Improving Anticipatory Care Planning for Patients with Deteriorating Health

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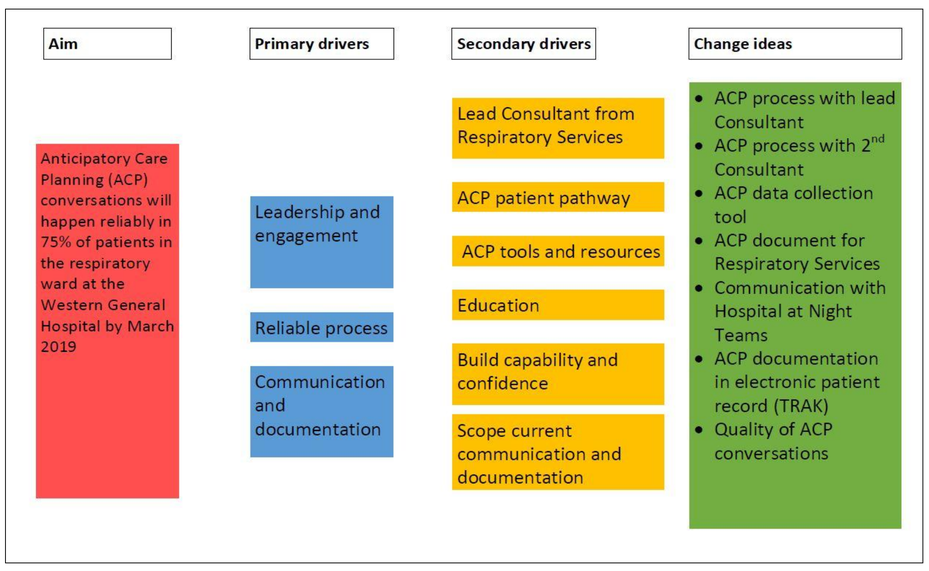
In order to reduce the cardiac arrest (CA) rate by 50% across NHS Lothian, an extensive and comprehensive review of cardiac arrest and medical emergency calls was carried out. The strongest theme to emerge from the reviews was the opportunity to improve Anticipatory Care Planning (ACP) with patients nearing end of life, forming the basis of this project. This links in with the overall strategic aim of NHS Lothian to improve patient and family experience of ACP by providing reliable, accessible, timely, high quality ACP for patients with deteriorating health and limited reversibility.

AIM: Anticipatory Care Planning conversations will happen reliably in 75% of patients in the respiratory ward at the Western General Hospital, Edinburgh by March 2019.

Method

- Project Team – formed following a presentation of the CA review at a respiratory multidisciplinary team meeting. This included a Respiratory Consultant and a Speciality Trainee whom led on the testing of a ACP document and the collection of ACP data during their 'on call' periods.
- Quality Improvement (QI) methodology – a pareto chart was used to identify one clinical area most prevalent from the review, analysis using run charts and Shewhart Charts, small tests of change with Plan Do Study Act (PDSA) cycles and QI coaching conversations .
- Tools – dynamic project charter, driver diagram aligned with the organisation's objectives, process map to identify current process and a cause and effect diagram.

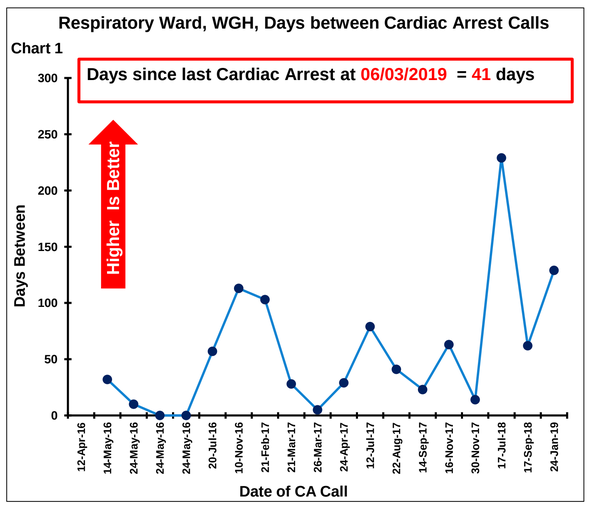


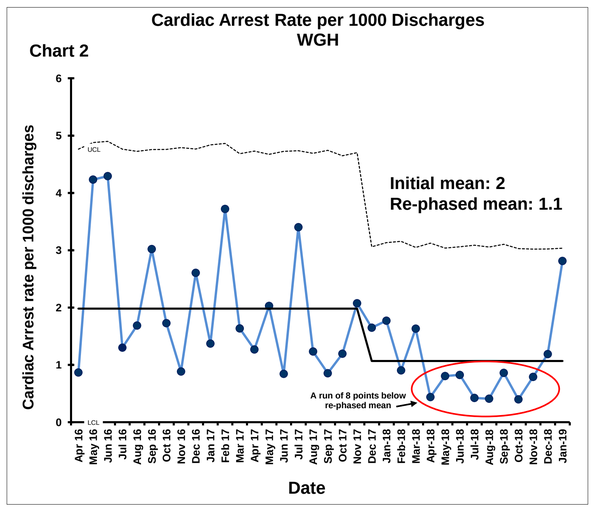
Process Change

- ACP had been successfully implemented within Oncology Services at the WGH and the learning gained was used to inform this project.
- An Oncology ACP document was adapted for testing within the respiratory ward and is known as the Respiratory Anticipatory Care Plan (RACP) .
- ACP conversations were carried out on an ad hoc basis and through the use of the RACP were more structured.
- A data collection tool was devised along with a clear measurement plan.
- Hospital at Night teams were involved in the new RACP process.

Results

- Days between CA in the respiratory ward increased therefore showing an improvement in chart 1 below.
- ACP has contributed to the development of a more reliable process for managing cardiac arrest. The CA rate outcome measure at the outset of this project was 2 per 1000 discharges; and through the revised process has reduced to 1.1 per 1000 discharges. This is illustrated by the rephrasing of the mean in chart 2 below.





Conclusions

- ACP conversations and documentation were happening more frequently than initially anticipated leading to a revision of the project aim in the early stages.
- ACP conversations can be very sensitive, the timing of which is crucial for patients and family, impacting on the pace of the project.
- It remains a challenge to gain consistent data of ACP conversations, however the CA data is a good measure of the outcome in the ward and the contribution to the CA rate in the WGH.

Key Learning Points

- Establishing relationships and engaging key individuals led to successes.
- A considerable amount of time was spent working with the lead Consultant ensuring ACP conversations are not reliant on one person but a shared approach.
- Data analysis and presentation is powerful in driving improvements forward.
- QI coaching of the project team builds capability and capacity promoting a QI culture to enable project development.
- The significant amount of time spent on diagnostics and understanding the system before introducing any tests of change proved to be valuable.

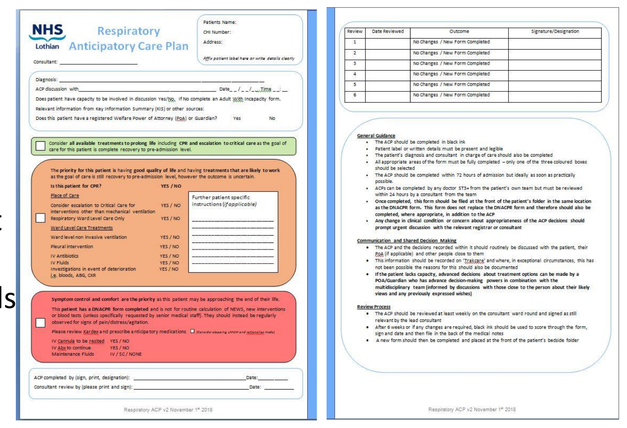
Feedback from clinicians:

> I was surprised by how infrequently we were having these important conversations with patients, and it was also clear that there was a need for clear written communication about this with on call colleagues.

> The RACP made it clear to me the treatment plan I should follow for the patient.

Achievements

- Development of an RACP that is adaptable for spread throughout the hospital.
- Knowledge of data collection, analysis and presentation has significantly improved, increasing confidence to deliver in the project team.
- QI coaching gradually built QI knowledge, skills and experience throughout the project team.



Next Steps

- Obtain feedback on the RACP from other specialities across the hospital.
- Present the project findings at various forums to engage others within the speciality and hospital wide.
- ACP integral to the electronic patient record for each episode of care.
- Project team members will undertake formal QI training through online learning modules and a one day intense QI master class.
- Project remains ongoing and the RACP will be further revised in May 2019.
- Sustain QI learning through personal development opportunities.

Key Reference Materials

Scottish Intercollegiate Guidelines Network. SIGN139: Care of deteriorating patients. Consensus recommendations. Edinburgh: SIGN;2014

CEL19 (2013) Next steps for acute adult safety – patient safety essentials and safety priorities.

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