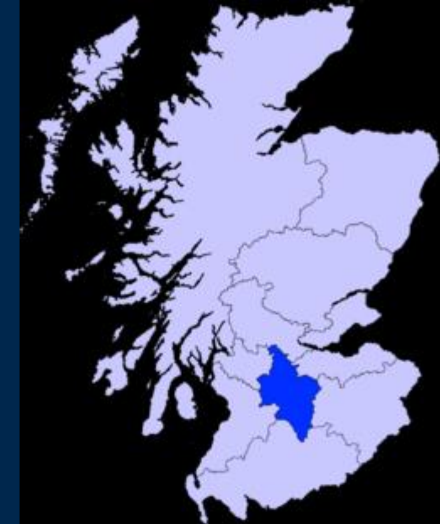
NHS Lanarkshire

Using the Gold Standard Framework "trigger questions" to improve medical inpatient anticipatory care planning



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INTRODUCTION

Patients are recognised as approaching end of life when they are likely to die within the next 12 months. Anticipatory care planning (ACP) aims to predict significant changes in a patient or their care needs and documents clinical actions which should be taken, including attempting cardiopulmonary resuscitation.

The aim of this quality improvement project was to determine how well general medical ward doctors in our district general hospital were at identifying medical inpatients approaching the end of life, and whether a community-based decision tool could be used to help better identify these patients and promote in-hospital anticipatory care planning.

METHODS

In the community, the *Gold Standards Framework (GSF) Centre in End of Life Care* "trigger questions" are used by GPs to help identify patients approaching the end of life, and used as a prompt to promote anticipatory care planning with patients **(Box 1**).

Box 1: GSF "Trigger Questions

1. **The Surprise Question**: Would you be surprised if this patient were to die in the next few months, weeks, days?

2. **Choice/need** Are there general indicators of decline/deterioration, *or* of increasing need *or* of patient choice for no further active care?

3. **Clinical indicators** Are there specific clinical indicators, related to certain conditions?

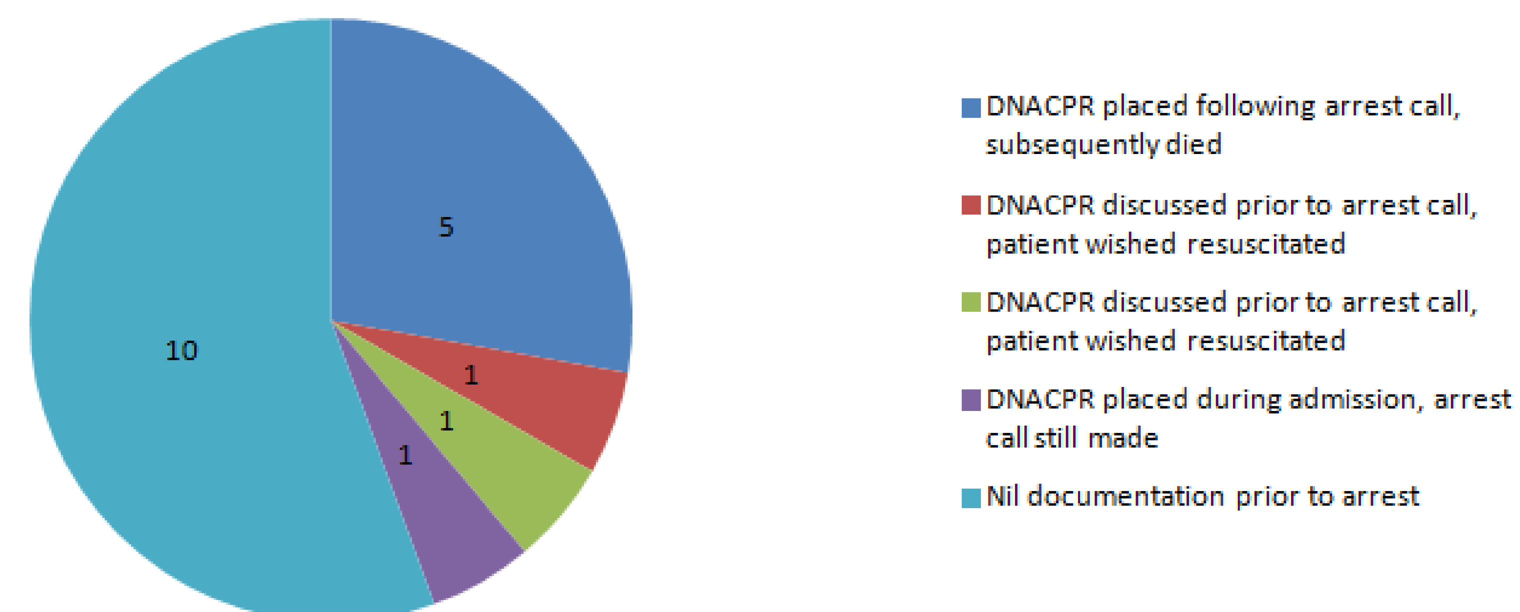
To determine if anticipatory care planning had been appropriately considered, a retrospective review was performed of the electronic case-notes of patients recorded as requiring a cardiac arrest call (a proxy measure of the dying patient) from the four general medical wards in Hairmyres Hospital. Using GSF "trigger questions" criteria we attempted to determine if each patient's clinical deterioration could have been reasonably predicted and ACP considered earlier.

RESULTS

Between August- December 2016, 20 patients (age range: 35-92 years old) required a '2222' cardiac arrest call from a general ward, due to a clinical deterioration. Of these patients, 18 required resuscitation. All 18 of these patients had general and/or clinical indicators of decline, indicating approaching end of life, as determined using GSF "trigger question" criteria. Eight patients survived their initial resuscitation and had anticipatory care plans placed; 7 subsequently died. One patient had an arrest call made despite an active 'do not attempt CPR (DNACPR)' order.

A second retrospective analysis was performed, between February- May 2017, following a medical staff educational meeting at a lunchtime Grand Round meeting on ACP. Over this period, 5 patients (age range: 52-89 years old) had a cardiac arrest call made from general medical wards; all 5 patients requiring resuscitation. Of these, 3 patients had GSF "trigger question" criteria of decline; 2 patients who were successfully resuscitated went on to have anticipatory care planning prior to their deaths as hospital in-patients.

A one-day prospective review of DNACPR orders in the general medical wards was also performed **(Box 2**).



Box 2: Prospective one-day review of DNACPR orders

Number of inpatients with DNACPR order	**19 (21%)**
DNACPR discussion documented*	**11 (58%)**
DNACPR orders associated with HACP	**4 (21%)**

•Data includes 3 long term in-patients (multiple sets of written case-notes)

CONCLUSIONS

From these results, it can be reasonably concluded that a community-based decision tool, such as the Gold Standard Framework (GSF) Centre in End of Life Care "trigger questions" can be used to identify the patient approaching end of life in both the community and in-patient settings.

Clear criteria is likely to help identify the end of life patient admitted to hospital earlier and prompt earlier anticipatory care planning consideration. Potentially, earlier anticipatory care planning may help reduce cardiac arrest calls and allow earlier access to palliative care; which should be considered at any stage in the progression of a patient's illness and not only in the last few days of life.

Our small prospective review found that an in-patient resuscitation decision did not always result in a documented hospital anticipatory care plan, which raised the question if they should be considered in tandem in the in-patient setting.

Future work in this area should focus on improving the identification of hospital in-patients approaching the end of life and encourage the implementation and documentation of anticipatory care plans, in tandem with decisions on resuscitation status.

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