Factors contributing to a 'good death' within the care home setting

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Background

NHS Grampian's response to the Scottish Governments "Living and Dying Well" (1) included a project team who worked alongside Care Home staff to:

- Familiarise senior staff within care homes with the NHS Grampian Integrated Palliative Plan (2)
- Build the confidence of care home staff regarding the use of palliative care assessment tools and advance/anticipatory planning (ACP).
- Help homes develop links with attached GP practices, old age psychiatry and the department of medicine for the elderly.

Method

- There were multiple, facilitated visits over a 4 month period to 81 Care Homes in Aberdeenshire and Aberdeen City
- 296 visits made in total
- Initial visit focused on the identification and assessment of the 'palliative' individual
- Subsequent visits focused on Advance/Anticipatory care planning (ACP) and after death reviews (n=181)

Findings

Table 1 shows the place of deaths of care home residents during the project (n=293). The vast majority died in the Care Homes.

Place	Number
Care Home	250 (85%)
Acute Hospital	39 (13%)
Community Hospital	2 (1%)
Don't know	2 (1%)

Table 1: Care Home deaths during project

The factors contributing to a 'good death' included:

CONTINUITY OF CARE

"Regular GP following patients progress"
"District Nurses arranged everything, equipment in situ and symptoms controlled"
"The use of the PPS is extremely useful, both for staff and relatives in particular in understanding the natural stages of dying"

FAMILY SUPPORT AND EFFECTIVE COMMUNICATION

"very peaceful with family beside her"
"family kept informed and aware of deterioration"

ANTICIPATORY PRESCRIBING AND ANTICIPATORY CARE PLANS

"Just in Case drugs used 3 times in last 24 hours of life – family delighted with the care"
"ACP in place"

The factors detracting from a 'good death' included:

COMMUNICATION

"Out of Hours medical staff ignored staff and patients wishes"
"DNACPR not in place – family intervened to stop ambulance crew resuscitating"

INEXPERIENCED STAFF/STAFF TURNOVER

"Agency staff communicated inappropriately with family"
"Not recognised as at the terminal stage"

EQUIPMENT AND DRUGS

"No morphine or midazolam on site when required"
"Air mattress not delivered on time"

LACK OF ADVANCE/ANTICIPATORY CARE PLANS

"If ACP had been in place hospital admission could have been avoided "
"Advance care planning would have been an advantage"

Discussion

After death reviews provided an opportunity to reinforce the positive caring environment that met the wishes of residents. The findings support the notion of a "good death" (3):

- Individualised continuity of care
- Effective team work and communication around care planning;
- Comprehensive care planning encompassing emotional support and review of medication and anticipatory prescribing.

The high percentage of deaths within care homes, endorses the fact that they are palliative care units, addressing the needs of a frail elderly population.

Acknowledgement

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References

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