‘Promoting confidence in palliative care in Care Homes’

Dr Sally Lawton
Senior Lecturer in Palliative Care (Nursing) NHS Grampian

Living and Dying Well

Any diagnosis

Living and Dying Well 2008

Any location

Identification (SPICT)

Assessment (PPS)

Advance Care Planning

Monitoring and review

End of life care
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

The structure of the Project
Palliative environment

Supportive and Palliative Care Indicators Tool (SPICT)

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 50% - 70% 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
   - Advanced respiratory disease
   - Advanced dementia
   - Advanced neurodegenerative disease
   - Severe organ failure
   - Severe organ failure
   - Severe cancer
   - Severe organ failure
   - Severe cancer

3. Ask
   - Would it be a surprise if this patient died in the next 6-12 months?

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.
   - Ensure that palliative care referral is made if symptoms complex or unresolved.

Palliative Care categories (n=4204)
### The PPS

<table>
<thead>
<tr>
<th>Level</th>
<th>Full</th>
<th>Ambulation Activity &amp; evidence of disease</th>
<th>Intake</th>
<th>Conscious level</th>
<th>Evidence of disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Full</td>
<td>Normal activity &amp; work, no evidence of disease</td>
<td>100%</td>
<td>Full</td>
<td>Full</td>
</tr>
<tr>
<td>90%</td>
<td>Full</td>
<td>Normal activity &amp; work, some evidence of disease</td>
<td>90%</td>
<td>Full</td>
<td>Full</td>
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<tr>
<td>80%</td>
<td>Full</td>
<td>Normal activity &amp; work, some evidence of disease</td>
<td>80%</td>
<td>Full</td>
<td>Full or reduced</td>
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<tr>
<td>70%</td>
<td>Reduced</td>
<td>Unable to do any activity, significant disease</td>
<td>70%</td>
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<td>Full or reduced</td>
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<tr>
<td>60%</td>
<td>Reduced</td>
<td>Unable to do any activity, significant disease</td>
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<td>Reduced</td>
<td>Full or reduced</td>
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<tr>
<td>50%</td>
<td>Reduced</td>
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<td>Reduced</td>
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<tr>
<td>40%</td>
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<tr>
<td>30%</td>
<td>Totally bed bound</td>
<td>Unable to do any activity, extensive disease</td>
<td>30%</td>
<td>Reduced</td>
<td>Full or reduced</td>
</tr>
<tr>
<td>20%</td>
<td>Totally bed bound</td>
<td>Unable to do any activity, extensive disease</td>
<td>20%</td>
<td>Reduced</td>
<td>Full or reduced</td>
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<tr>
<td>10%</td>
<td>Totally bed bound</td>
<td>Unable to do any activity, extensive disease</td>
<td>10%</td>
<td>Reduced</td>
<td>Full or reduced</td>
</tr>
<tr>
<td>0%</td>
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<td>Unable to do any activity, extensive disease</td>
<td>0%</td>
<td>Reduced</td>
<td>Full or reduced</td>
</tr>
</tbody>
</table>

### Assessment tool – the PPS

**PPS Data (n=2742)**

- Nursing Home
- Residential Home
- Grouped Sheltered Housing

Meeting of the Cross Party Group in the Scottish Parliament on Palliative Care Wednesday 12 December 2012
Nursing care Activities related to the PPS Scores (by Sally Lawton September 2010 Rocheleigh House)

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

PPS re-assessments

Total changes in PPS (n=2061)

Nursing Home Aberdeenshire (n=508)
Residential Home Aberdeenshire (n=183)
Nursing Home Aberdeen City (n=1020)
Residential Homes Aberdeen City (n=237)
VSH Aberdeen City (n=113)

Meeting of the Cross Party Group in the Scottish Parliament on Palliative Care Wednesday 12 December 2012
End of life care - Deaths

Deaths (n=293)

<table>
<thead>
<tr>
<th>Location</th>
<th>Numbers</th>
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<tbody>
<tr>
<td>Deaths in the home</td>
<td>250</td>
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<tr>
<td>Deaths in hospital</td>
<td>100</td>
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<tr>
<td>Unknown</td>
<td>50</td>
</tr>
<tr>
<td>Death in community hospital</td>
<td>30</td>
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</table>

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
Comments/reflections about the deaths – problems

Patient died in hospital

Very sudden decline and death – no indication (8)
Care was reactive – no DNA CPR

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

Problems with hospital discharge – Naso-gastric tube, inappropriate transportation
No review of medication when resident was unable to swallow
No medication for agitation

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
### 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

### 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