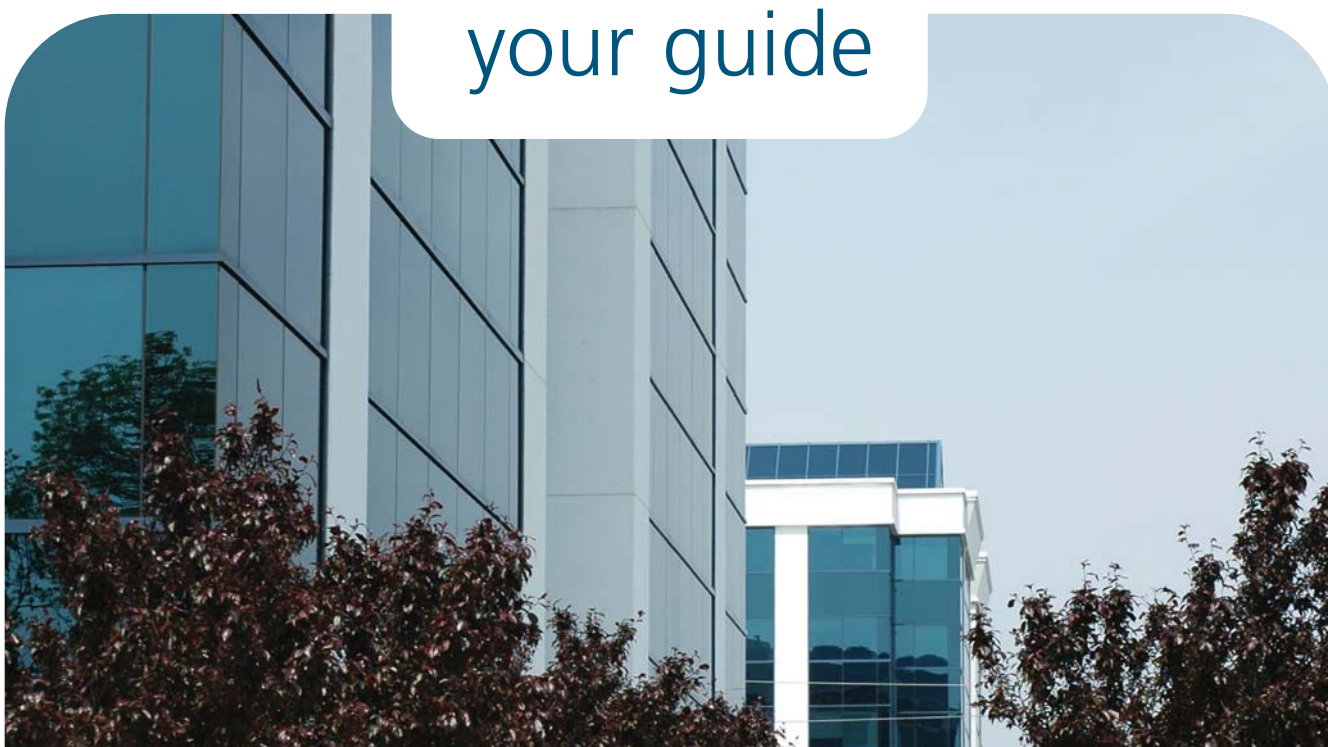


The route to success in end of life care in acute hospitals

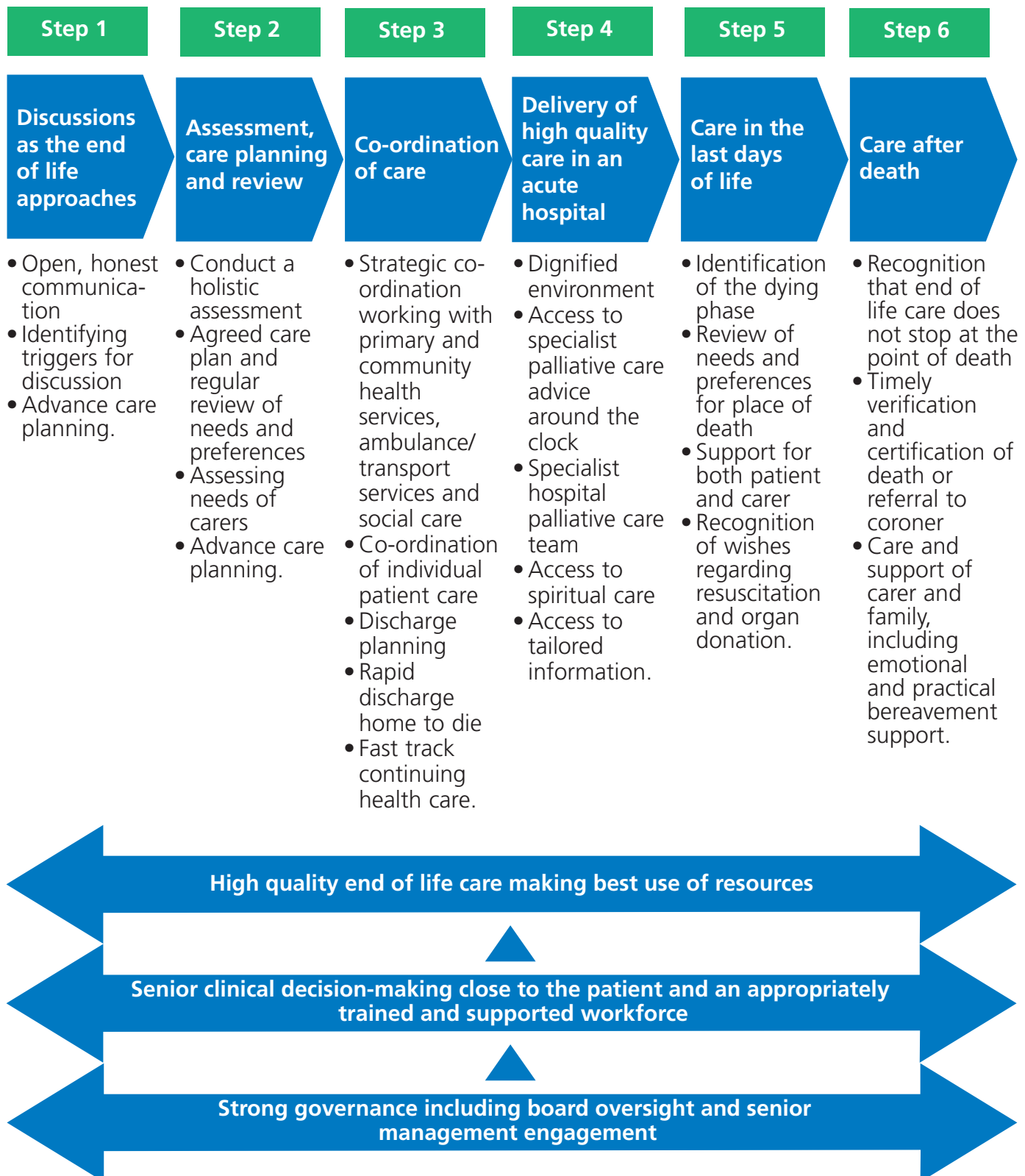
your guide



15 June 2010 National End of Life

June 2010

End of life care pathway for acute hospitals



Key documents

End of Life Care Strategy DH

Improving Outcomes Guidance in Supportive and Palliative Care (IOG). NICE

Treatment and care towards the end of life: good practice in decision making. GMC

Delivering end of life care quality and productivity

6 key levers

for rapid progress towards high quality end of life care

- 1 There should be co-ordinated care and discharge planning based on assessed need and by working with patients and families, as well as partners in the community and social care.
- 2 Senior clinicians should make treatment decisions close to the patient, intervening early and managing uncertain prognosis.
- 3 Use recognised tools already developed, such as advance care planning or the Liverpool Care Pathway for the Dying Patient (LCP), and train staff in their use.
- 4 There should be strong organisational governance including trust board oversight and senior management engagement.
- 5 There should be training and education as appropriate to each team member's role, with full use of e-learning and more traditional learning methods while addressing staff attitudes towards death and dying.
- 6 There should be access to a hospital specialist palliative care team seven days a week in line with Improving outcomes guidance (2004).

Delivering improved outcomes

- Improve the patient experience and quality of care.
- Enable people to die in the place of their choice
- Allow the trust to manage its resources effectively, including by the reduction of inappropriate interventions
- Manage and reduce unplanned hospital admissions
- Develop a skilled workforce with improved staff morale and retention
- There will be fewer complaints and improved reputation for trust.

Care Quality Commission

EOLC 'Prompts' for registration standards and regulations

- Individuals are assessed (by specialists where appropriate) and involved in planning their care and can make choices, particularly around pain management
- Relevant information is provided
- Unnecessary disruption is minimised
- Individuals can have people present as they die
- Staff are respectful of their privacy, dignity and comfort
- The care plan records post-death wishes, including religious sensitivities (see resources page 24).

Useful sources of further information and support

National End of Life Care Programme
www.endoflifecareforadults.nhs.uk

National End of Life Care Programme Route to Success series support sheets and information
www.endoflifecare.nhs.uk/routes_to_success

National End of Life Care Intelligence Network
www.endoflifecare-intelligence.org.uk

e-ELCA (End of Life Care for All): free and comprehensive e-learning resource
www.e-elca.org.uk

Guidance about compliance: Essential standards of quality and safety Care Quality Commission (see end of life care 'prompts' on page 68)
http://www.cqc.org.uk/_db/_documents/Essential_standards_of_quality_and_safety_March_2010_FINAL.pdf