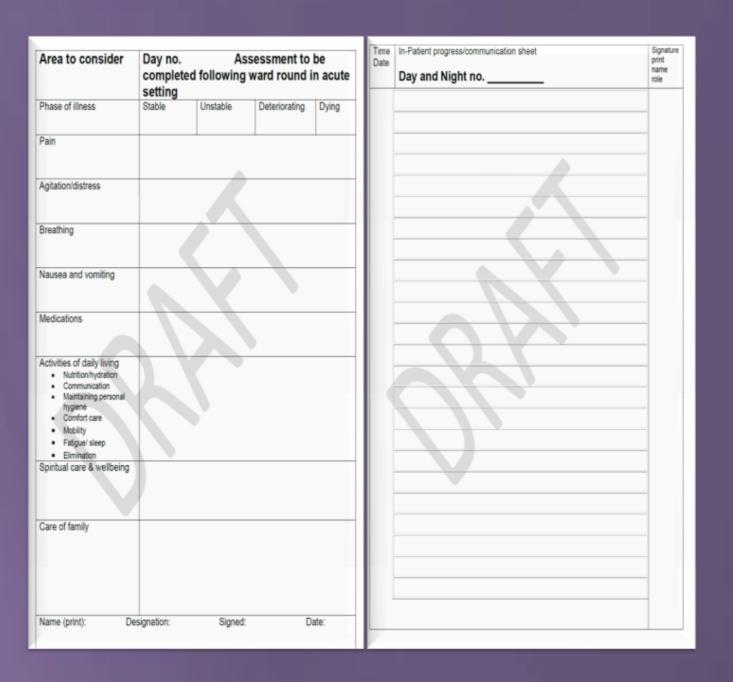
## Contents of the CREOL

•DNACPR form included in the CREOL document.
•OOH and SAS able to locate DNACPR document quickly and easily.
•Patients wishes and goals
• of care clearly identified.

•Initial assessment carried out by MDT.
•Completed by senior clinician responsible for care.
•Multiple aspects of care considered including spiritual care and wellbeing of patient and family.

•Documentation of care section consists of double page spread including detailed area of assessment on one side and blank page for additional updates opposite.
•Each new day started on new page with day no. clearly marked at top of page.
•Allows trend in each symptom to be clearly identified.