The South Edinburgh care homes project: A community nurse specialist-led intervention to improve palliative care

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Background

Approximately 20% of people die in long term care settings[1]. National and international policies call for care homes to provide reliably good end-of-life care. Hospices are well placed to support care homes to improve planning and delivery of palliative care.

Aim

To improve the planning and delivery of palliative care in South Edinburgh care homes using a community palliative care clinical nurse specialist (CNS) model of support.

Method

- Two CNSs' approached 22 South Edinburgh nursing care homes; all agreed to take part. The intervention is being conducted in two phases – 8 care homes in the first and 14 in the second phase.
- Baseline (pre-intervention) outcome data was collected.
- The Supportive & Palliative Action Register (SPAR)[2] was set up in each care home and the intervention commenced.
- Each member of the community palliative CNS team became responsible for supporting an allocated care home.
- Resources equivalent to one full time equivalent community palliative care CNS have been allocated for this project over a two year period. Additional support is being provided by two volunteers, the hospice research facilitator and a project steering group.

Figure 1: Components of the intervention.
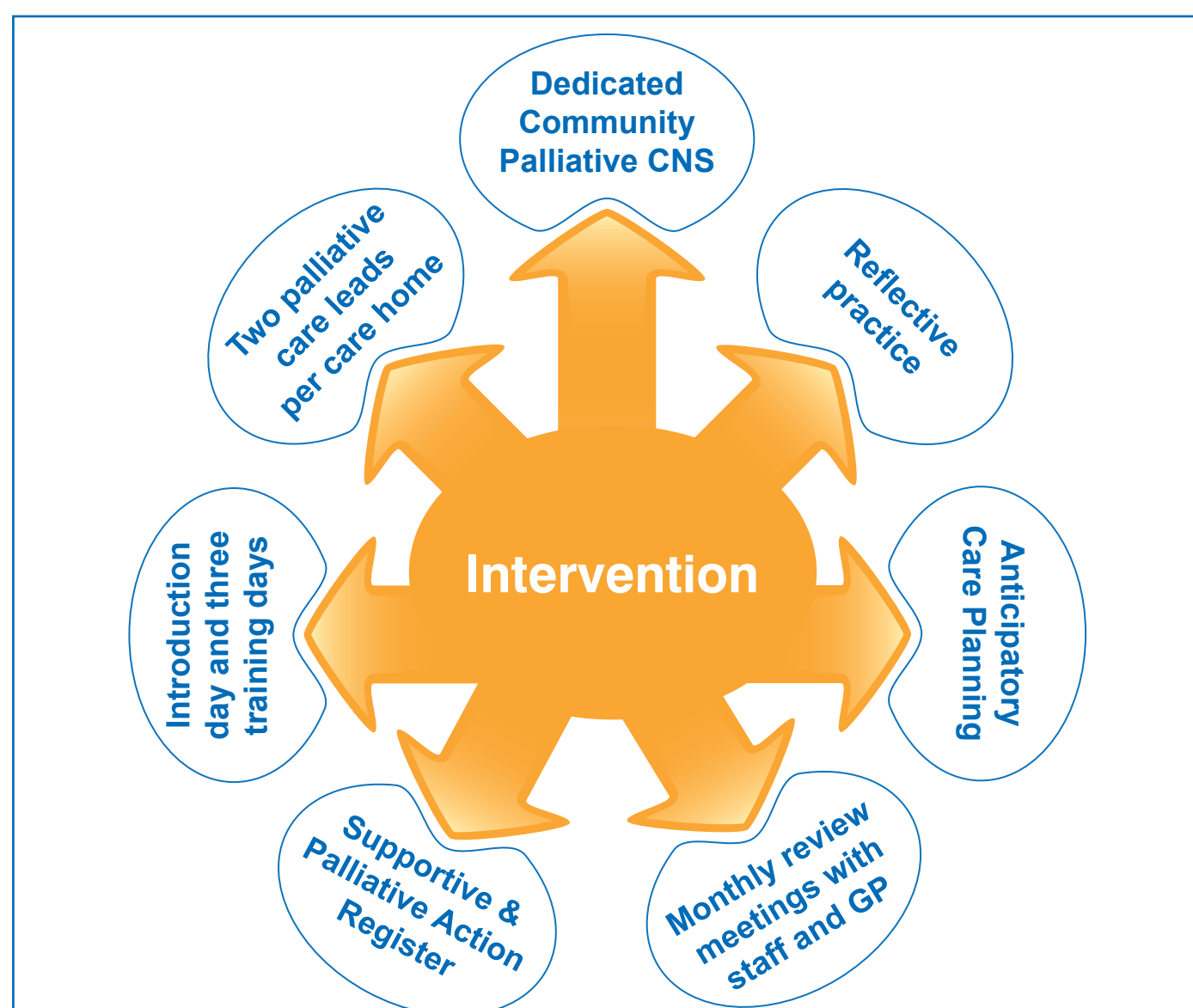
Table 1: Characteristics of 8 care homes participating in Phase 1.

Care home	No. beds	CH Ownership Type	No. of Caring Staff	% of Registered Nurses	No. of GP Surgeries supporting the care home
1	60	Corporate	51	25%	1
2	70	Charity	86	30%	2
3	126	Corporate	108	25%	3
4	24	Family	26	23%	1
5	39	Corporate	25	20%	1
6	76	Charity	90	16%	1
7	60	Corporate	53	28%	1
8	69	Corporate	57	18%	6

Results

- We present the baseline data relating to the last ten residents that died in each care home prior to the commencement of the intervention.

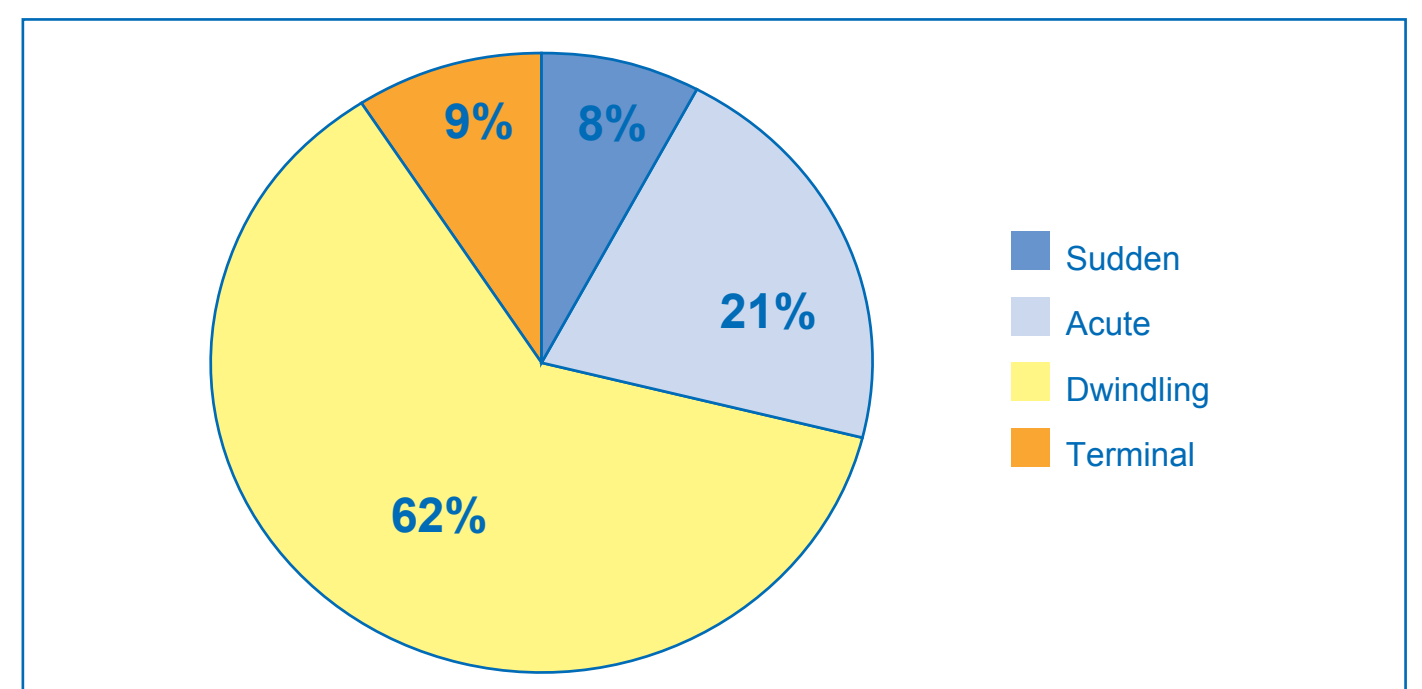*Figure 2: Type of Death of residents (N = 77).*

Sudden 8%, Acute 21%, Dwindling 62%, Terminal 9%

Table 2: Baseline data (pre-intervention).

Outcome	% Resident Deaths (N = 77)
Died in care home	92%
Any Anticipatory Care Planning in place	64%
DNACPR documentation in place	83%
Died on an integrated care pathway (e.g. LCP)	19%
Any anticipatory medicine prescribed	55%

Conclusion

- Care homes are eager to provide good palliative care to their residents.
- Despite a large proportion of residents dying in the care homes, a significant proportion of deceased residents had no evidence of any anticipatory care planning prior to death, and just under half had no anticipatory prescribing.
- We expect to complete phase 1 in December 2013 and will commence Phase 2 in January 2014.

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