

QIP: Improving the identification and management of patients reaching the end of life in General Surgery (NACEL Audit)

Background

NACEL (National Audit for Care at the End of Life, NHS Benchmarking Network 2022) identifies standards for providing good quality end of life (EoL) care, for example:

1. Using SPICT (Supportive and Palliative Indicators Tool – a national tool used to identify EoL patients, The University of Edinburgh)
2. Using SCP (Supportive Care Plan)
3. Documenting preferred place of death (PPoD)
4. TEP/DNACPR in place within 24 hours of death (Treatment escalation plan, do not attempt CPR)

On a general surgical ward at Sandwell Hospital, Birmingham, we have developed a multi-cycle quality improvement project (QIP) to identify areas for growth in these standards and improve care at the end of life for our patients.

Initial data collection suggested poor performance in identifying the dying patient using SPICT, documenting the preferred place of death and using SCP ward round/nursing notes. Our interventions were targeted towards this.

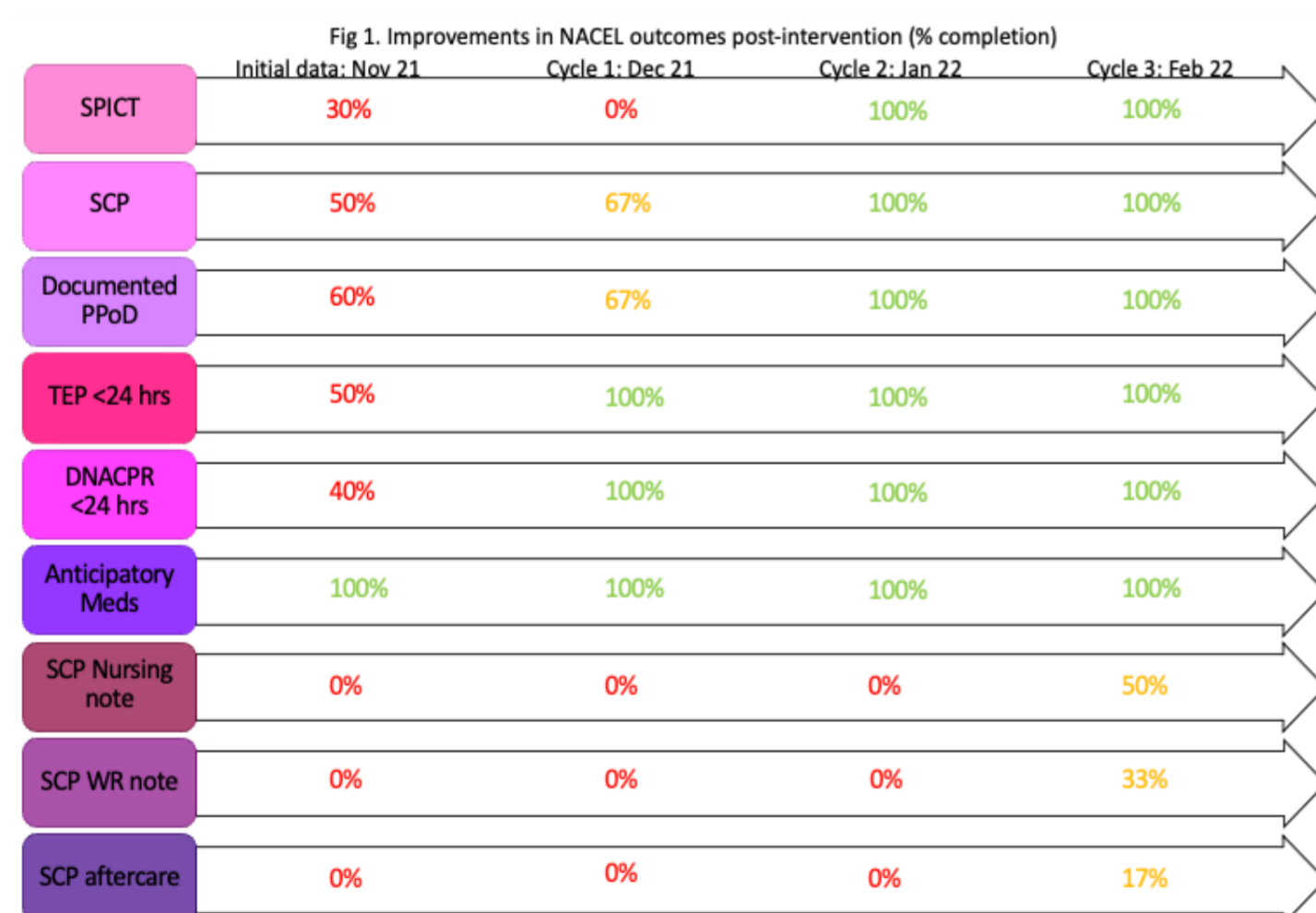
Methods

4 Plan Do Study Act (PDSA) cycles with the below interventions:

1. Deliver trust-wide teaching to all junior doctors
2. Teaching sessions to Nurses
3. Creating targeted posters for the ward
4. After identifying areas for improvement

After identifying the weak points, we acted on the findings to make instructional videos. We hope to improve palliative care for patients by playing the videos at all clinical staff inductions.

Results



- Improvement demonstrated in all 8 NACEL targets
- Improvement of at least 50% in 5 of 8 targets after intervention
- At the end of 4 months, 6 of 8 targets are meeting NACEL standards
- 3 of 8 targets still have room for improvement – this is where we should focus our next interventions. These are mostly regarding documentation between healthcare professionals (HCPs).

Results cont.

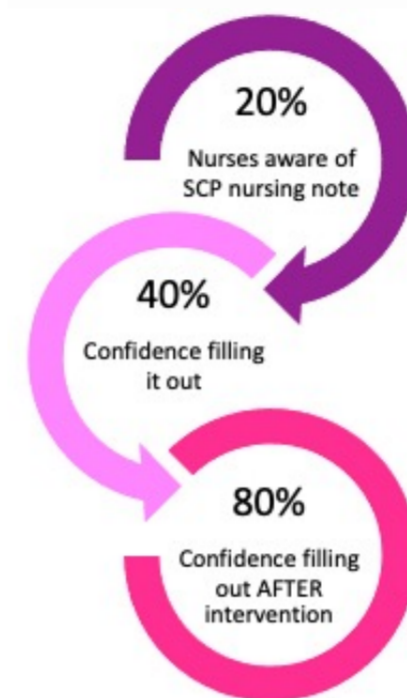


Fig 2. Nursing responses after intervention

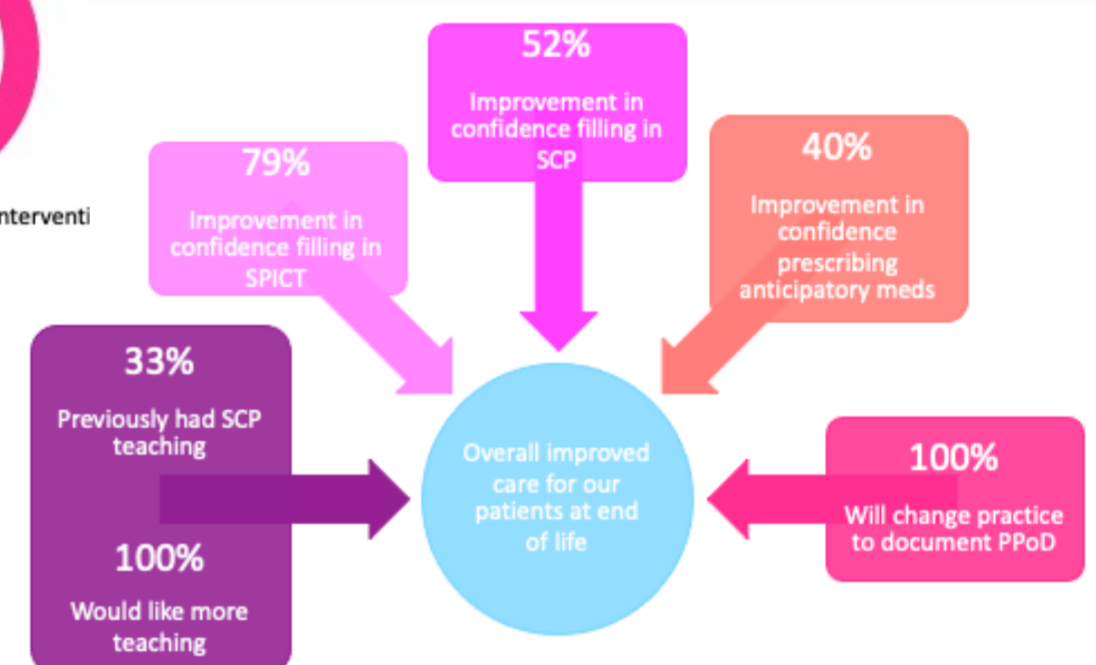


Fig 3. Junior Doctor responses after intervention

Conclusions

Overall, the QIP has shown:

- An improvement in all NACEL audit outcome measures
- Improved confidence in both Nurses and Junior Doctors in filling in end of life care documentation
- Simple interventions like teaching and posters can be implemented easily in other areas of hospitals to improve care

Areas for improvement:

- Utilising SCP ward round/nursing notes
- SCP aftercare is the lowest performance of all the outcome measures

Recommendations

1. Posters to be made available to all wards in the hospital
2. Develop a teaching video to be made available for nursing staff inductions
3. Extend teaching to include aspects of SCP aftercare for nurses.
4. These materials are to be made accessible on the hospital intranet at any time for anyone to use, especially important at night when Palliative teams may not be contactable.
5. Liaise with IT to consider making the location of these forms easier to find in patient software.
6. Repeat this QIP on a larger scale with more than one department – can be applied trust wide.
7. Further cycles assessing the impact of trust-wide induction videos/teaching sessions

References

- NHS Benchmarking Network (2022) National Audit of care at the End of Life (NACEL). Available at: <https://www.nhsbenchmarking.nhs.uk/nacel>. Accessed: 22 July 2022.
- The University of Edinburgh (no date) Supportive and Palliative Care Indicators Tool (SPICT). Available at: <https://www.spict.org.uk>. Accessed: 22 July 2022.