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Evaluating anticipatory care documentation for palliative patients discharged from hospital to home at two NHS GGC sites; a large teaching hospital and a district general hospital



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INTRODUCTION

- Anticipatory care plans (ACPs) are a patient-centered approach to making health preferences known
- Patients were 7.6x more likely to die in hospital if they had no documented preferred place of death (1)
- NHS GGC recommends ACPs for all palliative patients (2)
- NHS GGC recommends all ACP details are documented in the Clinical Portal ACP summary, to allow all clinical staff access (2)

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Image 1: Clinical Portal ACP summary location (2)

METHODOLOGY

- A retrospective case note review was conducted using Clinical portal
- ACP documentation was reviewed for 19 palliative patients discharged from hospital to home from 2 NHS GGC sites; 10 from Queen Elizabeth University hospital (QEUH), a large teaching hospital, and 9 from Inverclyde Royal Hospital (IRH), a district general.
- Details reviewed included; clinical portal ACP summary, discharge letters, hospice letters and legal documents
- Results for presence of Portal ACP summary, DNACPR, treatment escalation plan (TEP), preferred place of care and death (PPOC/ PPOD) were compared between QEUH and IRH.

RESULTS

- No ACP information was found in general discharge letters, most stated 'reviewed by palliative care' or 'discharged with palliative care involvement''
- 2 patients from QEUH had specific palliative care discharge letters, these contained PPOC/PPOD, DNACPR and other ACP details

The results for ACP documentation at each site are shown in Figure 1:

- Just 22% of palliative patients had Portal ACP summaries compared to 60% at QEUH
- Both sites had similar rates of documentation for DNACPR, TEP, PPOC



CONCLUSIONS

- General discharge letters were not useful sources of ACP information
- Specific palliative care discharge letters were a useful source of ACP information
- Portal ACP summaries use was inconsistent at both sites, although used almost 3x more frequently in QEUH
- This study was limited by the small number of patients reviewed and by not evaluating Key Information Summary notes
- More training is necessary across NHS GGC to ensure that all ACP decisions are appropriately documented in the Clinical Portal ACP summary

REFERENCES & ACKNOWLEDGEMENTS

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The author would like to thank Dr Leza Quate for their supervision and guidance during this project and Jamie Coltart for the poster design.