End of life discharge planning quality improvement project

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Cheltenham General Hospital and Gloucester Royal Hospital.
Background

- 2/3 patients state that they would prefer to die at home
- Increased proportion of deaths at home, from 18% in 2004 to 21% in 2010
- End of life discharges can be complex

Case Study 1

- 93 year old lady
- Had an MI and developed heart failure
- Did not want further treatment
- Discharged with anticipatory medications and DNA CPR
- She put DNA CPR in safe
Case Study 2

- 95 year old lady
- Discharged with anticipatory medications
- District nurses visited - could not administer medications without:
  - Subcutaneous needles
  - Syringes
  - Water for injections
  - Drug chart
Aim

- To improve awareness of what is required for end of life (EOL) discharges from hospital
Standards for EOL patients

- **100% of patients should be discharged with the following items:**
  - Anticipatory medications (+/- Syringe Driver)
  - Water for injections
  - Subcutaneous Needles and Syringes

- **100% of patients should take home the following paperwork on discharge:**
  - DNACPR
  - Drug Chart (with anticipatory meds)
  - Shared Care Record Paperwork

- **100% of patients should have discharge plans discussed with the following:**
  - Family/Carers – ensure they have contact numbers for Out of Hours district nurses
  - District Nurse- ensure they have had handover pre discharge
  - GP
Methods

Questionnaire n=100

Set Standards

RE-AUDIT

Intervention

Audit current knowledge

Compare results to standards

Questionnaire n=101
The Questionnaire

<table>
<thead>
<tr>
<th>What is your current grade?</th>
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<tr>
<td>□ FY1 □ FY2 □ CMT □ ACCS □ GPVTS □ SPR</td>
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<th>What is your current specialty?</th>
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<th>Which hospital are you based at?</th>
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<th>What do you need to prescribe a patient who is going home for end of life care?</th>
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<th>What paperwork does a patient need to have who is going home for end of life care?</th>
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<th>Who do you need to speak to and inform of a patient’s discharge home for end of life care?</th>
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EOL DISCHARGE PLANNING

Recently there have been some instances of delayed treatment in the community/readmissions concerning patients discharged for EOL care due to incomplete discharge planning.

WHEN DISCHARGE HAS BEEN DISCUSSED WITH THE PATIENT AND THEIR FAMILY, THINK 333

1. Prescribe 3 things
   I. Anticipatory meds (+/- Syringe Driver)
   II. Water for Injection
   III. SC Needles and Syringes

2. Complete 3 bits of Paperwork (to send home with the patient in addition to Discharge summary and TTO)
   I. DNACPR
   II. Drug Chart (with anticipatory meds)
   III. Shared Care Record Paperwork

3. Discuss with 3 people
   I. Family/Carers – ensure they have contact numbers for Out of Hours district nurses
   II. District Nurse - ensure they have had handover pre discharge
   III. GP

Usual starting doses for PRN EOL Meds on TTA - call pharmacy or palliative care if unsure

1. Diamorphine 2.5-5mgs SC hourly PRN
   (Supply 20 (twenty) ampoules of 5mg/ml)
2. Midazolam 2.5-5mgs SC hourly PRN
   (Supply 20 (twenty) ampoules of 10mg/2ml)
3. Opioids 50mgs SC TDS PRN
4. Glycopyrronium 200mcg SC TDS PRN (Max 2.4mg in 24 hours)
Results

Demographics:

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<tr>
<th>Grade</th>
<th>Pre-intervention</th>
<th>Post-intervention</th>
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<tr>
<td>Junior Doctors</td>
<td>64</td>
<td>63</td>
</tr>
<tr>
<td>Nurses</td>
<td>37</td>
<td>37</td>
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<tr>
<td>Total</td>
<td>101</td>
<td>100</td>
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Results
Conclusion

- A simple aide memoire improved awareness
- Massive improvement in certain items e.g. SC needles, water for injection, syringes
- Still room for improvement
Next Steps...

- Posters on each ward
- Aide memoire available on the intranet
- Present locally
- Re-audit in 3 months to ensure knowledge is being retained
Limitations

- People may have missed part of the teaching session
- Varying experience with EOL care
- People may be aware they should discharge people with these items but do they actually do this in practice?
Thank you for listening

- Any questions?