Rosebery End of Life Care and Choices



A person-centred end of life care plan for people with dementia, their carers and their nurses

Marilyn Higham, Deputy Charge Nurse, Tippethill Hospital.

"I have the right to end of life care that respects my wishes"

(Standards of Care for Dementia in Scotland 2011)

About us

Rosebery wing at Tippethill Hospital is an NHS mental health unit, the only specialist longer-term female dementia unit in West Lothian. We provide care for women experiencing stress and distress from advanced dementia including in the last stages of their illness.

Our aim



IMPROVING THE END OF LIFE EXPERIENCE

Method

- Quality improvement: iterative testing and change
- Co-produced with focus group of Rosebery carers
- Piloted with Rosebery patients, carers and nurses
- Questionnaires to capture and measure the experience and impact on patients, carers and staff at 3 stages:
 - Carers being introduced to the documents and completing the care plan

- . Ensuring patients receive timely holistic person-centred end of life care
- . Supporting carers to plan for the expected future change of clinical deterioration and death
- . Enabling nurses to provide person-centred end of life care, dignity, choice and control.



Introduction meeting

Relationship-centred care, providing clarity on the documents and opening channels of communication on palliative care, death and loss.

Carers report they feel:

- . Treated as partners in care
- . Informed
- . Listened to
- . Supported



Nurses refer to care plan

END OF LIFE EXPERIENCE

People with dementia receive timely holistic person-centred end of life care which considers their personal preferences and choices.

Nurses report they are:

. Informed

Better enabled to focus on providing highly personalised compassionate end of life care for patients and support for carers

- Staff use of the care plan
- . Carer opinion on the end of life care.

Outcomes

- 2 part document:
- . Care Plan
- . Information for You
- 3 stage process of improved palliative care and support.



Follow-up phone call

To carer, a few weeks after the death of their loved one.

. A human kindness

- . Demonstrates respect
- **Provides further support**
- Obtains feedback from which improvements will happen if required.

Better prepared for the end of their loved one's life.

Content

Care plan - carers share information with nurses. We ask for contact arrangements, any funeral plans and what carers wish the staff to do with belongings. We ask about environmental and sensory aspects, spiritual needs and pet visits. Prompts and suggestions in blue side-columns help the carers consider all the available options.

Information For You - nurses share information with carers. We give information regarding end of life, end of life care and agree what a "good death" entails. We explain the Lothian Bereavement Services documents "What Happens When Someone Is Dying" and "When Someone Has Died". There is an invitation to participate in providing the end of life care and an explanation of "expected death" with a promise that in these circumstances, if the family cannot be with their loved one, a nurse will be. Also, practical advice about the facilities available on the ward and other information supporting the questions in the care plan.

...Very easy and well to all staff for the care The greatest gratitude The care plan The care plan The staff treated my The care plan clearly I found the end of life Mum's final days prompted me to explained, the layout, and dignity. Staff care plan emotional to prepares the outlines the whole wife with utmost discuss and develop were as we wanted FEEDBACK fill out but also very wording and design famíly, we team's culture of a love and I emphasise provided privacy... were my thoughts around grateful that people was excellent. have taken the time to as a family. knew what to very attentive... the care person-centred Mum's end of life 'love', that wasn't was very personal. approach. care. expect. do such a plan. just care. ...plans already documented The care plan was ...so it was not only The care plan was very The straightforward and care was so you weren't asking the The care for all of us families are helpful as it focused our enabled staff to carry the care far I didn't need to Mum you helped, **Everything was very** difficult questions, good everything and was excellent...we minds, and the nurse was treated as out end of life care in a ask the family at but also us...we all insight to patient and family exceeded more than we'd very kind and patient, in both look on you all clear and sensitively more peaceful, relaxed their time of felt cared for and partners in vishes without being no way did I feel hurried anything we as good friends that hoped for. manner, knowing the treated with respect. worded. grief and could and it came across as intrusive and available for family's wishes were we will never forget. expected care she has the best interests ALL staff to read. concentrate on being followed. in her patients. care and support. ..it gives me great ...helped me realise that it's best We're so happy ..made it easier when We found the completing ...explains all the things to be prepared for the inevitable I think the approach of a ... to raise any fears and ... the end of life comfort that my Gran Mum passed as most of the care plan very useful. which may occur when the that Gran nurse going through the no matter how difficult, it's concerns around end of was dignified, we Whilst it is a difficult time, will have the care and of the decisions were document is essential ... it life care and may highlight comforting to know Mum will be time comes and different received such is an excellent opportunity issues which would well cared for in a dignified it made us think what Mum options that are available, wouldn't have made and we could respect she deserves wonderful care. to build a therapeutic preclude families manner and I find solace in the would like and takes away a and just how respectful and concentrate on MUM relationship which supports changed anything. completing document eg at the end of her life. fact I can be with her at anytime. lot of the stress at time of caring the nursing staff are literacy issues or English the family ... at Tippethill. not being first language. passing. Lothian marilyn.higham@nhslothian.scot.nhs.uk 01501 744204 West Lothian Health & Social Care Partnership

Other documents: Guidance Notes and a Follow-up Phone Call Feedback Form accompany the Rosebery End of Life Care and Choices.

Essential to ensure staff have confidence and competence in undertaking sensitive communications regarding end of life care planning with families, and that the process is embedded in practice and sustainable, therefore a lesson plan devised for training.

Adheres to the four principles of the Scottish Government Guidance 'Caring for people in the last days and hours of life' (2014), the Strategic Framework for Action on Palliative and End of Life Care in Scotland 2016-2021 (Scottish Government 2015), the National Dementia Standards (Scottish Government 2011) and the Triangle of Care (Carers Trust Scotland 2013).

With **thanks** to the patients, carers and nurses of Rosebery, and to Patricia Brooks Young, Lead Nurse and Clinical Researcher in Palliative Care.