Principles & Practice

in

End of Life Care

Registered Practitioners

2019

Linda Rendle – linda.rendle@pilgrimshospices.org

Thinking about the words we use

(SCIE & NCPC 2014)

- Understand the impact of the terms used.
- Try to explain in plain English, rather than unfamiliar terms.
- Whatever terms used, always check understanding.
- Consider your communication skills (speak in a kind & caring way to all).
-  Film from SCIE & NCPC - worth a look!
  - https://www.youtube.com/watch?v=nokDDalo_gM
  - https://www.scie.org.uk/socialcaretv/video-player.asp?v=palliative-care-or-end-of-life-care

What else helps good end of life care?

Palliative care / end of life care

Definitions – Check out appendix A – of Ambitions for Palliative & End of Life Care

http://endoflifecareambitions.org.uk/

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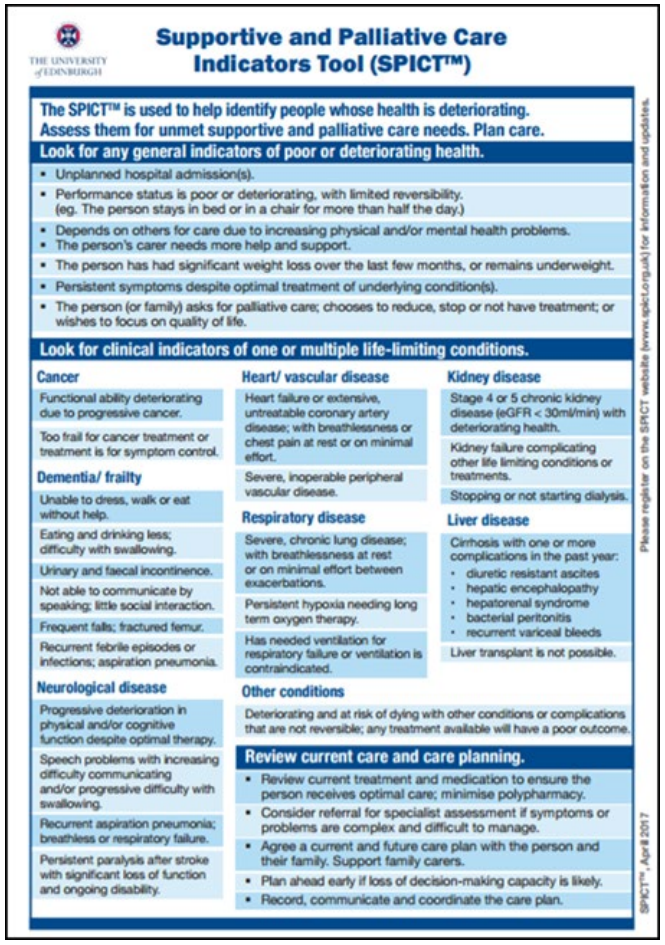
Pilgrims Hospices

How do you identify when someone is at risk of deteriorating health and dying?

SPICT ™

Supportive & Palliative Care Indicators Tool 2017



Supportive and Palliative Care Indicators Tool (SPICT™)

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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 problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

Look for clinical indicators of one or multiple life-limiting conditions.

Cancer

Functional ability deteriorating due to progressive cancer.

Too frail for cancer treatment or treatment is for symptom control.

Dementia/ frailty

Unable to dress, walk or eat without help.

Eating and drinking less; difficulty with swallowing.

Urinary and faecal incontinence.

Not able to communicate by speaking; little social interaction.

Frequent falls; fractured femur.

Recurrent febrile episodes or infections; aspiration pneumonia.

Neurological disease

Progressive deterioration in physical and/or cognitive function despite optimal therapy.

Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.

Recurrent aspiration pneumonia; breathless or respiratory failure.

Persistent paralysis after stroke with significant loss of function and ongoing disability.

Heart/ vascular disease

Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.

Severe, inoperable peripheral vascular disease.

Respiratory disease

Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.

Persistent hypoxia needing long term oxygen therapy.

Has needed ventilation for respiratory failure or ventilation is contraindicated.

Kidney disease

Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.

Kidney failure complicating other life limiting conditions or treatments.

Stopping or not starting dialysis.

Liver disease

Cirrhosis with one or more complications in the past year:

- diuretic resistant ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

Liver transplant is not possible.

Other conditions

Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.

Review current care and care planning.

- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.

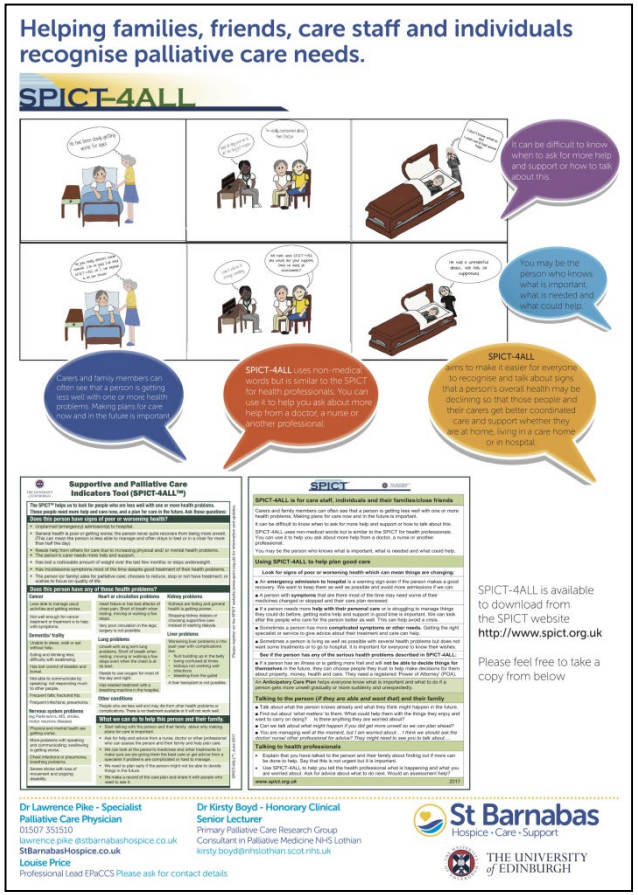
Please register on the SPICT website (www.spict.org.uk) for information and updates.

SPICT™, April 2017

SPICT

SUPPORTIVE AND PALLIATIVE CARE INDICATORS TOOL

App available



Helping families, friends, care staff and individuals recognise palliative care needs.

SPICT-4ALL

It can be difficult to know when to ask for more help and support or how to talk about this.

You may be the person who knows what is important, what is needed and what could help.

Carers and family members can often see that a person is getting less well with one or more health problems. Making plans for care now and in the future is important.

SPICT-4ALL uses non-medical words but is similar to the SPICT for health professionals. You can use it to help you ask about more help from a doctor, a nurse or another professional.

SPICT-4ALL aims to make it easier for everyone to recognise and talk about signs that a person's overall health may be declining so that those people and their carers get better coordinated care and support whether they are at home, living in a care home or in hospital.

SPICT-4ALL is available to download from the SPICT website http://www.spict.org.uk

Please feel free to take a copy from below

Dr Lawrence Pike - Specialist Palliative Care Physician
01507 351510
lawrence.pike @stbarnabashospice.co.uk
StBarnabasHospice.co.uk

Louise Price
Professional Lead EPaCCS Please ask for contact details

Dr Kirsty Boyd - Honorary Clinical Senior Lecturer
Primary Palliative Care Research Group
Consultant in Palliative Medicine NHS Lothian
kirsty.boyd@nhslothian.scot.nhs.uk

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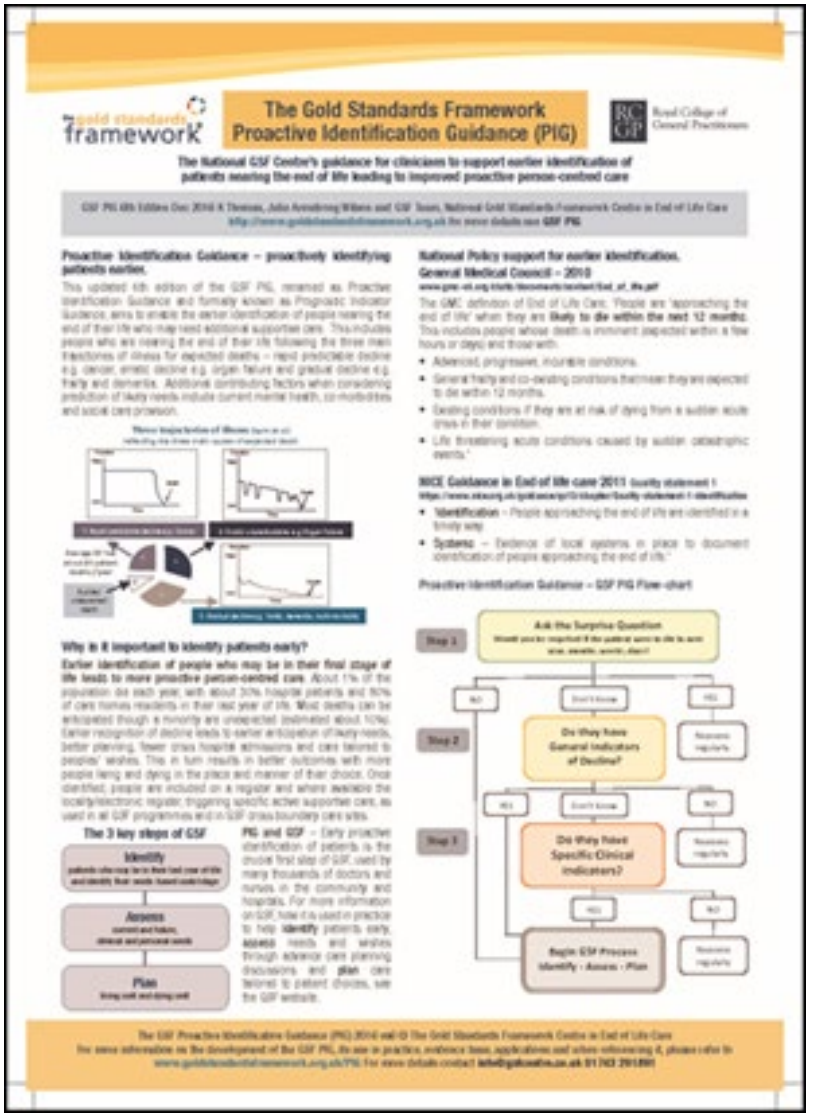
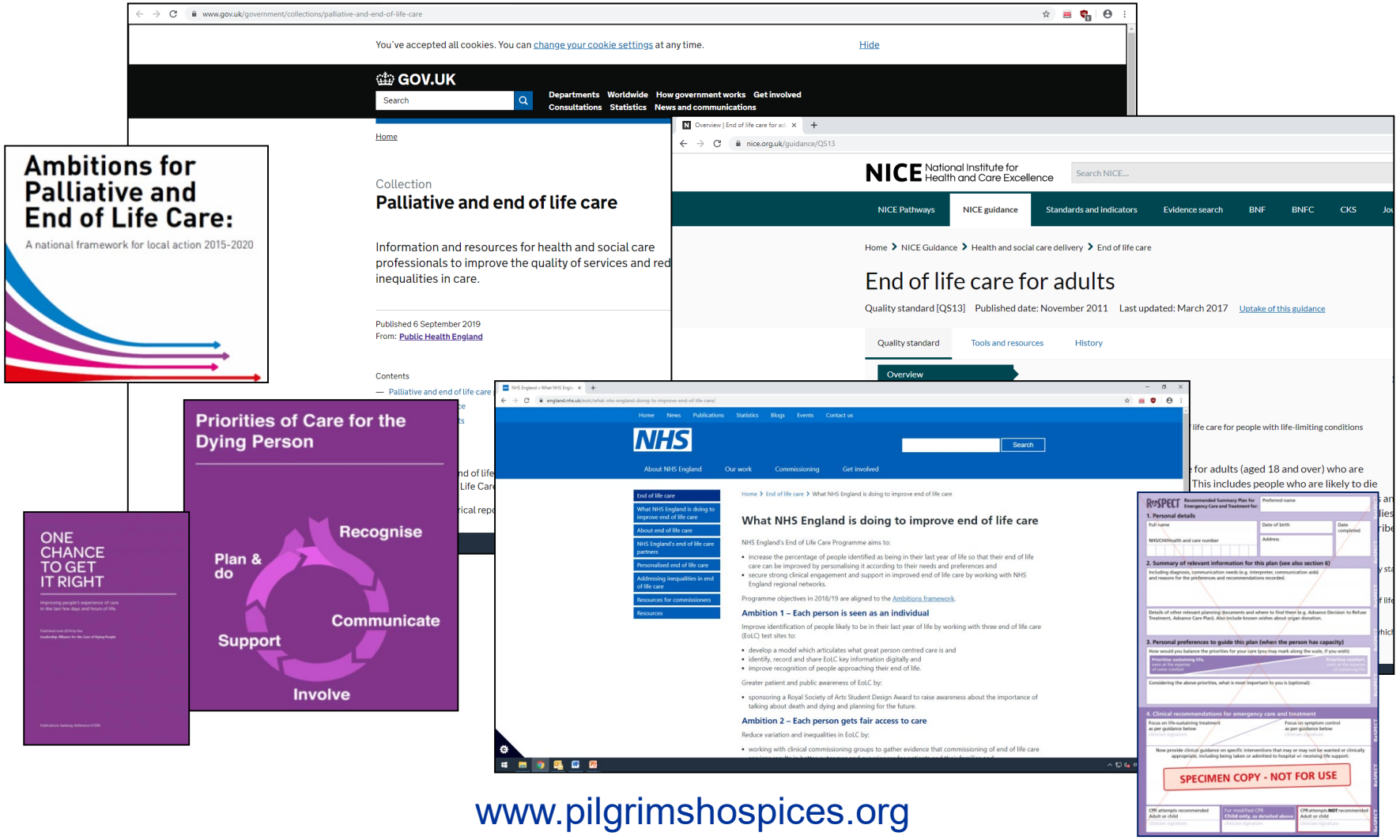
A number of local care homes are undertaking the Gold Standards Framework training programme & are using the Gold Standards Framework

Proactive Identification Guidance (2016)



Current developments in End of Life Care



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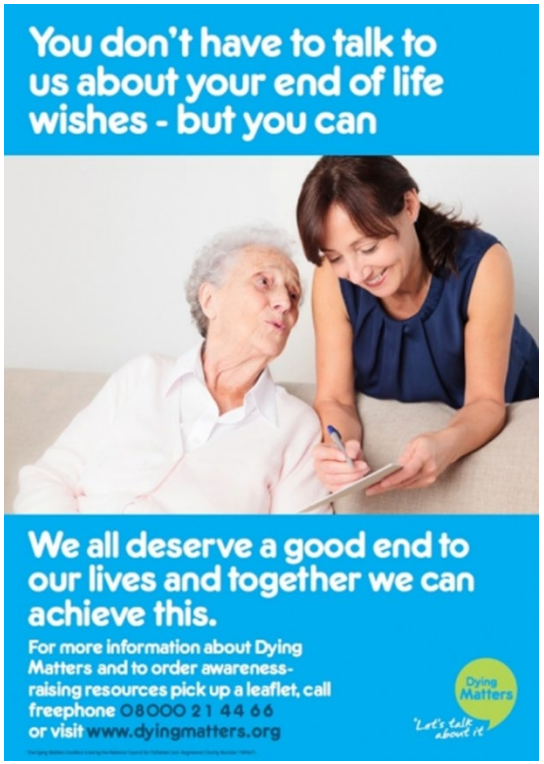
Have you heard of Dying Matters?

Dying Matters

'Let's talk about it'



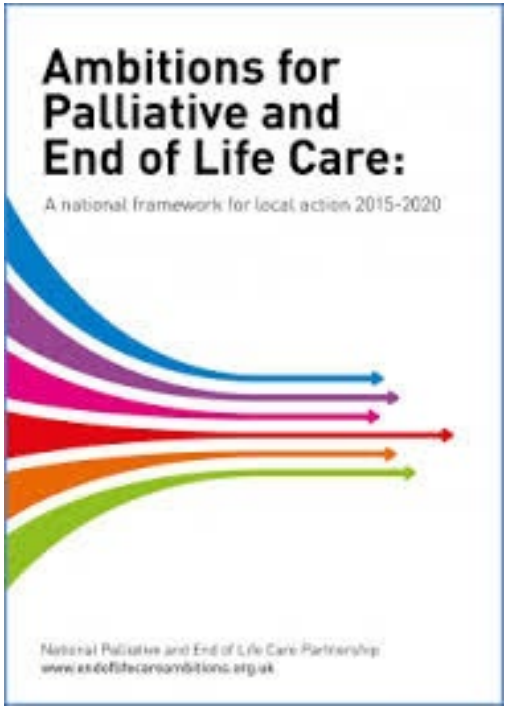
www.dyingmatters.org

www.pilgrimshospices.org

Ambitions for Palliative & End of Life Care

'End of life care is care that affects us all…' *(NPEoLCP 2015)*

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort & wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help



http://endoflifecareambitions.org.uk/

Care in the last days or hours of life

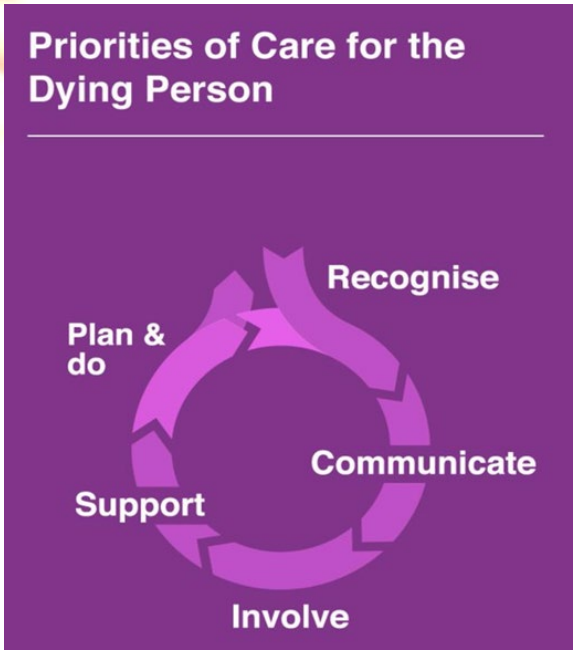
(will be covering this on day 6)

- Priorities of Care for the Dying Person

  Duties & Responsibilities of Health & Care Staff

Visit NHS Improving Quality website

Link to handy reference guide: http://webarchive.nationalarchives.gov.uk/20160805125329/http://www.nhsiq.nhs.uk/media/2483136/pfcdp-leaflet2.pdf (in NHS Improving Quality archives)



NICE Guidance

National Institute for Health & Care Excellence

End of life care for adults (QS13)

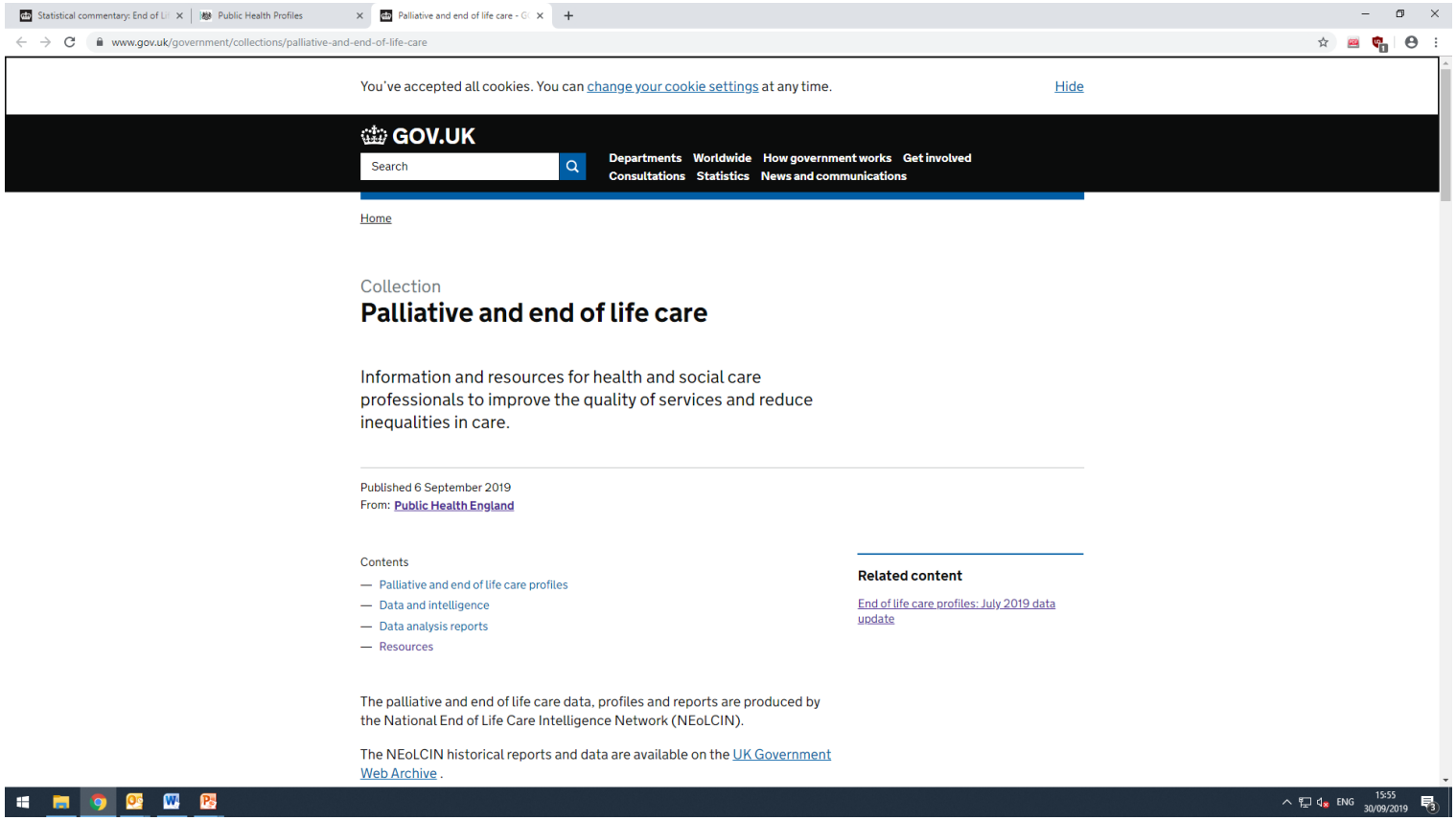
https://www.nice.org.uk/guidance/qs13

(NICE 2011 Last updated: March 2017)

Care of dying adults in the last days of life *(NICE 2015)*

https://www.nice.org.uk/guidance/ng31

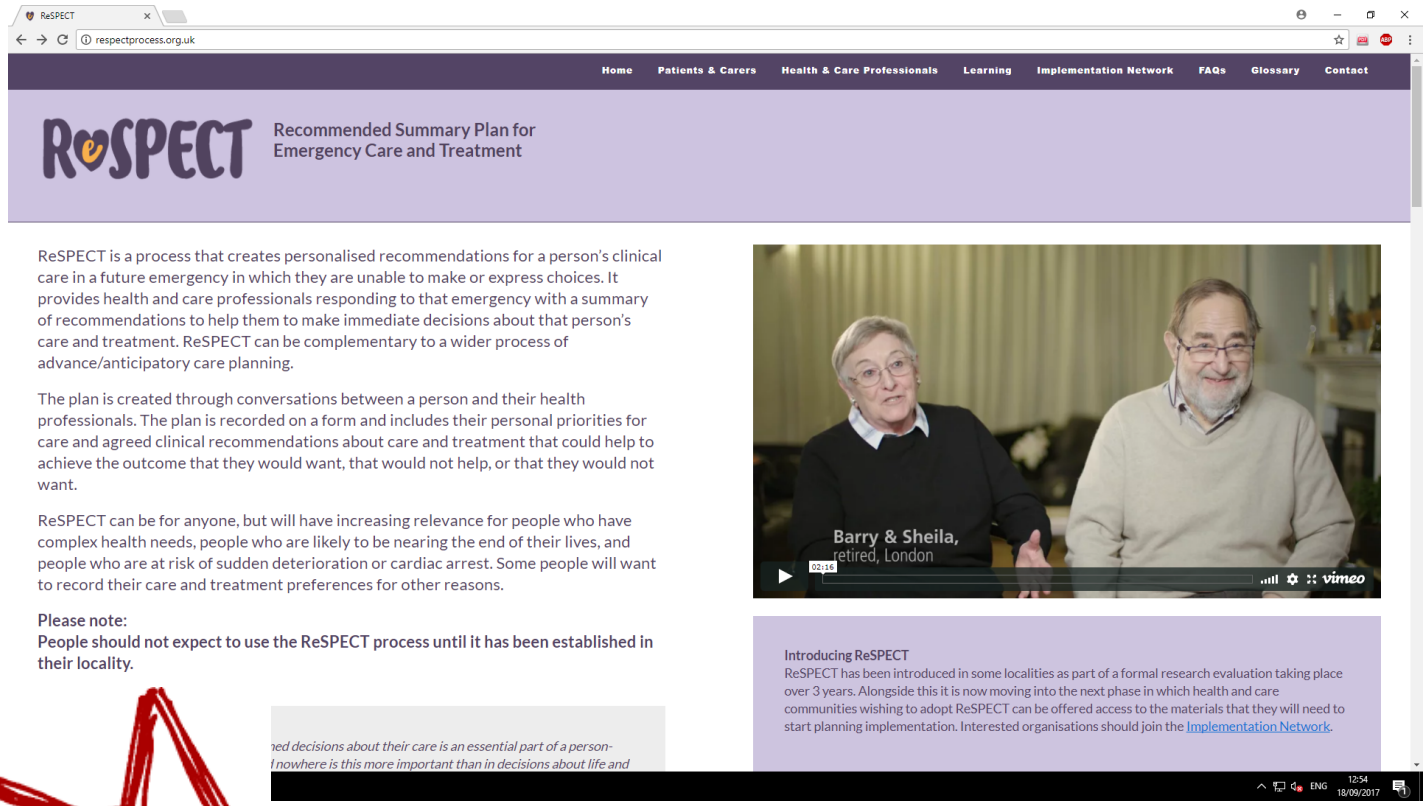
Interesting end of life facts & figures



https://www.gov.uk/government/collections/palliative-and-end-of-life-care

Have you heard about ReSPECT?

(will mention more later!)



http://respectprocess.org.uk/

www.pilgrimshospices.org

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?

Life of an Educator. J. Tarte 2013

Pilgrims Hospices

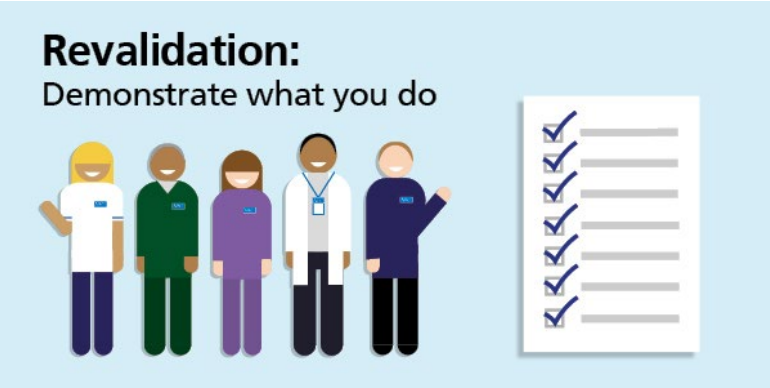
Always remember!

#hello my name is…

hello my name is ….
https://www.england.nhs.uk/tag/hellomynameis/
http://hellomynameis.org.uk/

Practice Development Workbook

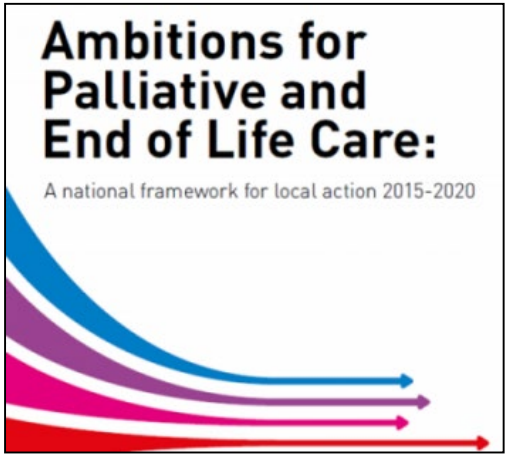
- Work through PDR following each session.
- Complete action plans
- All useful evidence to support continuing professional development portfolios!



What can **we** do differently?

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

http://endoflifecareambitions.org.uk/



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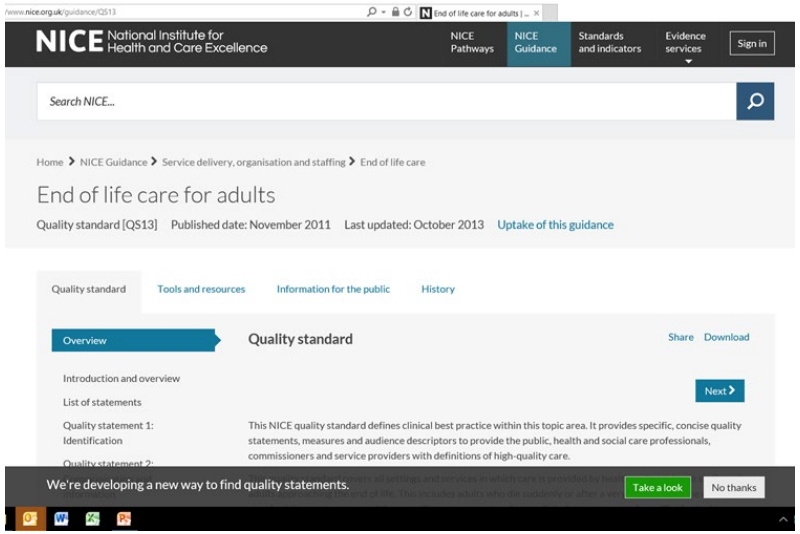

https://www.nice.org.uk/guidance/ng31?unlid=373313648201622816385 4

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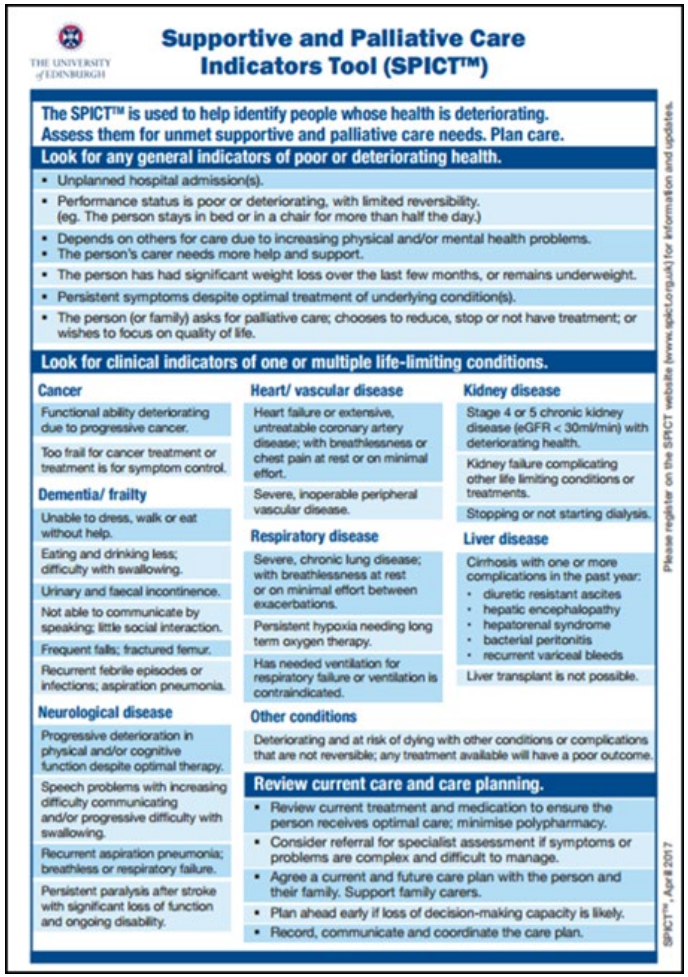
Check out SPICT™ resources



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SPICT™, April 2017

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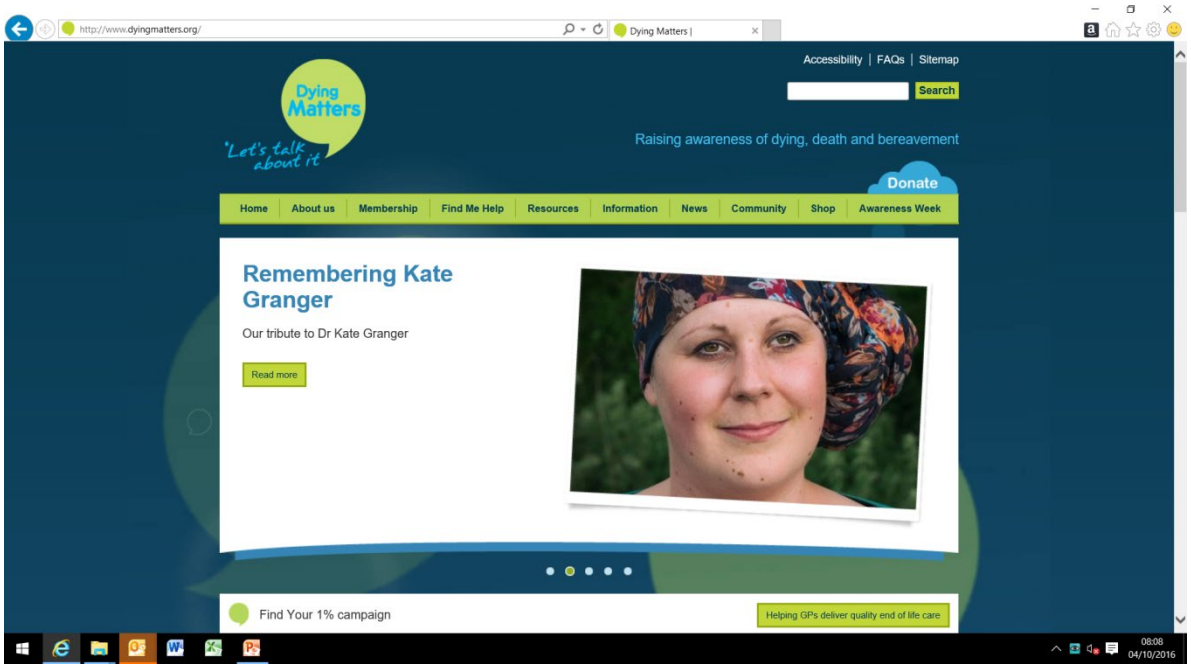
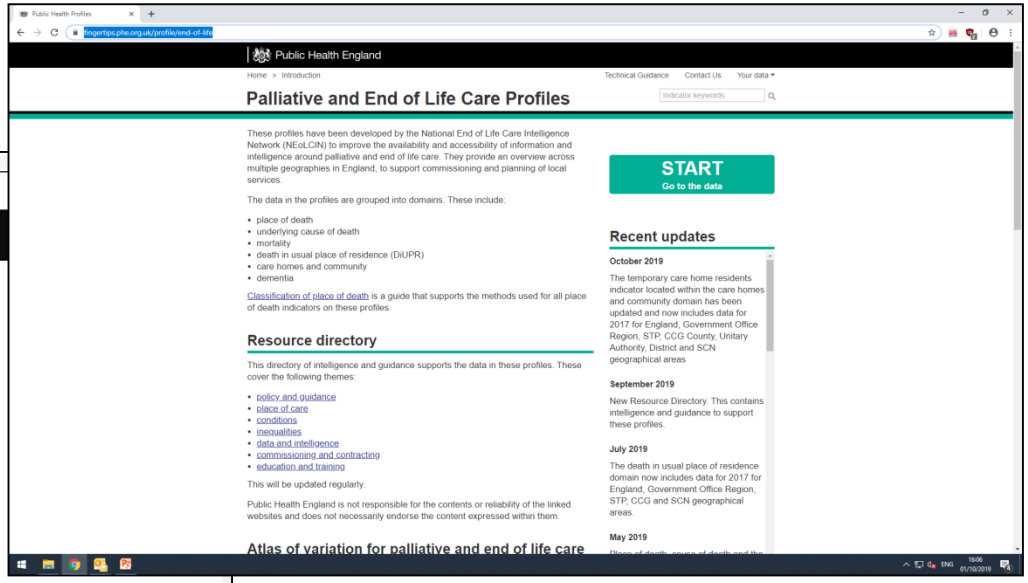
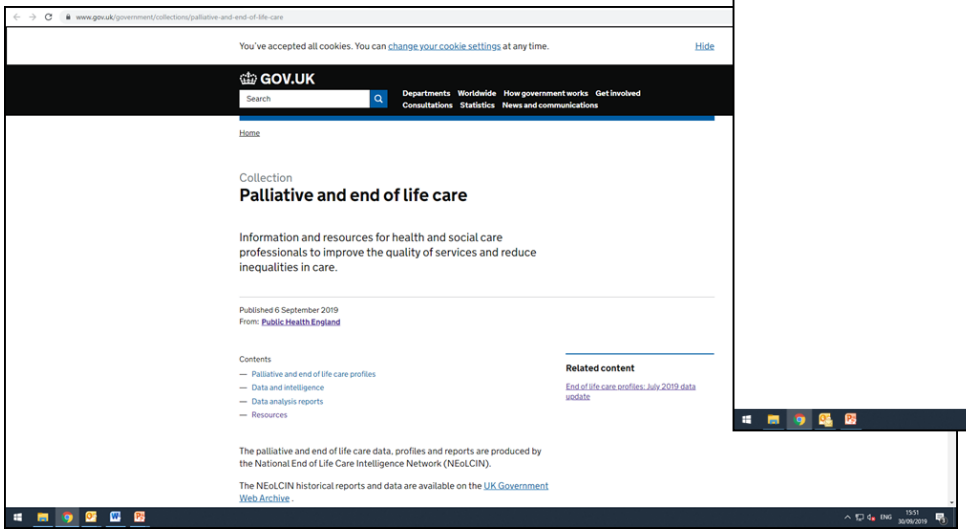


http://www.dyingmatters.org/

Check out some statistics

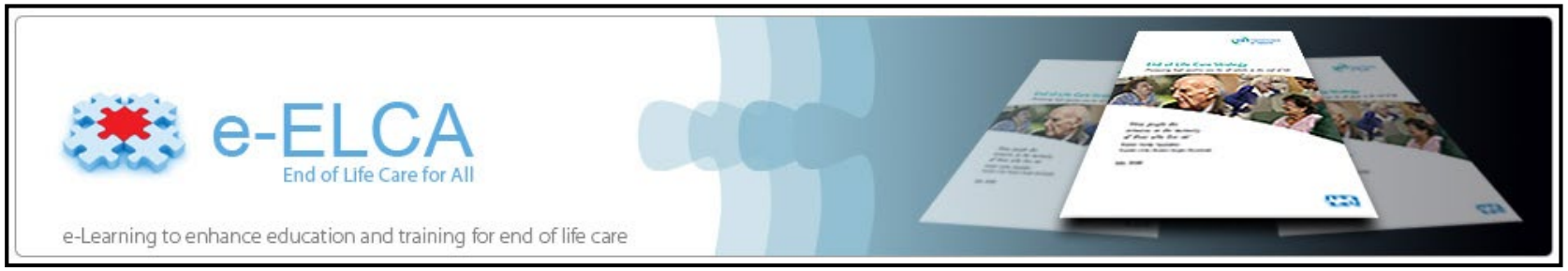
https://fingertips.phe.org.uk/profile/end-of-life





https://www.gov.uk/government/statistics/end-of-life-care-profiles-may-2019-data-update

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



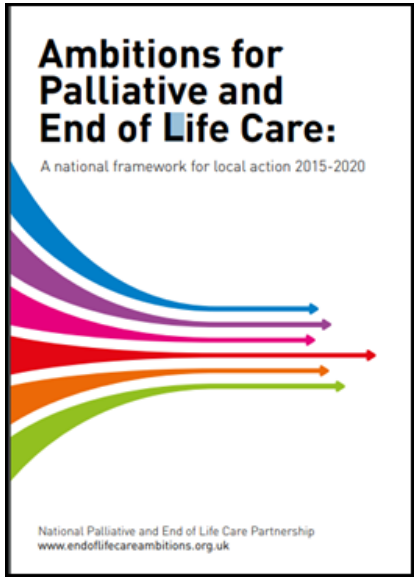
- e-ELCA (End of Life Care for All e-learning website)
  - http://www.e-lfh.org.uk/programmes/end-of-life-care/
- A number of sessions are available for all healthcare workers to access.
- Check out the sessions that support Priorities for Care of the Dying Person
- Add certificates & reflections to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