Improving the quality of care for patients whose recovery is uncertain

AMBER Care Bundle
Last year of life

• 29% of hospital inpatients are in the last year of life.

• 48% of hospital inpatients > 85 die within one year of admission

Frailty Survival GSTT – defined by basket of ICD codes

12-month survival curves

- All patients
- Patients >90
- Patients with index >3
- Patients >90 and index >2
VOICES 2015:
In the last 3 months of life, were decisions made which he/she would not have wanted?

- Yes
- No
- Not sure

![Bar chart showing decisions made in different care settings](chart_image)
BMA: End of life care and physician assisted dying

— More needs to be done to **identify** those patients, particularly but not exclusively, frail older patients with multiple comorbidities, who are likely to be approaching the end of their lives and for this to **trigger a review of the goals** of different medical interventions.

— Doctors and the public should be reminded of the **inherent uncertainty** in the pace of disease progression and that **reversible and irreversible conditions can coexist** and need to be assessed in the context of the patient’s wishes.
Case-note review

• Focus on treatment
• Many patients likely to die while ongoing medical therapy
• Decision making/escalation planning, patient/carer involvement inconsistent
• Communication flows within (between staff) and between organisations

Source: GSTFT, 2010
Patients who have clinical uncertainty of recovery

- Previously well, recovery expected
- Recognition of uncertain recovery
- Recognition of the dying phase

Timeline:
- Well
- Uncertain recovery
- Last days

BGS EoLC 2018
Stage 1: Identification

Is there clinical uncertainty of recovery?
1. Is the patient deteriorating, clinically unstable with limited reversibility, and;
2. Is the patient at risk of dying during this episode of care despite treatment?

Stage 2: Day one interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Action</th>
<th>Name</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion with patient ± carer held and documented</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May include: • uncertain recovery &amp; treatment options • concerns, wishes &amp; preferences • preferred place of care</td>
<td></td>
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</tr>
<tr>
<td>Nursing responsibility to ensure intervention takes place</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Complete within 12 hours at patient’s place.</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical plan documented in patient record including: • current key issues • anticipated outcomes</td>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escalation decision documented • treatment plans • resuscitation status • level of intervention • Ward only • HDU only • ITU</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>Medical plan discussed and agreed with nursing staff</td>
<td>☐ Yes ☐ No</td>
<td></td>
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</tbody>
</table>

Record detail in the patient’s record

Stage 3: ACT – Daily monitoring and review

Review the patient daily using the principles of ‘ACT’
Assess patient capacity for each decision and involve in line with the Mental Capacity Act 2005
A. Is the patient’s care still suitable for support with the AMBER care bundle?
C. Are there any medical changes?
T. Have you talked with the patient ± those important to them? Have any preferences changed?

Stage 4: Discontinue the AMBER care bundle if

The patient’s recovery is no longer uncertain and for needs a different approach to care because:
• Patient has recovered from this acute episode
• Patient is likely to be dying and an individual plan of care for the last days of life is developed
• Patient is transferred to a clinical area not familiar with its use
• Patient is discharged

Communicate patient preference for future care and treatment escalation plans on transfer or discharge.

The AMBER care bundle version 4.0 © Guy’s and St Thomas’ NHS Foundation Trust 2016
Resulting in ...

• Patient and families informed and shape care planning

• Those whose care should be further escalated (preferences / medical reasons) receive this

• Those whose care should remain at ward level or involve de-escalation (preferences / medical reasons) receive this

• Those who wish to go home have a better chance of achieving this

• Regular and systematic update and review
But only with...

- Skills
- Understanding
- Systems
Number of patients supported by AMBER bundle Apr-15-March-16

Missing data July 2015
Missing data July 2015
## Emergency readmissions

<table>
<thead>
<tr>
<th>Proxy outcome indicator: patients who were discharged and died within 100 days, emergency readmission rates</th>
<th>Median</th>
<th>Inter-quartile range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital clinical audits: Prior to implementation of the AMBER care bundle</td>
<td>47%</td>
<td>33-58%</td>
</tr>
<tr>
<td>(number of hospitals = 10)</td>
<td></td>
<td></td>
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<tr>
<td>Hospital clinical audits: Patients who receive care supported by the AMBER care bundle</td>
<td>20%</td>
<td>14-22%</td>
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<tr>
<td>(number of hospitals = 5)</td>
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</tbody>
</table>

[1] The number of hospitals varies due to the ability of the hospital to supply data and the progress of hospitals in implementing the AMBER care bundle. 4 hospitals who provided before and after data showed a reduction in emergency readmission rates. The denominators are small in the 'before' data.
Policy links

- Transforming end of life care in acute hospitals.
- One chance to get it right.
- Ambitions for palliative and end of life care.
- Recognition of uncertainty prompts care planning / shared decision making supported by AMBER care bundle, informed by any pre-existing ReSPECT document.

- AMBER care bundle promotes proactive patient / family centred care during acute uncertainty.

- Within discharge planning, AMBER care bundle prompts discussion / handover re treatment decisions / preferences for future care. This may lead to commencing or modifying a ReSPECT document.
Other areas of alignment

- Safer Patient Flow
- Patient experience of care
- The deteriorating patient
- Frailty – Acute Frailty Network
- National Quality Board – learning from deaths
- Gold Standards Framework/Advance Care Planning
But what about

- Interface – discharge home
- Community – out of hospital
- Care homes
Frailty Pathway Pilot – Burton Hospital

Edmonton score 6-11
Refer to Frailty team

Edmonton score 12-17
Refer to Frailty team
Consider Amber care bundle if appropriate

AMBER care bundle worked well when initiating discussion regarding future admissions/care/recognition of deterioration

Good team work and enhanced community links

Refocuses care
Derby Data 2016-17

- 8% readmitted after 30 days
- >1000 patients
- 52% inpatient deaths supported by AMBER care bundle
- LOS 18 days (reduced form 23 days)
- PPC/PPD 28%
- 6 days before AMBER care bundle initiated
- 67% EOLC or died
- 92 patients month
Patient and carer experiences of clinical uncertainty and deterioration, in the face of limited reversibility: A comparative observational study of the AMBER care bundle

Katherine Bristowe¹, Irene Carey², Adrian Hopper², Susanna Shouls², Wendy Prentice³, Ruth Caulkin², Irene J Higginson¹ and Jonathan Koffman¹
Messages

• AMBER care bundle appeared to improve awareness of prognosis, frequency of conversations between staff, patients and family member

• Associated with shorter lengths of hospital stay

• Did not appear to improve views on quality of communication

• Family concerns about discharge remained
ImproveCare
The management of clinical uncertainty in hospital settings

Cicely Saunders Institute, Department of Palliative Care, Policy & Rehabilitation, King’s College London
https://www.kcl.ac.uk/nursing/departments/cicelysaunders/research/studies/ImproveCare.asp
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