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Planning For Change

Dawn Dark
Triage Nurse

The Aims of the Project

- To improve the palliative care register
- To support end of life care for more patients and families
- Prevent hospital admission for patients nearing the end of their life

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Where to start?



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The Plan!

- To start with one surgery and progress to more
- Identify patients by using Risk Stratification
- 2 Nurses seconded from Community Nursing Team

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Risk Stratification!



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Risk Stratification Report

Data as at: Feb 28, 2013 11:59:58 PM

Select Practice, Risk Score, Gender and Age Band then Press the Refresh Button.



Practice: Risk Band: Gender: Age Band: Risk Level Change:

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Note: Shaded rows indicate potentially deceased patients and yellow rows indicate current inpatients.

Data for G82006 - Shimmins											Emergency Activity in the Last 12 Months	
Number of Patients = 99											A&E	Admissions
NHS Number	Forename	Surname	Age	Age Band	Gender	Risk Band	Previous Risk Band	Change	Risk Score	Previous Risk Score	A&E	Admissions
00005432107			0	00-17	M	1	1		99.94	99.96	0	1
00001412076			47	18-64	F	1	1		96.33	89.79	8	6
00000955116			10	00-17	F	1	1		94.66	91.47	2	8
00001340543			70	65 and Over	M	1	1		93.26	89.32	2	3
00005432122			0	00-17	M	1	1		89.36	93.68	0	1
00001443686			74	65 and Over	M	1	2	■	86.84	25.07	3	1
00001085924			26	18-64	M	1	1		85.71	73.45	10	5
00001313961			83	65 and Over	F	1	1		85.49	95.42	5	3
0000094882			57	10-64	F	1	1		84.69	94.90	3	7
00001363173			86	65 and Over	M	1	1		84.03	59.16	4	3
00000256598			78	65 and Over	F	1	1		83.26	91.60	5	6
00000525355			86	65 and Over	M	1	1		81.74	66.48	1	4
00001290843			55	18-64	M	1	1		81.53	84.99	2	5
00001405585			79	65 and Over	F	1	1		81.03	71.59	2	2
00001115583			85	65 and Over	M	1	1		80.00	71.99	0	0
00000208439			85	65 and Over	F	1	1		79.81	81.44	6	4
00001104850			5	00-17	F	1	1		78.25	87.35	6	1
00001286799			66	65 and Over	F	1	1		77.39	92.63	3	1
00000312647			85	65 and Over	F	1	1		74.24	68.93	3	5

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Review of Risk Stratification Level one

- One surgery had 41 patients
- Identified 36 of these patients possibly appropriate for being added to the palliative register
- Of 36, there were only 7, that GP's did not feel were appropriate

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Review of Risk Stratification Level one cont.

- The second surgery had 51 patients at level 1
- 4 Patients were already on the palliative care register
- 37 patients were identified as considerations to be added to the palliative register
- 33 of these patients were agreed by the GP's as appropriate

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Did we target the right patients?



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Mr S

- 74 year old Male
- 5 long term conditions
- 2 admissions to hospital and 2 A&E attendances in 12 months
- Score 46.85 rising from 41.33
- Only GP involved in his care

Findings

- No care package
- Lost 7 stone in weight in a year
- Housebound with limited mobility indoors
- Pressure areas were starting to breakdown
- On long term oxygen

Findings

- DNACPR form in place, but no understanding what it was
- No advanced care plan discussion
- He was unaware of his poor prognosis
- Wife very distressed

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Actions

- Multiple referrals to other professionals (Community Nurses/Matron, Resp CNS, dietician, physio, OT)
- Access to OOH support
- Referred to EOL crisis team

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Outcome

- Accessed OOH advice on 4 occasions, each time preventing dialling 999
- Advance care plan discussed and completed
- Patient died at home within 3 weeks of first contact
- Wife also felt supported and had bereavement support

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Mr J

- 78 year old male
- 4 Long term conditions
- One admission to hospital 0 A&E attendances
- Score of 49.03 rising from 10.02
- GP and hospital Consultant & CNS only involved in care

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Findings

- At the time of identifying Mr J, he was in hospital
- Discharge home was supported
- Condition declined on discharge
- Plan was to continue with palliative chemo and given a positive outlook team

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Actions

- Recognition that Mr J was dying
- Co-ordinated between ALL professionals and agreed to support home death
- Discussions with family
- Increased care package
- Injectable medications to control symptoms
- DNACPR form completed

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Outcome

- Mr J died at home within a week of discharge from hospital
- Support given to family by EOL crisis team
- OOH and additional support prevented 999 call and likely resulting admission to hospital
- Wife felt supported and had bereavement support

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Summary

- Risk Stratification can help
- It will not identify ALL patients for the palliative Care register
- Opens up conversations and considerations at surgery meetings for additional community support

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Any Questions?

Thank You for Listening

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for families facing terminal illness