

Excellence in Care: Documenting Patients' Preferences for Preferred Place of Care and Death

Promoting active participation by community nurses with patients in developing person-centred care plans, fostering collaborative discussions regarding palliative and end-of-life care preferences and location.



Introduction

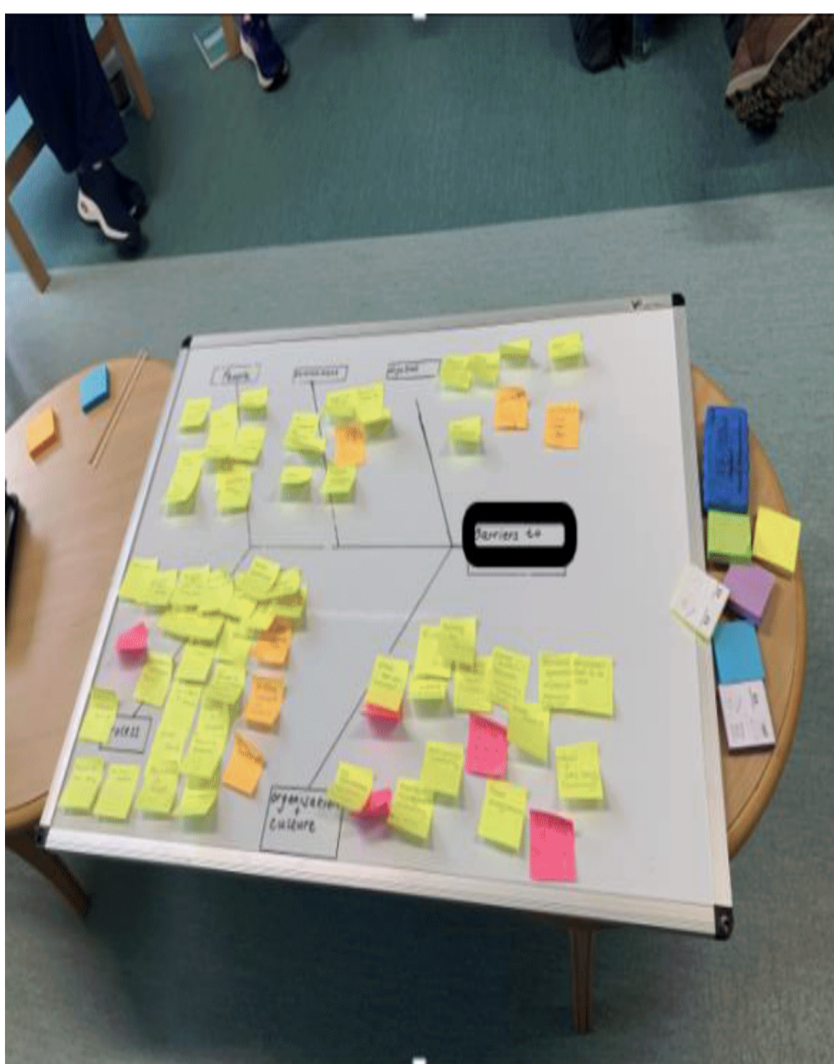
Building a Community Nursing workforce that promotes individual and collective responsibility for recording the outcomes of Future Care Planning conversations helps to ensure that the right decisions are made at the right time. Transparent, early and repeated communication throughout the dying process has been shown to decrease patients' and their families' anxiety, increasing their sense of agency and control over decision making. This improvement project focuses on enhancing the documentation process for conversations between community nurses and patients about their preferences for their preferred place of care at end of life facilitating better care planning, communication and co-ordination within the multi professional team as outlined in the Scottish Government "Strategic Framework for Action on Palliative and End of Life Care"

Aim

By March 2024, 60% of patients within the Troon Locality's District Nursing Caseload who are receiving palliative and end-of-life care will have a 'Preferred Place of Care' discussion documented in the District Nursing Care Record in alignment with Excellence in Care Standard (EiC)

Method

- A Cause and effect analysis helped the team to understand the system and identify the barriers to recording Preferred Place Of Care (PPOC).
- The Driver Diagram using a collaborative approach helped visualise the key drivers and change ideas.
- Change ideas were prioritised using a priority matrix determining high impact/ lowest effort next steps and PDSA Cycles were used to test the ideas.



Results

Chart 1

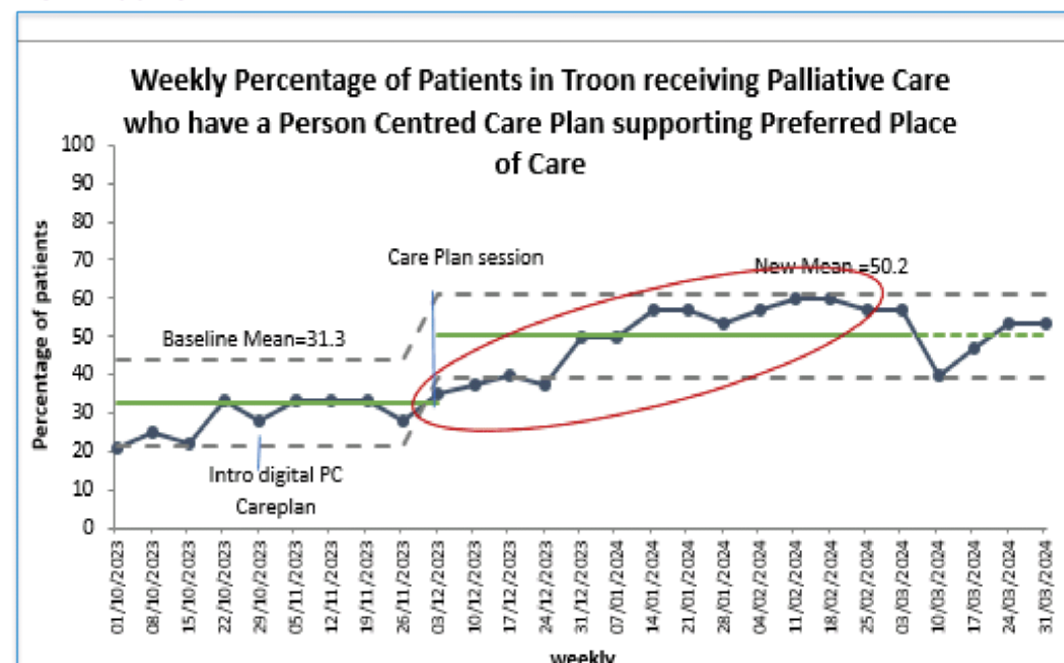
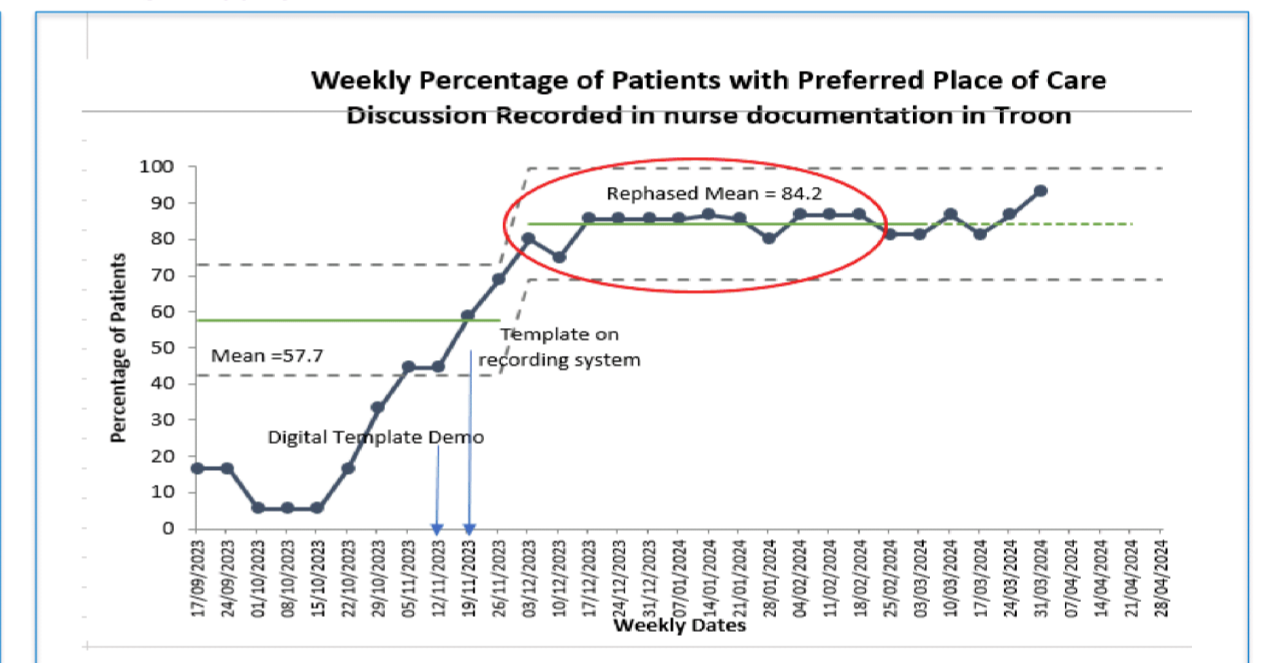


Chart 2



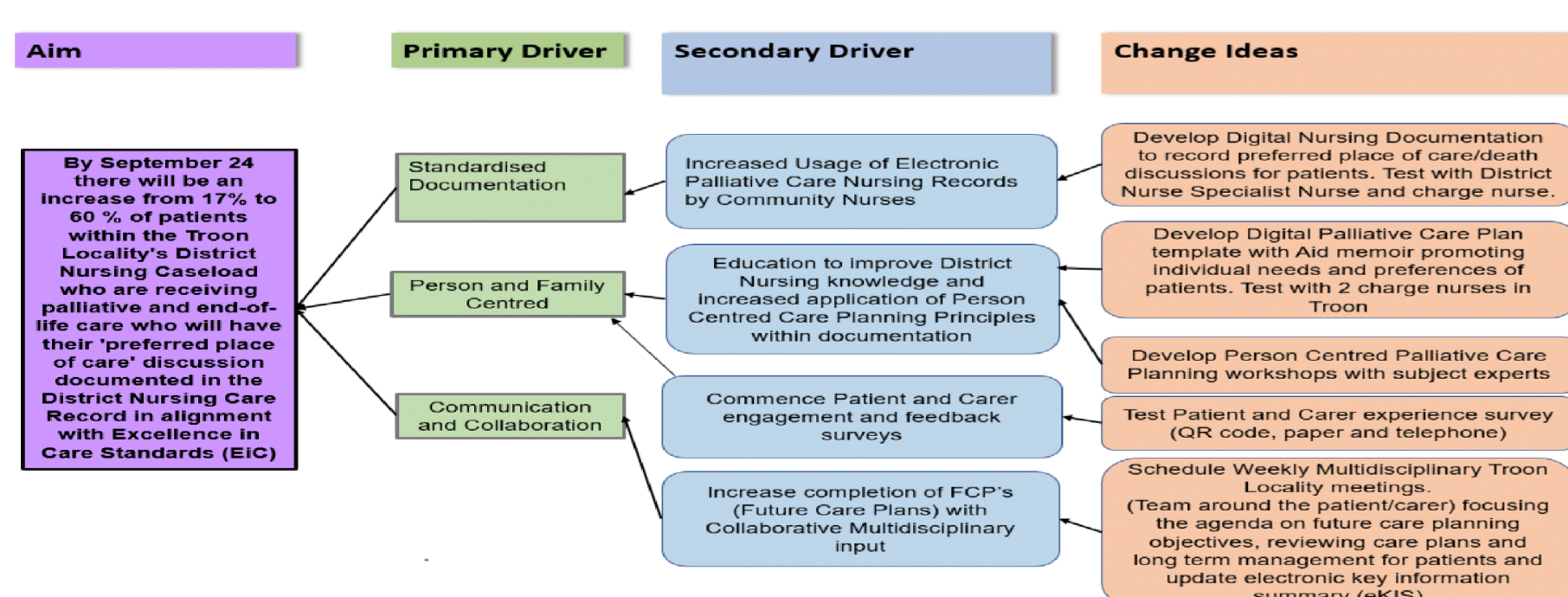
- By applying the SPC rules to the XmR chart 1 we can see special cause variation with a sustained shift and 2 out of 3 consecutive points near outer one third of control limit. This indicated improvement.
- We can see special cause variation with intent and a sustained shift on XmR chart 2.
- A patient and carer experience survey of 21 carers and 30 patients using a Likert scale and qualitative feedback provided positive feedback.

99%	felt involved in decisions about their care	100%	felt their care was planned well and they got the help they needed
100%	felt staff recognised what matters to them	100%	felt listened to

Process Changes

The key changes tested were;

- Digital Nursing Documentation to record preferred place of care/death discussions for patients.
- Digital Care Plan template and Person Centred Aid Memoir
- Patient/ Carer experience Survey



Key Learning Points

Identifying improvement opportunities within the system involves collaboration, open communication and a shared sense of ownership. An essential learning point as a team is the value of basing decisions on data and evidence.

Conclusion

- Digital templates for recording preferred place of care discussions and care planning made it easier for the nursing staff to update records.
- It was accessible to the multiprofessional team.
- The team achieved a mean of 84.2% for patients achieving recorded Preferred Place of Care discussions

Next Steps

- Present data at NHS Ayrshire and Arran Community Nursing Review Clinical Governance Group
- Scale implementation across District Nursing Teams in collaboration with NHS A&A Excellence in Care Lead

Key Reference Material

The Health Care Data Guide Provost and Murray 2009

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