

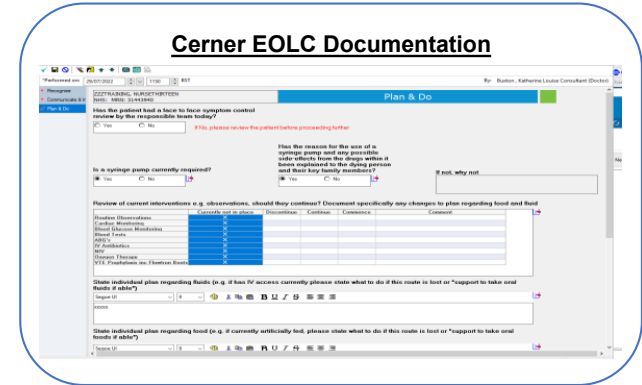
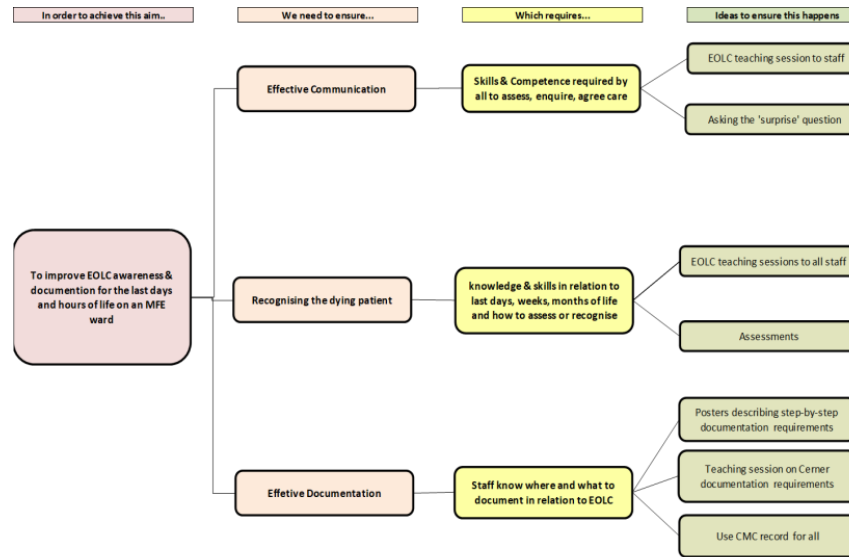
S Ellis<sup>1</sup>; I Bacon<sup>1</sup>; K Buxton<sup>2</sup>; F Klinkhamer<sup>2</sup>; S Long<sup>1</sup>

<sup>1</sup>Department of Medicine for the Elderly, <sup>2</sup>Department of Palliative Medicine, St Mary's Hospital, Imperial College Healthcare NHS Trust

## BACKGROUND

### Why this project?

- The **National End of Life Care Strategy** highlighted the need for **individualised, accessible, multi-disciplinary** care plans
- Initial Staff Survey on Thistle Ward highlighted **lack of familiarity** with required documentation
- Ward has **close links** with the palliative care team, previous project collaboration



## AIMS

1. To **improve documentation** of end-of-life care (EOLC) on a Medicine for the Elderly Ward
2. To **increase awareness** of existing Cerner documentation for the last hours and days of life

## METHODOLOGY

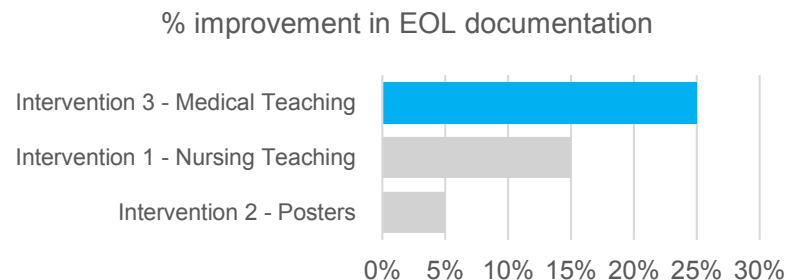
- A Quality Improvement (QI) approach was utilised.
- **Driver Diagram** (see below) to depict our change theory and change ideas which would be tested via **PDSA cycles** and their impact measured.

A **baseline staff questionnaire** was also devised to obtain baseline information in relation to awareness & knowledge of end of life care documentation.

Patient records would subsequently be **reviewed fortnightly** to see if the changes tested led to an improvement.

## TESTS OF CHANGE (PDSAs) & RESULTS

- PDSA 1: training to nursing colleagues:** step-step teaching on Cerner EOL documentation. **15% increase** in the number of care plans completed.
- PDSA 2: Posters** describing step-step instructions how to complete documentation), **5% increase**.
- PDSA 3: Education sessions to ward doctors** resulted in a **25% improvement**.



Each change was measured by re-evaluating patient documentation

## CONCLUSIONS

**Comprehensive documentation is key** to ensuring good EOLC

- **Staff training** was the most effective change, having the greatest impact
- **Active changes** were found to be more effective than passive ones – for example **face-face teaching** yielded greater change than posters.
- **Basic, easy to access** proformas are more effective than multiple different documentation notes
- **Greatest change seen with training to medical team**

## GOING FORWARD

- **Scale up & Spread** to other MFE wards
- **Integrate** documentation training into junior doctor induction
- Use similar **methodology** to improve existing end of life care agreement