

Improving the quality of care for patients whose recovery is uncertain

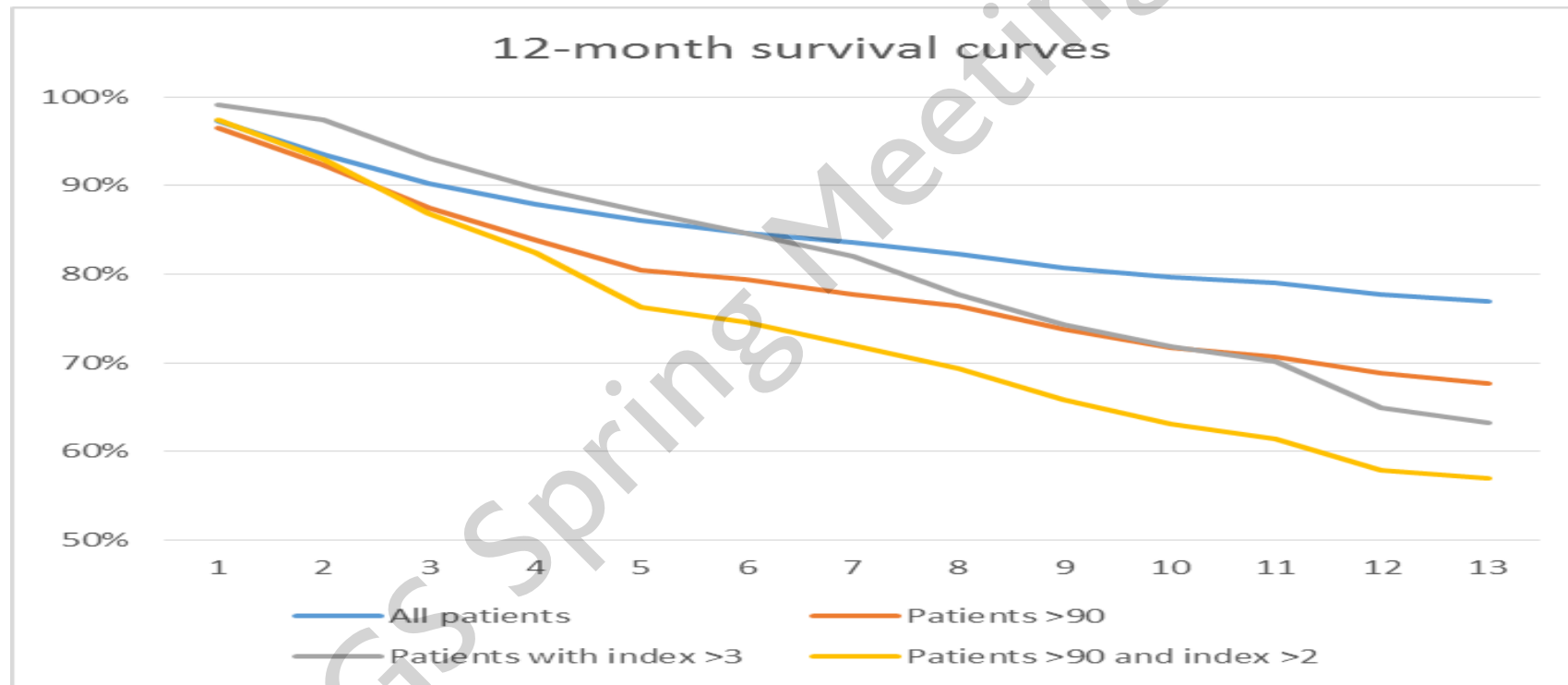


AMBER Care Bundle



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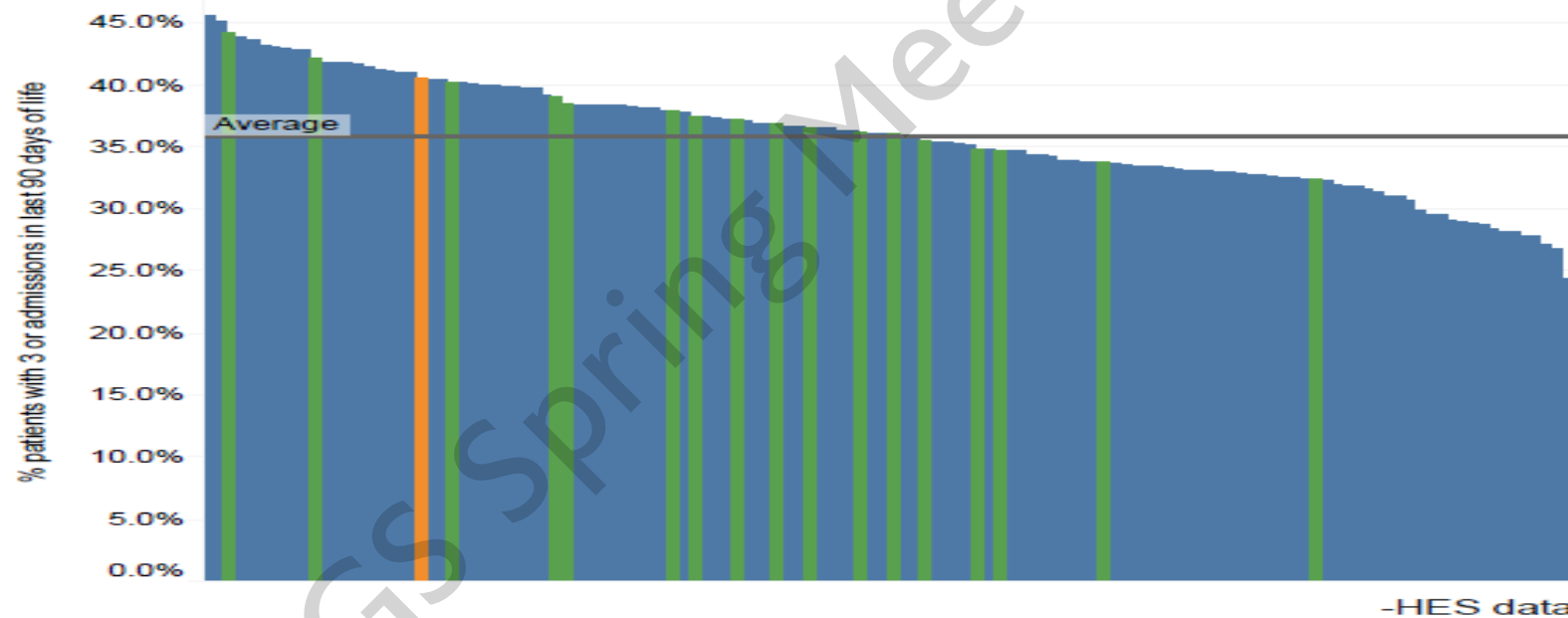
Frailty Survival GSTT – defined by basket of ICD codes



> 3 Admissions in last 90 days



Percentage of all admitted frail patients aged 75 and over with 3 or admissions in last 90 days of life in the year 2017/18



15 % of all Hospital Beds >75

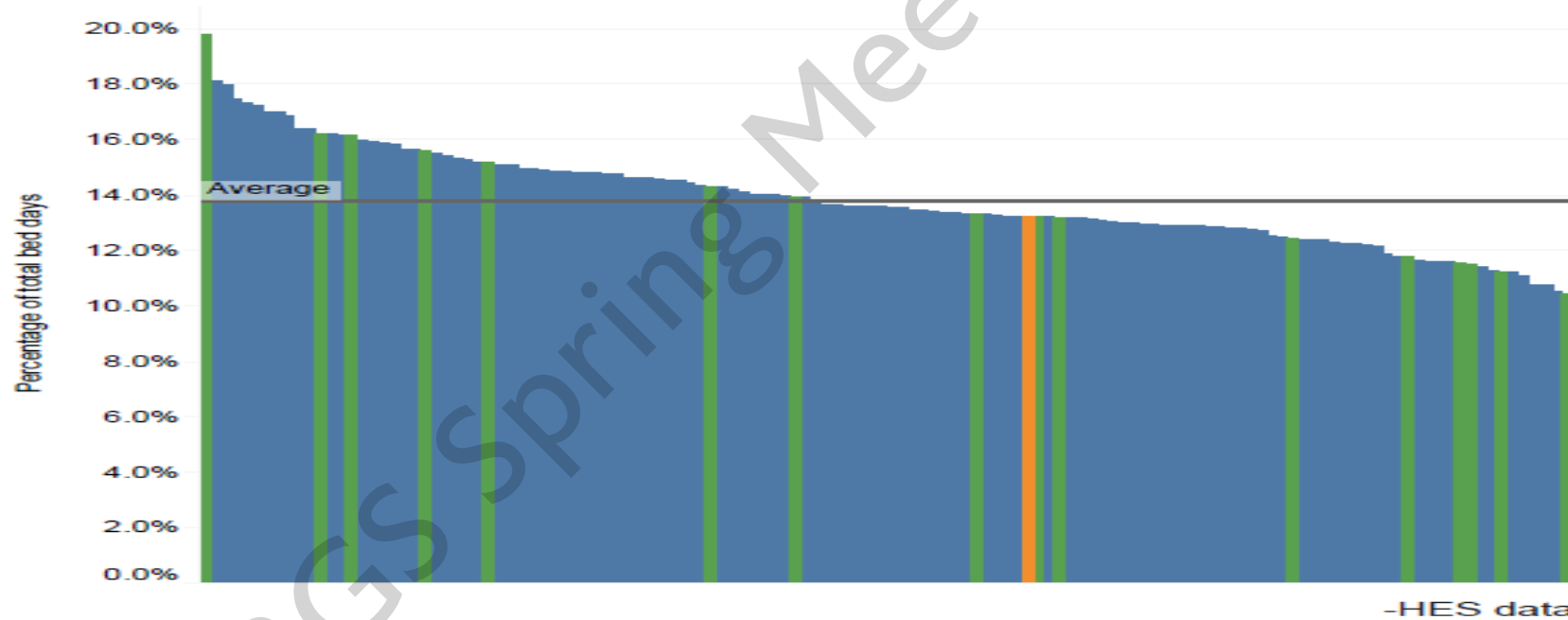


NHS Improvement

5 - End of Life

5.0 Admitted Patient Care

Percentage of total bed days consumed by all admitted patients aged 75 and over irrespective of speciality in the last 90 days of life during the year 2017/18



Non-beneficial treatments



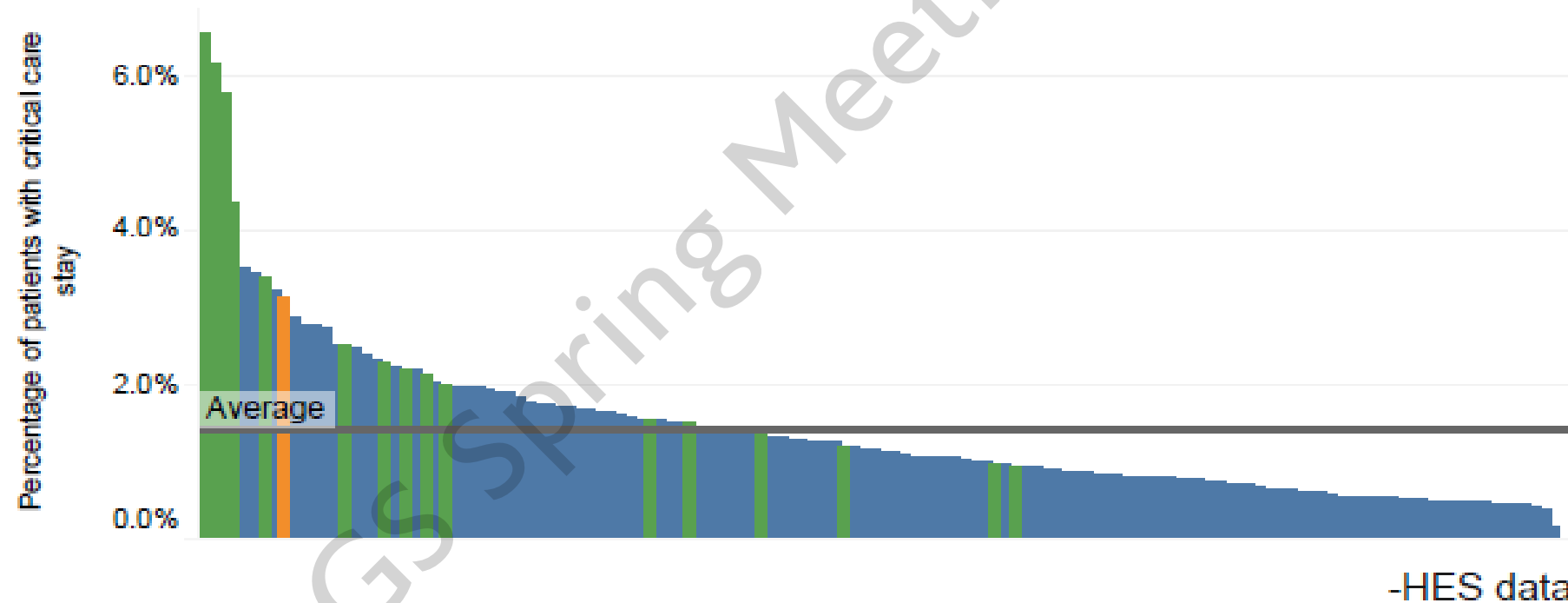
38 studies (international) 33-38% of patients who neared end of life receive non-beneficial treatments / tests in acute hospitals

ICU , Chemotherapy , CPR

Variation in Critical Care Use

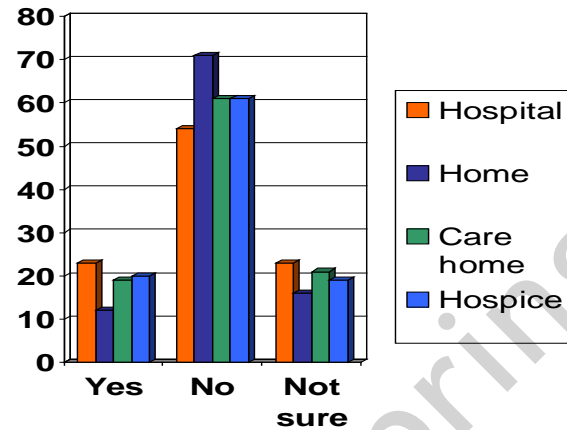
2.2.10.0 Percentage of frail patients aged 75+ with Critical Care stay

Percentage of frail patients aged 75 and over with Critical Care stay irrespective of speciality during the year 2017/18



VOICES 2015:

In the last 3 months of life, were decisions made which he/she would not have wanted?

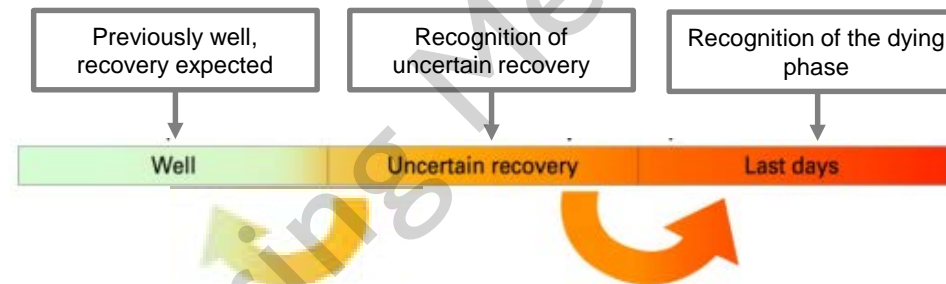


Case-note review



- 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

Patients who have clinical uncertainty of recovery





Date: _____

Time: _____

Patient Label

Consultant: _____

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

Remember to apply the principles of the Mental Capacity Act 2005

Intervention		Action / comments	Name Date Time
Assess patient capacity for each decision and involve in line with the Mental Capacity Act 2005			
Complete within 12 hours at patient's pace.	Nursing responsibility to ensure intervention takes place	Discussion with patient ± carer held and documented May include: <ul style="list-style-type: none"> • uncertain recovery & treatment options • concerns, wishes & preferences • preferred place of care 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Medical responsibility to ensure intervention takes place	Medical plan documented in patient record including: <ul style="list-style-type: none"> • current key issues • anticipated outcomes 	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Escalation decision documented <ul style="list-style-type: none"> • treatment plans • resuscitation status • level of intervention: <input type="checkbox"/> ward only <input type="checkbox"/> HDU only <input type="checkbox"/> ITU 	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Medical plan discussed and agreed with nursing staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 **C**hanges?
- T** Have you **T**alked with the patient ± those important to them?
- Have any preferences changed?**

The AMBER care bundle version 4.0

Stage 4: Discontinue the AMBER care bundle if

The patient's recovery is no longer uncertain and/or 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.

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Resulting in ...

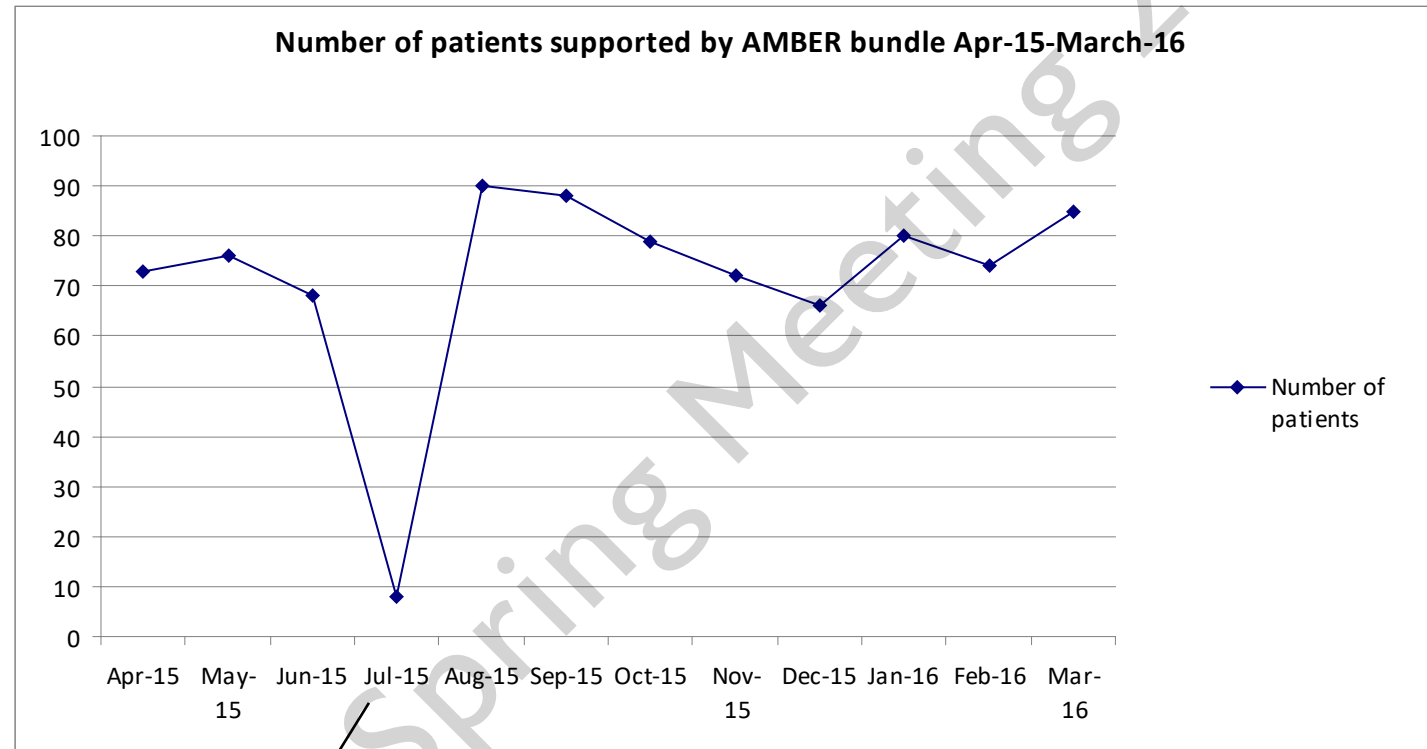
- Patient and families informed and shape care planning
- Those whose care should be further escalated (preferences / medical reasons) receive this
- Those whose care should remain at ward level or involve de-escalation (preferences / medical reasons) receive this
- Those who wish to go home have a better chance of achieving this
- Regular and systematic update and review

But only with...

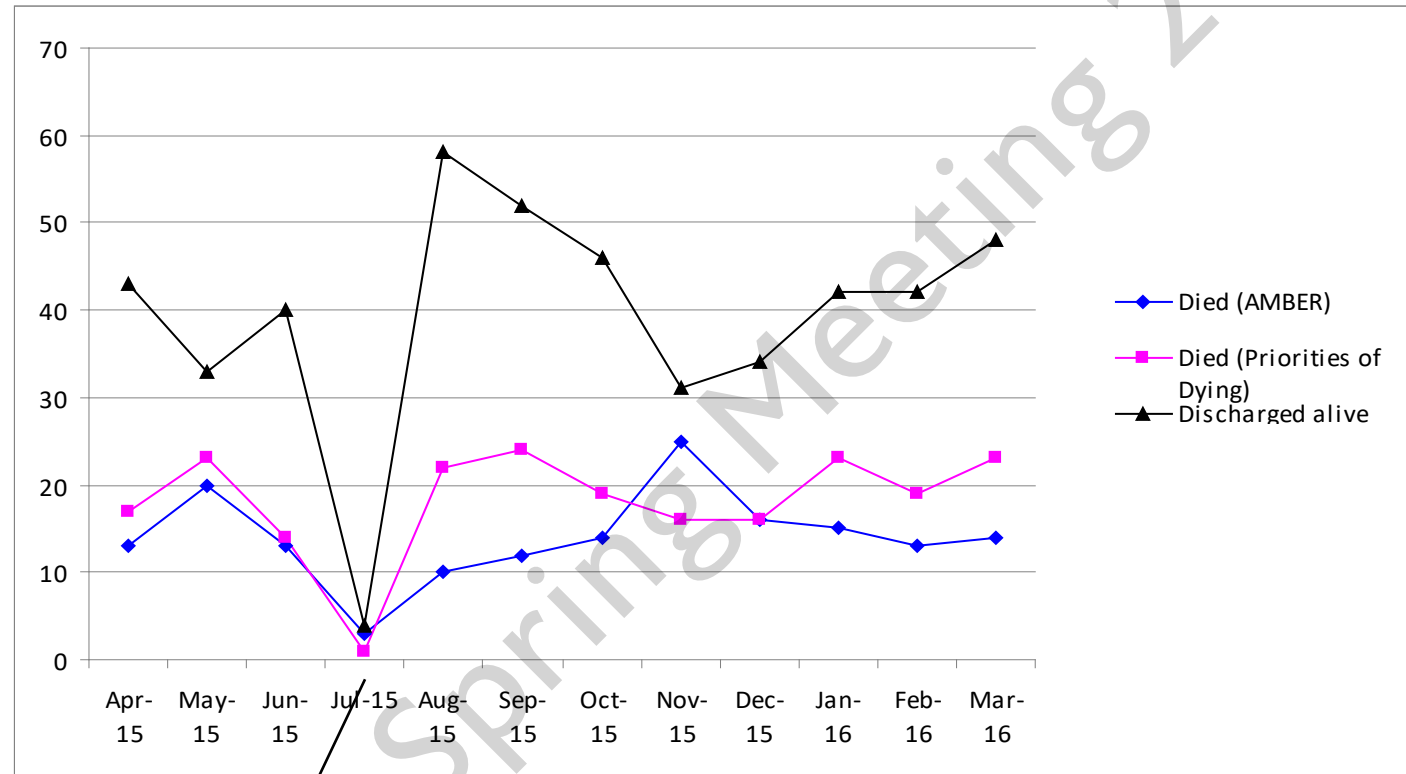
- Skills
- Understanding
- Systems



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Missing data July 2015



Missing data July 2015

Emergency readmissions

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

^[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.

ReSPECT Recommended Summary Plan for Emergency Care and Treatment for:

1. Personal details

Preferred name

Full name

Date of birth

Date completed

NHS/CHI/Health and care number

Address

2. Summary of relevant information for this plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

ReSPECT

ReSPECT

ReSPECT



- 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

Inspiring Change

A review of the quality of care provided to patients receiving acute non-invasive ventilation



But what about

- Interface – discharge home
- @home support teams
- Community – out of hospital
- Care homes

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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

6 days before AMBER care bundle initiated

92 patients month

>1000 patients

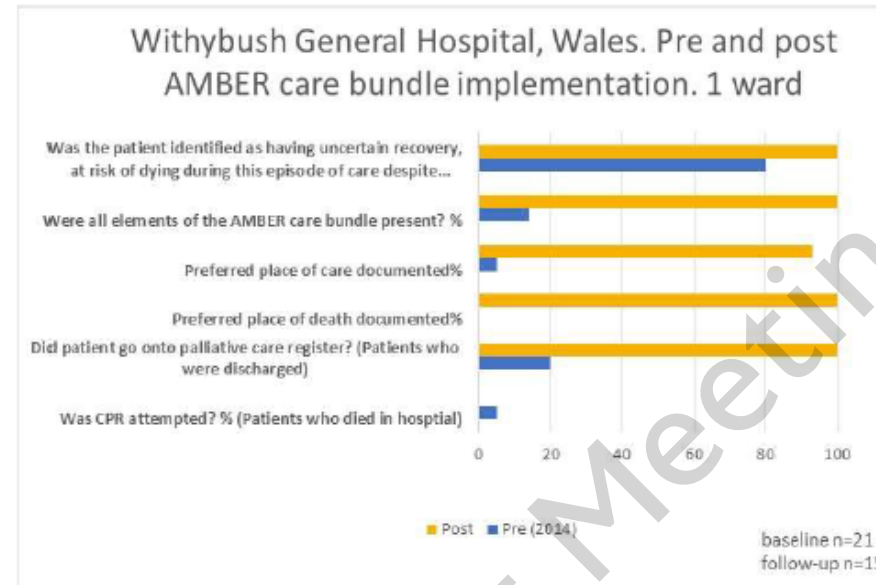
PPC/PPD 28%

67% EOLC or died

52% inpatient deaths supported by AMBER care bundle

LOS 18 days (reduced from 23 days)

Impact: case examples from the AMBER network

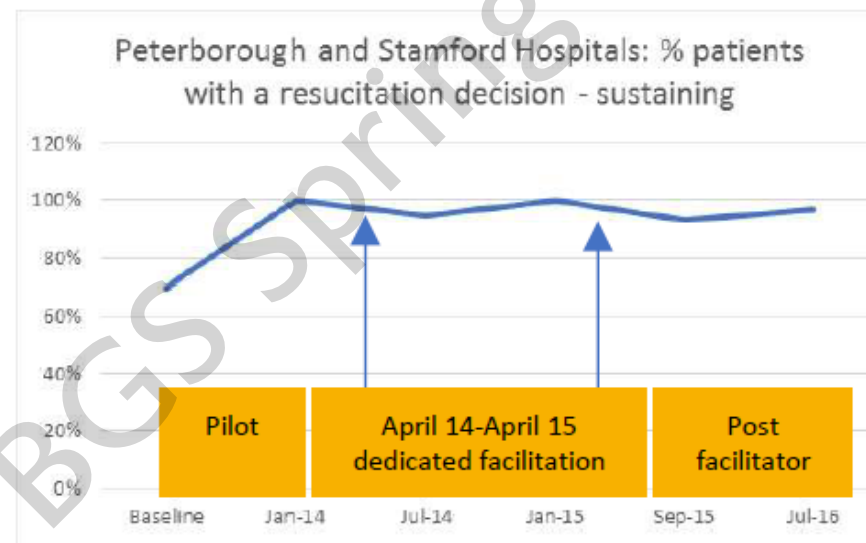


Staff views

"A way of highlighting people that are deteriorating"

"I was quite sceptical because we are already doing what AMBER promotes but it has cemented the processes into our practice"

"Emboldened nurses to say to consultants [patient's recovery is uncertain]. They may not necessarily have the confidence otherwise"



Original Article

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

Palliative Medicine

1–11

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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



**Cicely Saunders
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Better care at the end of life

WHO Collaborating Centre
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KING'S
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ImproveCare

The management of clinical
uncertainty in hospital settings

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NHS
*National Institute for
Health Research*



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<https://www.kcl.ac.uk/nursing/departments/cicelysaunders/research/studies/ImproveCare.aspx>



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