

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 proving 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.

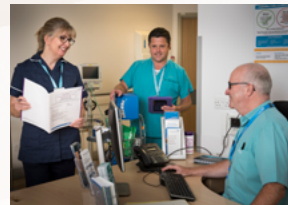
FINALISTS



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.

