



Palliative Care: Daring to be different

Annual Conference 2008

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Marie Curie Delivering Choice Project

Tayside

Dr J Martin Leiper, NHS Tayside

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Marie Curie Report Tayside - May 2006

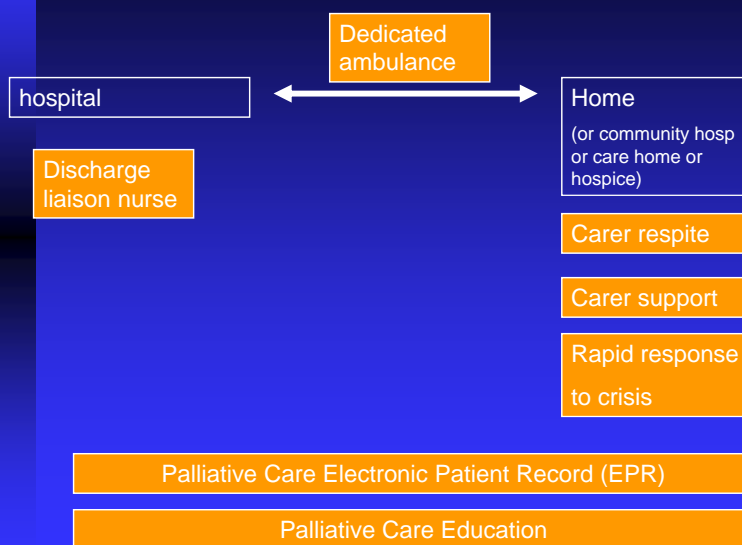
- 53-56% of all deaths in hospitals (22% at home)
- 17% cancer admissions were emergencies (mean length of stay 17days)
- Final admission of cancer patients, average = 20 days

Marie Curie Report Tayside - May 2006

- Lengthy hosp discharge
- No robust patient transport
- Fragmented secondary/primary care communication
- Need for rapid home care arrangements
- Better response to OOH crises
- Don't know who needs Pal Care
- Patient/carer need better access to info/services
- More training of generalist staff

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Overview



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Work streams

- Discharge from hospital
- Palliative care ambulance
- Rapid response in community
- Carer support
- Respite for carers
- Communication and education
- Palliative care electronic patient record
- (Telemedicine to patients homes)

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Discharge from Hospital: 1

- MC discharge liaison nurse – 07/08

- **Rapid Improvement Event - Sept 08**
- Complex discharge at end of life
- 1 ward
- 18 key people, (others on call) for 5 days,
- Final report in 90 days

Leaders- Elaine Gray &
Carrie Marr

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Discharge from Hospital: 2

Rapid Improvement Event - Goals

- Identify patients by PPS & PPI
- Rapid implementation of discharge package
- Smooth transfer. eg O₂ , hosp. bed
- Communication & handovers
- Shared discharge planning
- Identify who did not get choice

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Palliative Care Ambulance

- Very popular
- Accepts same day booking
- Dedicated vehicle
- Direct journeys
- Trained staff
- Decision on CPR - explicit.
- 47 - 86% utilisation
- 89% cancer pts.



95% of end of life journeys are with 15mins of agreed time

Leader Ian Golding

Rapid response in community

- Each CHP has its own needs & ideas
- Night DNS service
- Provision of DNS OOH tel. no.
- OOH communication system
- Provision of “comfort packs”
- Pilot of “just in case boxes”
- DNAR forms at home
- Liverpool Care Pathway in community

Dundee, Perth & Kinross
and Angus CHPs

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“Just in case box”

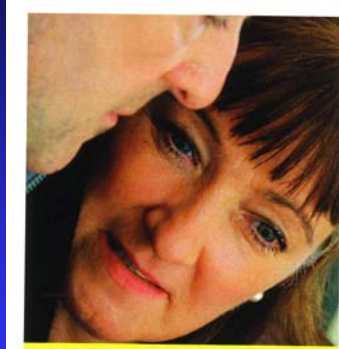
- Discuss with patient
- GP prescription & DNAR
- £80
- “Step before LCP”
- Used 4 months—few days
- Used by 10 practices
- Incidents
 - ◆ Patient shocked by box
 - ◆ No prescription for dyspnoea

Leader Elaine Gray

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Carer Support

- Home visits
- Information
- Stress relief
- Group support
- Moving & handling
- Difficulty in awareness raising



Are you caring for someone with a life-limiting illness?

Get help from our carer support worker

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Respite for Carers

- Publicity via SW and primary care
- Not just cancer
- Utilisation



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Communication and education

- Marie Curie Practice Educator
- 530 ambulance, crossroads, social care officers & health care assistants.
- Training the trainers

Leader Helen Dryden

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(Telemedicine link to patients homes)



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Palliative Care Electronic Patient Record

- Prompt early discussion about choice?
- Inform decisions out of hours?
- Avoid hosp admission?

- audit – Did we deliver choice?

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What is enough information to “Deliver Choice”?

- Preferred place of care
- DNAR status
- Advance directive?
- Do they have DNS OOH tel. no?
- DS1500 benefit

- Other information = carer, house, warnings etc.

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Palliative Care Electronic Patient Record

- EPR - not a management or audit tool.
- Up to date info.
- Enough information to “Deliver Choice”
 - ◆ Across 24hrs
 - ◆ Across care settings
 - ◆ Across professions

“Please not another IT system!!”

Leader- Kenny Scott

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Your Emergency Care Summary

What does it mean for you?

NHS
SCOTLAND



Your Emergency Care Summary contains the following information.

- Your name
- Your date of birth
- The name of your GP surgery
- An identifying number called a CHI number (there is more about the CHI number later)
- Information about any medicines prescribed by your GP surgery
- Any bad reactions you've had to medicines that your GP knows about

 **safer**
scotland
SCOTTISH EXECUTIVE

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ECS Dataset



- Patient demographics (address, telephone, CHI number)
- Allergies and Adverse Reactions to medications
- Medication history
 - Repeat prescriptions in past 12 months
 - Acute prescriptions in past 30 days
- Consent Flag
 - ◆ Patient opt out status

Jonathon Cameron

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ECS Progress to Date



- Over 5.2 Million Patient Records extracted
- 1376 patients have 'opted out' of practices connected
 - ◆ Represents 0.02% of all patients
- Over 1.5 million accesses to date and increasing trend in use
- Expected increase in use as new developments are available

Jonathon Cameron

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ECS +

the gold standards framework



The framework covers seven key task areas:

- Communication
- Co-ordination
- Control of Symptoms
- Continuity
- Continuing Education
- Carer Support
- Care of the Dying



Peter Kiehlmann, Lead Cancer GP NHS Grampian

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Adastra 3.14.00 - Adastra Software Ltd

File Window Help

Menu

Logged in as: Adastra Software Ltd [114] Main Base LOG OFF

Receptionist

Doctor options: Online clinician (29), Record Patient Arrival, Appointment System, Doctor Maintenance, Case Tracking

Database Search

Dispatching

Reporting

Supervisor options

On-line users list: Man Base, ADASTRA (Ads)

Heading: Case # 10159, Patient: Daphne Broom - 01-Jan-74 (34 years), Phone: Return No: 0141 111 1111, No locked cases, Current Location: 1 Glebe St, Anytown AA1 1AA

On-line clinician (Daphne Broom)

Patient Details | Medical History | Event List | Previous Encounters | Emergency Care Summary | Current Consultation

Emergency Care Summary | Palliative Care Summary

ECS Record Date: 21 May 2008
Review Date:

Patient's Medical Condition

Main Diagnosis: Congestive Heart Failure
Other Relevant Issues: COPD, None recorded

Advice for Out Of Hours Care

Care Plan Agreed: Well known to both Chest and Cardiac Wards main issue likely to be COP so try there first but both wards will accept direct admission
Preferred Place of Care: As Care Plan Agreed
Should GP be contacted out of hours?: (Comment) NO
GP Home tele/Mobile/Pager: (Comment) NO
Actual Resuscitation Status: NO
Additional Useful OOH information: (Comment) Brother terminally ill - lives same address

Current Care Arrangement

Care arrangements: Biogas chemists Glebe St (999 999) can supply Home O2 if red (Comment) Biogas chemists Glebe St (999 999) can supply Home O2 if red
Syringe driver at home: NO
Catheter continence products at home: (Comment) NO
Moving and handling equipment at home: (Comment) NO

Patient's and Carer's Awareness of Condition

Patient's Understanding of Diagnosis: Aware deterioration over months
Patient's Understanding of Prognosis: Not sure if they understand fully
Carer's Understanding of Diagnosis: Aware deterioration over months
Carer's Understanding of Prognosis: Relatives dont want pt told full implications

Carer Details

Access information including potential issues: Top Floor Flat
Carer: Mother Ma Broom - (Comment) Helpful
Next of Kin: As Carer Details
Nurse: None recorded

adastra

= Scottish Pal Care EPR?

- Consent – opt in?
- Who writes on the Pal Care EPR?
- Governance – Primary Care or all NHS?
- Availability to DNS/hospices/Mac nurses
- Ethics around DNAR recording
- Does the patient get a copy?
- Can a patient change it?

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Independent evaluation – Kings Fund in 2009

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- Marie Curie Cancer Care
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- Local Councils

■ Work stream members

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