



PATIENT SAFETY
AWARDS 2020

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PROJECT SHOWCASE

END OF LIFE CARE AWARD

WINNER



LONDON AMBULANCE SERVICE IN COLLABORATION WITH MACMILLAN

BUILDING STAFF CONFIDENCE AND ALTERNATIVE CARE PATHWAYS IN END OF LIFE CARE

The London Ambulance Service NHS Trust (LAS) and Macmillan Cancer Support have collaborated in a programme to improve the quality of care provision for end of life care (EoLC) patients within the prehospital setting. A key aim of the programme is to care for patient in their home and reduce the number of patients conveyed to the ED. Reducing ED conveyances can contribute to patient safety through the prevention of unnecessary invasive procedures, exposure of hospital acquired infections and deconditioning that may occur whilst in the hospital setting. This was approached through the development of an EoLC Coordinator network which consists of volunteer ambulance staff supported by the Macmillan programme.

JUDGES COMMENTS

Judges said this was a very ambitious project, aiming for a positive change to end of life care across a wide area. There were clear goals and objectives surrounding preventing admissions and improving paramedic confidence in dealing with end of life care on the road, in patients' homes. The team successfully navigated the high number of stakeholders, and the interaction of this with other initiatives, to ensure a joined up approach rather than different initiatives in silos. All of this has shown an improvement in confidence and reduced hospital admissions. Well done, this is true cultural change.



END OF LIFE CARE AWARD

HIGHLY COMMENDED



Essex County Council with St Lukes, St Francis and Farleigh Hospices

Essex End of Life Hospice Programme for domiciliary care workers

ECC's QI team identified through information from CQC and health and provider feedback, a significant gap in knowledge and skill for domiciliary carers around end of life. Some domiciliary providers actively developed policies referring deteriorating people to hospital, resulting in most people dying there rather than their preferred place of death.

With a limited budget and timeframe, a collaboration formed with Essex Hospices to develop training specifically for domiciliary providers.

Measures of success included increased knowledge, skills and confidence in domiciliary carers, and a decrease in people at end of life being sent to hospital rather than supported at home.

JUDGES COMMENTS

This is a multi-provider education approach to people providing care in the community. Judges were impressed by the clear involvement from palliative services, council and domiciliary staff with evidence that showed that carers felt more comfortable and confident caring for patients at the end of life. The team were able to show financial benefit to upskilling domiciliary staff, but also highlighted the improved emotional impact on patients and families of preventing hospital admissions. The project has merit and no doubt has improved confidence for those who have engaged with it.

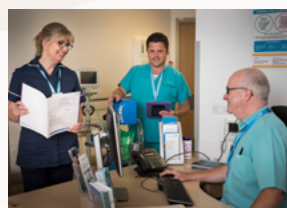
FINALISTS



Marie Curie Hospice, Newcastle

Introducing an Electronic Prescribing and Medication Administration System to Improve End of Life Care

In 2018 staff at Marie Curie Hospice, Newcastle reported 110 medication related incidents. 60 of these were related to prescribing or administration. Tasked with reducing this number, a review was carried out of all incidents, demonstrating that staff were more likely to make a prescribing or administration error within the first few months of employment. Unfamiliarity with the process was often cited as a contributing factor, leading the team to explore the introduction of an ePMA system to the hospice. While information gathering, it became apparent that ePMA systems outside of hospital settings were not commonplace and the team believe they are the first to look at introduction to a hospice setting. They also aim to develop a programme fit for purpose in a non hospital setting by reviewing incidents and making changes to the system.



Mid Essex Hospital Services Trust

Utilizing digital solutions to improve access to pastoral and end of life care

Mid Essex Hospitals NHS Trust has been using System C's CareFlow Vitals e-observations software for recording bedside clinical Metrix for several years. The software enables clinicians to share essential information regarding a patient's clinical condition through collating vital signs at the bedside. However, the End of Life Care Facilitator and Resuscitation Team identified an opportunity to use this software to improve care for those patients at the end of life. Through accessing the list of patients identified as not requiring signs monitoring, patients who may wish care from the pastoral and end of life team could be clearly identified. In discussion with the chaplaincy team, a programme of spiritual care interventions was established to those identified, ensuring that nursing staff approached these patients and families to ask if intervention from a chaplain would be valued.

END OF LIFE CARE AWARD

FINALISTS



Norfolk and Norwich University Hospitals FT

Hospital Palliative Care Team Implementation of Personalised End of Life Care

Our journey from requires improvement to outstanding. Putting the individual needs of the patient at the heart of all we do.

Having received 'Requires Improvement' from CQC, commissioners approved the palliative care business case and the hospital palliative care team (PCT) was expanded.

The main challenges were to ensure all patients received individualised end of life care; ensuring syringe drivers were always available and addressing unmet needs of hospital palliative patients at weekends

The team underwent a series of process transformations, but crucially prioritised moving to seven day working. They also made a commitment to see all adult patients dying in the trust to support teams in implementing the IPOC, including prescribing anticipatory medications and ensuring that, where possible, patients' wishes were achieved.



Nottinghamshire Healthcare FT, Beaumont House Community Hospice, Nottinghamshire Hospice, Primary Integrated Community Services, Sherwood Forest Hospitals FT and Cruse Bereavement

End of Life Care Together

End of Life Care Together sits within the ICP and ICS framework of Nottingham/Nottinghamshire. The ambition of the service is to deliver equitable access to all through collaborative working across providers. This ensures that patients do not fall through gaps of service and that all patients receive the care they need regardless of the stage of their disease. Referral to all services is via a single point of access, recording reasons for referral, and specialist advice and support is available 24 hours a day, seven days a week including consultant advice.

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