



Clinical Leaders Network

CLN member : Dr Fiona Hicks
Title of your Innovation Project: Development programme for senior clinicians in end of life care
What are you trying to achieve through your innovation project? <i>What are you trying to accomplish? Why are you undertaking the project?</i>
<p><i>When asked, most people would prefer to be cared for and die in their usual place of residence (home). Currently, most people die in hospital.</i></p> <p><i>We are trying to change the culture of acute care, in the approach to patients in their last phase of life (up to a year or so), to talk more openly about their disease and likely future and to involve patients more in decisions about their treatment and priorities/place of care.</i></p> <p><i>In addition we aim to improve communication about care at the end of life between primary and secondary care, so that people are more likely to achieve their preferred place of care and death.</i></p>
How will you know if a change is an improvement? <i>What will success look like and by when? What quality and cost improvement are you seeking to achieve? What quantitative and/or qualitative measures will you use to demonstrate the success of your innovation project in improving the quality and cost of healthcare and by when?</i>
<p><i>Metrics will be developed during the course of the programme, but the following are some suggestions:</i></p> <p><i>An increased number of patient records in both secondary and primary care will record conversations about patient preferences and include this information in letters between care settings.</i></p> <p><i>Hospital discharge letters will contain information on the patient's disease stage and whether the focus of care is palliative/end of life care.</i></p> <p><i>Care will be delivered in partnership with patients, who will be given time to plan for their end of life, so more patients will record preferences for type and place of care.</i></p> <p><i>More patients will die in their place of choice.</i></p> <p><i>Unplanned admissions in the last year of life will be reduced.</i></p> <p><i>Time spent in hospital in the last year of life will be reduced. The number of patients dying after an inpatient stay of 8 days or more will be reduced.</i></p> <p><i>The number of patients dying within 72hrs of admission will be reduced.</i></p> <p><i>Reduced complaints/increased compliments.</i></p> <p><i>Self assessment of training needs of participants, before, during and after the programme.</i></p> <p><i>Learning portfolios/diaries of participants.</i></p> <p><i>The project runs until October/November 2012. We anticipate some improvements by then, but continuous improvement is anticipated into 2013 and beyond.</i></p>
What changes will you make to deliver the improvement? <i>What are you planning to do to achieve the quality and cost improvements you are seeking? How will you do this?</i>
<p><i>We are delivering a 12 month pilot development programme to a group of senior clinicians in each of 2 hospital trusts (one large and one small). Each Trust has 6 or 7 consultants on the programme, (one from each key specialty area) and a GP to provide the community focus.</i></p> <p><i>The programme includes one-to-one work, looking at practice in outpatients and on ward rounds and helping participants to see where things could be done differently, in addition to action learning as a group.</i></p> <p><i>The programme design is fluid to allow participants to identify their own needs and priorities, and to decide what success will look like in their own specialties.</i></p> <p><i>Quantitative and qualitative data will be collected at the outset, during and at the end of the programme, and the emphasis is on participants deciding what is important in their own personal practice and specialty.</i></p>



Where formal input is requested to develop knowledge and skills, we will aim to provide it (eg advanced communication skills teaching).

The 2 pilots are running in parallel to share the learning between them.

What improvements have you achieved to date through the project?

What quality and cost improvements have you made to date. What have you learned from the project?

It is early days but some participants have already changed their discharge letters to include the relevant end of life care information for GPs.

Several audits are in hand, looking at current practice.