‘Promoting confidence in palliative care in Care Homes’

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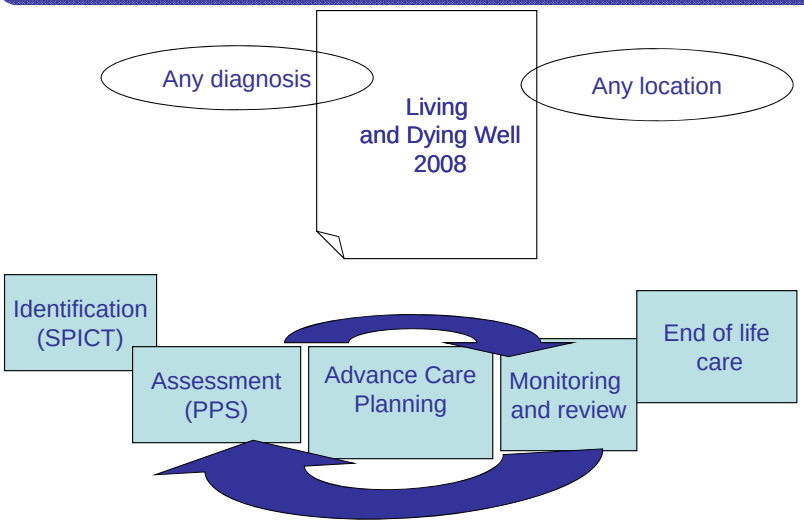
1

Living and Dying Well



2

How did we build confidence?

- Recognising the palliative environment
- Giving staff tools to assess and recognise change
- Helping staff to liaise more effectively with local Primary Care Teams
- Giving staff tools to develop advance care plans
- Discussing end of life care using after death reviews

3

The structure of the Project

4

Supportive and Palliative Care Indicators Tool (SPICT)

NHS Lothian

The SPICT can be used to identify people with advanced, progressive or incurable conditions for assessment and care planning.

1. Look for two or more general clinical indicators

- Two or more unplanned hospital admissions in the past 6 months.
- Performance status deteriorating (needs help with personal care, in bed or chair for 50% or more of the day).
- Unplanned weight loss (5 – 10%) over the past 3 – 6 months and/or body mass index < 20.
- A new event or diagnosis that is likely to reduce life expectancy to less than a year.
- Persistent, troublesome symptoms despite optimal treatment of advanced illness.
- Lives in a nursing care home or NHS continuing care unit; or needs a care package at home.

2. Now look for two or more clinical indicators of advanced, progressive illness

Advanced heart/ vascular disease

- NYHA Class III/IV heart failure, or extensive coronary artery disease:
  - breathless or chest pain at rest or on minimal exertion.
- Severe, inoperable peripheral vascular disease.

Advanced respiratory disease

- Severe chronic obstructive pulmonary disease (FEV1<30%) or severe pulmonary fibrosis
  - breathless at rest or on minimal exertion between exacerbations.
- Meets criteria for long term oxygen therapy (PaO2 < 7.3 kPa).
- Has needed ventilation for respiratory failure.

Advanced kidney disease

- Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min).
- Kidney failure as a recent complication of another condition or treatment.
- Stopping dialysis.

Advanced liver disease

- Advanced cirrhosis with one or more complications in past year:
  - diuretic resistant ascites
  - hepatic encephalopathy
  - hepatorenal syndrome
  - bacterial peritonitis
  - recurrent variceal bleeds
- Serum albumin < 25g/l, INR prolonged (INR > 2).
- Liver transplant is contraindicated.

Advanced cancer

- Performance status deteriorating due to metastatic cancer and/ or multi-morbidity.
- Persistent symptoms despite optimal palliative oncology treatment or too frail for oncology treatment.

Advanced neurological disease

- Progressive deterioration in physical and/or cognitive function despite optimal therapy.
- Speech problems with increasing difficulty communicating and/or progressive dysphagia.
- Recurrent aspiration pneumonia; breathless or respiratory failure.

Advanced dementia/ frailty

- Unable to dress, walk or eat without help; unable to communicate meaningfully.
- Needing assistance with feeding/ maintaining nutrition.
- Recurrent febrile episodes or infections; aspiration pneumonia.
- Urinary and faecal incontinence.
- Fractured neck of femur.

3. Ask

Would it be a surprise if this patient died in the next 6-12 months? **No**

4. Assess and plan

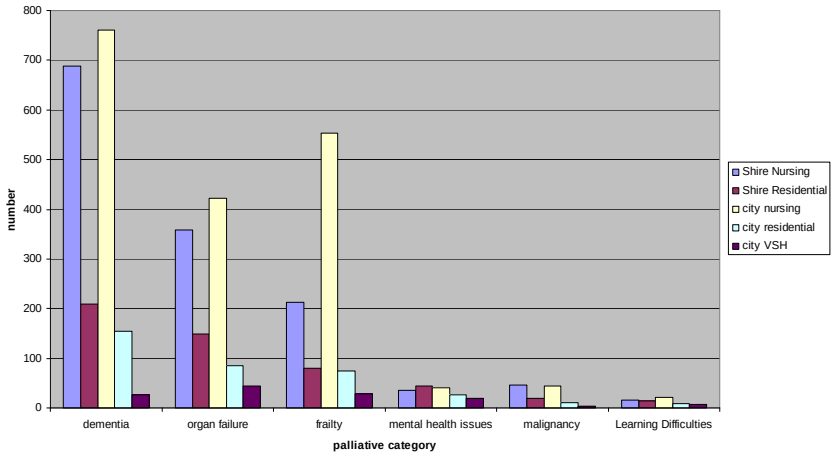
- Assess patient and family for unmet needs.
- Review treatment / care plan; and medication.
- Discuss and agree care goals with patient and family.
- Consider specialist palliative care referral if symptoms complex or poorly controlled.
- Consider using GP register to coordinate care in the community.
- Handover: care plan, agreed levels of intervention, CPR status.

SPICT Version 01, January 2012

5

Palliative environment

Palliative Care categories (n=4204)



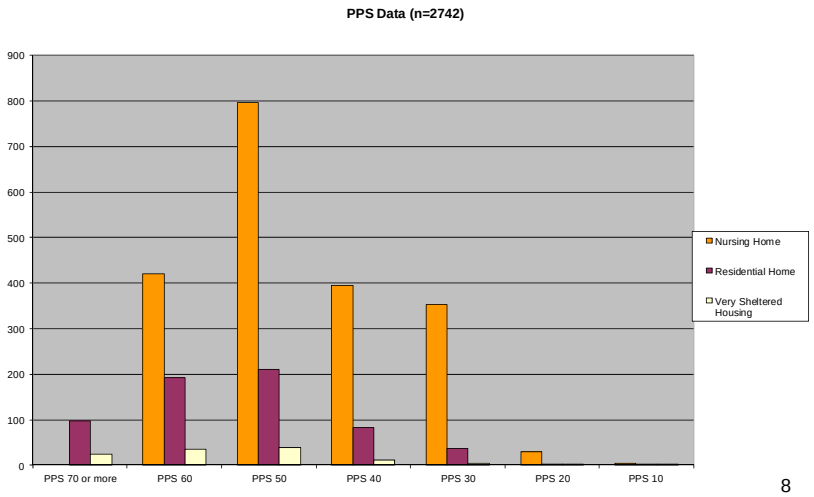
6

The PPS

PPS Level	Ambulation	Activity & evidence of disease	Self-care	Intake	Conscious level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal job/work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or confusion
50%	Mainly sit/lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or confusion
40%	Mainly in bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
30%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Normal or reduced	Full or drowsy +/- confusion
20%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Minimal to sips	Full or drowsy +/- confusion
10%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Mouth care only	Drowsy or coma +/- confusion
0%	Death	-	-	-	-

7

Assessment tool – the PPS



8

Nursing care Activities related to the PPS Scores (by Sally Lawton September 2010 Roxburghe House)

- Consider physical, psychological, spiritual and social needs at each level
- Create a rapport that enables the patient/family/carer to express their understanding of their situation and explore concerns
- Consider environmental factors that will enhance care
- Liaise with relevant health/social care agencies as required

PPS Score >/= 70 (promotion of self care)

Supervise care activities that promote wellbeing using existing local care plans

- skin care that minimizes skin breakdown
- food, fluid and nutritional intake as appropriate
- continence care that protects the skin
- wound/stoma care that controls exudate and lessens odour
- concordance with prescribed medication
- assessing and monitoring symptoms

PPS Score 40 -60 (assessment, monitoring and review)

Assess, review and assist as required with care activities that maximise wellbeing using existing local care plans

- moving and handling using appropriate equipment
- skin care that minimizes skin breakdown
- oral care to promote a healthy mouth
- food, fluid and nutritional intake as appropriate
- continence care that protects the skin
- wound/stoma care that controls exudate and lessens odour
- concordance with prescribed medication
- assessing and monitoring symptoms

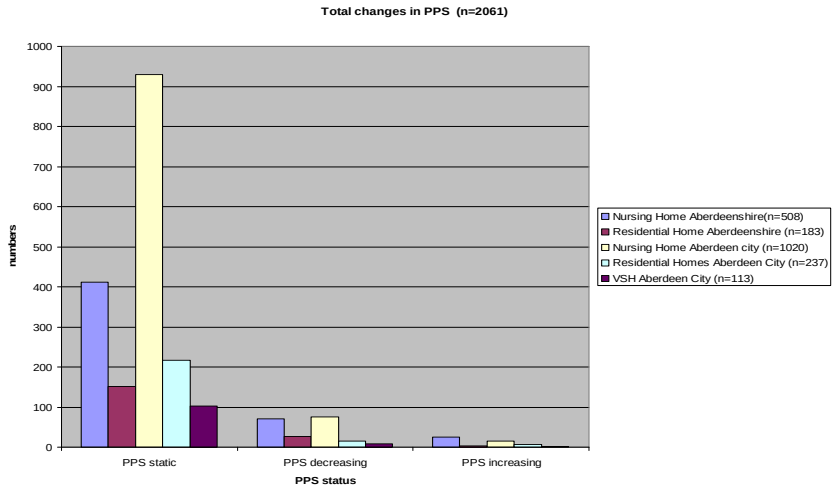
PPS Score 10 - 30 (High nursing dependency)

Undertake care activities to promote comfort using existing local care plans

- assisting with moving and handling using appropriate equipment
- providing skin care that minimizes skin breakdown
- providing oral care that prevents complications associated with dry mouths
- assisting with food, fluid and nutritional intake as appropriate
- providing continence care that protects the skin
- providing wound/stoma care that controls exudate and lessens odour
- administering prescribed medication
- assessing and monitoring symptoms

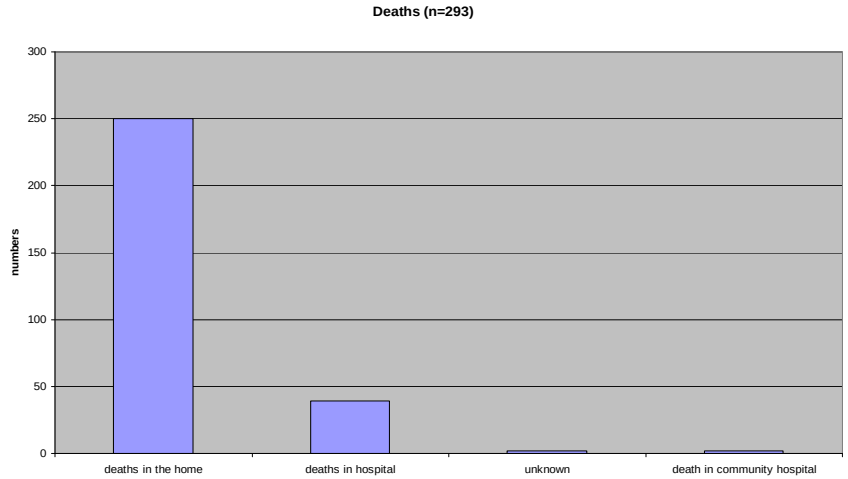
9

PPS re-assessments



10

End of life care - Deaths



11

Comments/reflections about the deaths – What went well

Enabling the resident to fulfil their preferred place of care

Working with the family and providing all care

Teamwork between the home and Primary Care

Effective symptom control and equipment

12

Comments/reflections about the deaths – problems

Patient died in hospital

Very sudden decline and death – no indication (8)

Ambulance was sent and patient admitted to hospital instead of OOH visit

Care was reactive – no DNA CPR

Problems with hospital discharge – Naso-gastric tube, inappropriate transportation

No review of medication when resident was unable to swallow

No medication for agitation

13

Comments/reflections about the deaths – suggestions

Improved communication between Care Home, family and Primary Care

More knowledge about palliative care needed by staff in the Home and Primary Care staff

Earlier review and ACP needed

Should have used the PPS and improve documentation

14

Areas for development

- On-going need for closer links with Primary Care for some homes
- Competing priorities!
- Aim to reduce 'reactive' care
- DNA CPR
- Staffing issues

15

Conclusion

- Successful Project – welcome by the 81 Care Homes
- Staff want to provide care until the end of life
- Project approach helped to increase confidence
- Evidence that Homes are adapting practice
  - Using the PPS
  - Working with GPs to develop ACPs
- Project approach being used in Community Hospitals and Department of Medicine for the elderly

16