

Action planning – day 1 - 2019 Principles & Practice in End of Life Care Registered Practitioners Skills that can improve practice in end of life care

What can we do differently?

If you change Nothing, nothing will change.

Life of an Educator. J. Tarte 2013



Always remember!



ONews

News Tonight

Dr Kate Granger



Practice Development Workbook

- Work through PDR following each session.
- Complete action plans
- All useful evidence to support continuing professional development portfolios!



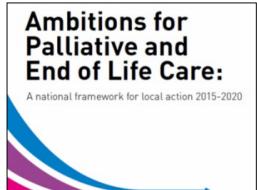




What can we do differently?

 Check you have read, understood & are implementing up to date guidance

http://endoflifecareambitions. org.uk/



P + B C N End of life care for adults |_ × NICE National Institute for Health and Care Excellence Standards Evidence and indicators Q Search NICE ... Home > NICE Guidance > Service delivery, organisation and staffing > End of life care End of life care for adults Ouality standard [OS13] Published date: November 2011 Last updated: October 2013 Uptake of this guidance Quality standard Tools and resources Information for the public Share Download Quality standard Introduction and overview List of statements **Ouality statement 1** This NICE guality standard defines clinical best practice within this topic area. It provides specific, concise guality Identification statements measures and audience descriptors to provide the public health and social care professional commissioners and service providers with definitions of high-quality care We're developing a new way to find quality statements No thanks Take a look X

https://www.nice.org.uk/guidance/ng31 ?unlid=3733136482016228163854

www.pilgrimshospices.org

https://www.nice.org.uk/guidance/QS13



Priorities of Care for the

Dying Person

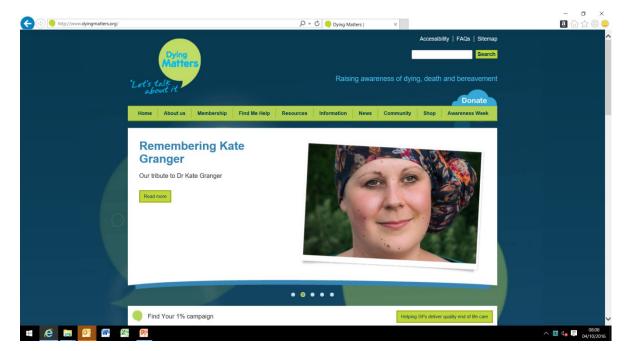


Pilgrims Hospices Check out SPICT™ resources

Functional ability deteriorating due to progressive cancer. Heart failure or extensive, untreatable coronary artery disesses (#b breathlessness or chest pain at rest or on minimal effort. Stage 4 o disease (# disease) Do frail for cancer treatment or treatment is for symptom control. Heart failure or extensive, untreatable coronary artery chest pain at rest or on minimal effort. Stage 4 o disease Dementia/ frailty Severe, inoperable peripheral vascular disease. Kidney fai other iffe i treatment is Stopping Unable to dress, walk or eat without help. Severe, chronic lung disease; with breathlesanes at rest or on minimal effort between exacerbations. Liver dise Cirrhosis directly with evalowing. Not able to communicate by speaking, ittic social interaction. Penistent typoxia needing long	needs. Plan care. g health. sibility. ie day.) mental health problems. nonths, or remains underweight. condition(s). ie, stop or not have treatment; or ing conditions. Kidney disease Stage 4 or 5 chronic kidney disease (eGIPR < 30m/min) with deteriorating health. Kidney failure complicating other life limiting conditions or treatments.
Look for any general indicators of poor or deteriorating health. • Unplanned hospital admission(s). • Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.) • Depends on others for care due to increasing physical and/or mental health • The person's carer needs more help and support. • The person's carer needs more help and support. • The person tays and significant weight loss over the last few months, or rent • Persistent symptoms despite optimal treatment of underlying condition(s). • The person (or family) asks for palliative care; chooses to reduce, stop or not wishes to focus on quality of life. Look for clinical indicators of one or multiple life-limiting condition(s). Functional ability deteriorating due to progressive cancer. Too frail for cancer treatment or treatment is for symptom contol. Dementia/ frailty Dementia/ frailty Canser swithout help. Eating and drinking less: Gliculty with wealtowing. Respiratory disease Not able to communicate by speaking: litte social interaction. Not able to communicate by speaking: litte social interaction: Viriany and facal incontinence.	g health. sibility. e day.) mental health problems. nonths, or remains underweight. condition(s). a, stop or not have treatment; or ing conditions. Kidney disease Stage 4 or 5 chronic kidney disease (eGFR < 30m/min) with deteriorating health. Kidney failure complicating other life limiting conditions or treatments. Stopping or not starting dialysis Liver disease
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	 hepatorenal syndrome
Frequent fails; fractured femur. Has partial usefliation for recurre	
	Liver transplant is not possible.
Neurological disease Other conditions	
Progressive deterioration in Deteriorating and at risk of dying with other cond physical and/or cognitive that are not reversible; any treatment available with function despite optimal therapy.	
Speech problems with increasing Review current care and care planni	care planning.
difficulty communicating and/or progressive difficulty with swallowing.	re; minimise polypharmacy.
	list assessment if symptoms or difficult to manage.



Check out Dying Matters website



http://www.dyingmatters.org/



Do not forget to visit /register to the following e-learning resource!



- e-ELCA (End of Life Care for All e-learning website)
 - <u>http://www.e-lfh.org.uk/programmes/end-of-life-care/</u>
- A number of sessions are available for all healthcare workers to access.
- Check out the sessions that support Priorities for Care of the Dying Person
- Add certificates & reflections to your portfolio!



Week 6 presentation

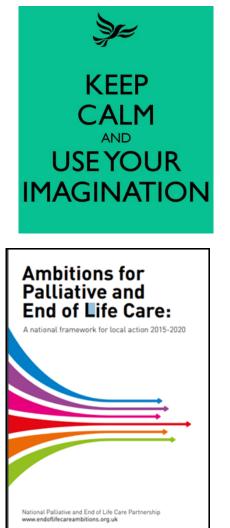
- 5 minute presentation
 - Very informal
 - Can be fun!
 - Any format accepted
 - Can either deliver individually or as a pair.
 - Relate one of the -

Ambitions for Palliative & End of Life Care

to your own role & area of work

Remember this will be very useful evidence for portfolios!







Develop an action plan

'It's often the small things that make a difference to patients & families..'

(Hansford 2015)

