Bradford Teaching Hospitals NHS Foundation Trust

Getting more people approaching their last year of life home from hospital sooner, if that’s their choice

Introduction

Bradford Teaching Hospitals NHS Foundation Trust has 855 inpatient beds, excluding maternity and children’s wards. The Bradford Hospital Palliative Care Team (HPCT) undertook a pilot ‘Last Year of Life’ project on two acute medical wards and are now part of the national Transform Programme.

Using a phased approach the team will implement the programme Trust wide by April 2015. In December 2013, the programme which includes the implementation of the AMBER care bundle for care of people whose recovery may be uncertain, had implemented this on six wards. The HPCT’s emphasis has been working with wards to achieve sustainable quality improvement in relation to End of Life Care. One of the aims of the programme was to streamline the Fast Track discharge process (prognosis of days to weeks) and if patients wish, to discharge them either home or to their existing care home within 48 hours. These changes are available to patients on all appropriate adult inpatient wards (27 in total).

Overview - making a measurable difference for patient End of Life Care choice

- The Trust aim for 80% of patients identified as being in their last days to weeks of life who want to die in their own home or their existing care home, to be discharged within two days.
- The HPCT had already carried out a baseline audit of 100 medical records of patients in their last year of life. This established that in the six month period prior to the audited admission, this group of patients had a total of 200 admissions over 1,592 bed days. The Team then reviewed 100 patients who had documented decisions about their wishes around end of life care e.g. preferred place of death and then, been placed on the End of Life Register (Electronic Palliative Care Co-ordination System (EPaCCS)) and saw a reduction in the number of hospital admissions and a marked decrease in the number of occupied bed days.
- Documentation of patients’ preferred place of death increased from 4% to 88% in the second audit.
- Of the 100 patients supported by EPaCCS who had died, 89% had their wishes for their preferred place of death documented and two thirds had their preference met.
- In 2012, 45% of patients in the local district died in their usual place of residence (which includes their home or care home).
- The team are aware the data above are from a sample of 100 patients and future audits may not show the same outcomes for patients.

Benefits from being part of a national programme and regional network

The HPCT value being a part of the national Transform Programme. Shared learning, and support from regional networks and from other acute Trust colleagues is vital alongside access to the small dedicated national team, which includes the ability to benchmark their improvement data.
Challenges and solutions

Identifying complaints specifically related to End of Life Care can be difficult, especially if there is no ‘computer data code’ for end of life care. However, highlighting these complaints can help target education needs around End of Life Care. The Trust has now agreed a definition for complaints relating to end of life care, as all those relating to care within three months of a patient’s death.

Impact

**Individuals and loved ones**
The HPCT undertook a baseline carers survey and have also implemented some changes to improve facilities for carers of patients who are actively dying with a prognosis of hours/days. The Team are now working on a more comprehensive bereavement survey. They actively monitor patient compliments and complaints relating to End of Life Care, which are fed back to the Trust Board. End of Life Care was included in the Trust “Experience Matters” open day for the public to give their views on services. The Last Year of Life Project has won a number of awards – see resources below.

**Staff**
At the Trust, End of Life Care teaching, leadership and audit is an integral part of the HPCT’s role, alongside their regular clinical caseload.

When a member of the HPCT is on a ward, for example attending a consultant round, staff take the opportunity to ask for specialist information across all ward patients and not just those whose recovery may be uncertain. Staff feedback has been “It’s helped us see patients more holistically.” The HPCT has delivered communication skills training for senior medical and nursing staff working with and caring for patients who may be in their last year of life.

**System**
Where appropriate ward based staff aim to initiate discussions about Advance Care Planning with a patient or, with their consent, their family.

Information may include decisions on CPR, Preferred Place of Death or ceilings of care. In Bradford both Specialist Palliative Care Services and local GPs and district nurses use the same computer system; therefore with patient consent this information can be shared across settings. This can help prevent a patient being inappropriately re-admitted to hospital. If appropriate, discussions that began around End of Life Care in hospital can be continued when the patient has returned home.

TOP TIPS

- Be visible, particularly during any times of uncertainty. This can be through presentations at Trust wide events e.g. ‘Grand Round’ or being an active presence at speciality clinical governance meetings
- Keep senior management up to date on progress
- (Transform) “is not just implementing a tool it is about understanding and working with organisational culture”
- Do not underestimate the value of staff with in-depth understanding and experience of palliative and End of Life Care
- Be persistent and resilient
- Provide reliable, consistent data to demonstrate progress made, this supports the case for continual quality improvement and engagement

Additional links and resources

**Awards**

Awards


**National Voices Questionnaire**


To find out more about the support available from NHS Improving Quality for End of Life Care visit:

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