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Clinical Nurse Specialist End of Life Care

A successful bid to Queen Elizabeth Hospital Birmingham Charities resulted in funding for two years. Evidence was collected during this 2 year period which has resulted in funding being agreed and the Clinical Nurse Specialist (CNS) End of Life Care is now a substantive post.

End of Life and Bereavement Care Champions

Established over 100 champions nursing and Allied Healthcare Professionals from all clinical areas utilising various skills and communications support.

Triangulation of feedback from Bereavement Service Questionnaire with complaints and PALS contacts as well as from anonymised data from CRUSE has been used to develop education for staff groups.

“The champion’s workshops have been very valuable. Sharing stories of relatives in a positive way, always asking how we can improve, rather than being critical of what has happened. This has encouraged staff to open up and share the challenges and obstacles they face. The workshops provide a safe environment where they can escalate concerns and also involved in seeking solutions.”

In between workshops the champions received newsletters, emails and visits to clinical areas as well as articles in Trust newspaper and use of screen savers.”

Comfort Observations

Approximately one third of all patients in hospital today will unfortunately not survive beyond the next twelve months.

There will also be a significant number of patients in hospital for whom it is not appropriate to continue observations which might cause unnecessary discomfort (particularly if there is no active change in management as a result of such observations).

For patients on comfort observations, when doctors attempt to prescribe IV antibiotics they will see a red warning stating “This patient is on comfort observations, IV antibiotics may be inappropriate’ which will need to be acknowledged by the doctor before the prescription can continue.



PICS Comfort Observations replaces 'Supportive Care'

- > PICS provides a new facility for patients expected to be in the last days or hours of life, where it is not appropriate to continue observations that may cause unnecessary discomfort.
- > Comfort Observations replaces the 'Supportive Care Pathway' icon in PICS and can be activated by clicking on the 'Patient' menu in the top left of the PICS record and selecting 'Change Comfort Observations Status'.
- > Contact the Specialist Palliative Care team or visit the Trust intranet for more advice.

Tel: ext. 14548 <http://uhbhome/palliative-care.htm>

Electronic Resources Treatment Escalation And Limitations- TEAL

TEAL is an electronic patient record; it is designed for recording specific options regarding the escalation or limitations of care for individual patients. This still allows a DNACPR record to be made but will also give doctors the facility to record other important treatments that should be limited or stopped as deemed appropriate. TEAL is designed to assist in clinical decision making and enables these decisions to be effectively communicated to clinical colleagues, patients and their relatives utilising the DNACPR/TEAL icon on PICS. All frontline clinical staff are able to view TEAL management plans recommended by senior medical staff. When a patient is discharge an electronic copy of the DNACPR/TEAL record is sent to the patient’s GP’s.

Nursing Symptom Control Audit

Training in end of life care for nurses has been variable. End of life care often involves the administration of symptom control medications, many of which are prescribed as “as required”. Successful symptom control often involves nurses being able to recognise distressing end of life symptoms (e.g. pain, anxiety) and then administering the correct medicine at the correct dose. The aim of the study was to collect information about nursing staff’s awareness, confidence and knowledge with respect to end of life care. This in turn guided future educational initiatives supported by the hospital’s End of Life Clinical Nurse Specialist and Specialist Palliative Care Team

Nursing Prompt Communication tool

This tool has been developed to support the nursing document Patient Care Record which is found in the folder at each patient’s bed space. To improve communication on nursing handover, across the multidisciplinary team (MDT) and help with communicating clear and consistent plans to patients and families, which is often a cause for complaint.

QEHB and Birmingham Cruse

This bereavement support service offers a confidential service for bereaved relatives and staff. The service offers up to three telephone calls which may then lead onto formal 1:1 counselling if required.

Queen Elizabeth Hospital and
Cruse Birmingham Telephone
Support Service

 Cruse
Bereavement
Care



Summary of key messages

- (1) Be focused on the goals but also flexible enough to deal with unexpected consequences
- (2) Collaborate but do not make assumptions about what your colleagues may or may not know
- (3) Try to stay positive in the face of inertia and celebrate success no matter how small

For full case study, visit www.hospiceuk.org/Botb