



Basildon and Thurrock University Hospital (BTUH) is a 650 bed district teaching hospital with around 28,000 emergency admissions each year

About the project

The aim of this project was to:

- To increase the number of patients who are commenced on an Individualised Care Plan (ICP) in the last few days of life and to ensure optimal end of life care
- To commence Advance Care Planning in a timely fashion and appropriate setting and minimise repeated and burdensome conversations with multi-professionals.
- Improve the relative/carer bereavement experience at the Trust
- Re-auditing the ICP, assisted with the identification of ward areas where death was expected, but use of the ICP was not initiated
- Increase the number of Advance Care Plan (ACP) decisions during the inpatient stay
- Increase the knowledge and training of staff in End Of Life care (EOLC)
- To increase the number of patients who were able to die in the preferred place of death
- Capture the end of life experience of bereaved families/carers at BTUH
- Implementation of Medical Examiners role in Bereavement

What was done?

- Introduction of bereavement survey for all expected deaths, extending to all deaths within the Trust from March 2018
- Implementation of Nurse led DNACPR/TEP initiative and competencies and subsequent Macmillan Grant funding for cascade training across the Essex Success Regime/Locality
- Implementation of Nurse led ACP/Holistic Wellbeing clinic in OPD with a focus on non-malignant disease (Motor Neurone Disease and Respiratory disease)
- Training and education by Macmillan Link Nurses to embed EOL Care competencies for qualified and unqualified nurses throughout the Trust
- Introduction of EOL Care ULearn core training for all staff
- Implementation of Nurse Led initiation of ICP out of hours for patients with a completed DNACPR/TEP form
- Re audit of the ICP and targeted work by Bereavement CNS in areas identified where ICP was not used (Critical Care/Surgery)
- Introduction of System1/electronic register to mirror the IT systems used by community colleagues and improve transfer of communication
- Implementation of Dandelion Symbol in Trust (Dignity in Death) and Bereavement support resource boxes to all ward areas
- Offering lasting memories keepsakes – finger print key rings/hair locks to bereaved families.
- Development of Hospital based Bereavement Counselling Leaflet
- Participation in research project via Health watch Essex, with a focus on the experience of patients and carers around communication of Advance Care Planning – involving different disciplines and settings within the acute setting (Renal OPD, Medical Cancer Ward, Palliative Care Clinic) July 2017
- Locally developed Audit using NICE QS for end of life care (May 2017) – Agreed and shared across the locality/Essex Success Regime
- Implementation of Medical Examiners role in Bereavement from February 2018
- Inception of Bereavement CNS post – July 2017

Outcomes

- Nurses now able to complete DNACPR/TEP forms following assessment and discussion and has minimised the need for repeated discussions
- Involvement of Respiratory Team in the Botb focus group has helped identify patients requiring ACP discussions in a timely fashion
- The completion of Part 2 of Cremation Forms by the Medical Examiners, has created a seamless approach to the bereavement process for families.
- A more streamlined approach to Bereavement services, aiming for completion of all paperwork and transfer of care from hospital to chosen Funeral Directors, within 5 working days. This includes offering bereaved families, on-line appointments with Registration Services on the same day of collection of the Medical Cause of Death Certificate (MCD) from Bereavement.
- Reduction in the number of formal complaints made about experience/care, since the Bereavement CNS in post and Bereavement Survey implemented

Actions

- Use existing processes and tried and tested approaches where possible
- Head of Nursing for End of Life Services (HON) “invited” herself along to Trust Board meetings to present the work of the Botb team, to ensure senior exec engagement
- HON invited to present the work of the Botb and Dandelion initiative at the Nursing and Midwifery Leadership Conference (Imagine, Inspire, Innovate) based across the locality – Dec 2017
- Use relationships already developed with other clinical teams.
- Networking with the teams participating in the Botb programme and subsequent Community of Practice Away Days.
- Use links already established to other work impacting the organisation (e.g.: locality groups, STP)

Sustainability

- Cascade training of Nurse Led DNACPR/TEP decision making, external to the organisation/across the Essex Success Regime - seeking ongoing commitment and funding from appropriate sources.
- Further expansion of Bereavement team – Business Cases submitted for consideration of funding for Associate Bereavement CNS – with a focus on “sudden deaths” within the Trust (AE/Cardio-Thoracic Unit)
- Further expansion of Palliative Care Team – Business Case submitted for consideration of funding for Frailty CNS, with a focus on Advance Care Planning and Admission Avoidance within the acute hospital setting
- Exploring the option of bringing Registration services on site at BTUH, in order to make the Bereavement process more streamlined, whilst mirroring services provided with other hospitals across the locality.
- Extension of Nurse Led ACP Clinic to include joint working with Dementia Admiral Nurse

For full case study, visit www.hospiceuk.org/Botb