

## Supportive Care Pathway in a Hospice

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### Aims:

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- Identify the role of the SCP
- To identify appropriate use of the SCP in a hospice
- Show successful implementation of the SCP within the hospice environment
- Clearly demonstrate patient care improvement
- Identify challenges in implementing SCP
- Advantages to using ICP's in hospices.

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### Background to SCP (National drivers)

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- NHS Cancer Plan (2000)
- NICE Guidance on Supportive and Palliative Care for Adults with Cancer (2004)
- GSF for Community Palliative Care (2004)
- Our Health, Our care, Our Say (2006)
- End of Life Care Programme (2003)

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**SCP- Local drivers**

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- Local Survey data (original SCP audit)
- Original hospice documentation
- Documentation audit

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**Who is the SCP for?**

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- Advanced life limiting diseases
- Advanced organ system failure e.g. heart failure
- Advanced dementia
- Extremely frail and debilitated

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**Why use SCP in a hospice?**

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- Sensitive to different priorities
- Guide to most effective physical and emotional care
- Evidence based
- Holistic
- Continued assessment
- Encourages Multi-disciplinary team working
- Individual needs – quality of life

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How we implemented SCP in hospice

- Audit
- Working group
- Identified current documentation flaws
- Assessment of what we needed
- Rewrote document
- Continuous consultation with medical director and clinical lead

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Cont....

- Education of staff using document
- One-one explanation of document
- Continued consultation and reassessment of document
- Continued audit
- Continues to change as evidence base and guidelines change

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Audit results – Has there being a demonstratable improvement?

- Patients ability to communicate pre 25% post 80%
- Carers ability to communicate pre 5% post 55%
- Evidence of MDT involvement 100%
- Is patient's current medication assessed pre 90% post 95%

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**Audit cont....**

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- If in the dying phase was a PRN drug prescribed

Analgesic pre 80% post 90%  
Anti-emetic pre 10% post 90%  
Anti-cholinergic pre 5% post 90%  
Sedative pre 100% post 95%

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**Audit cont.....**

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- Is there a record of information given to families post death re: necessary tasks pre 55% post 95%
- Is there a record of information around bereavement support given to families pre 15% post 70%

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**Staff nurse opinion**

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- "After the SCP has been implemented in my clinical area, I have found it to be an invaluable asset to my nursing practice... I have found the pathway gives clear guidelines on the care of patients with progressive life limiting illness...It is used by all members of the MDT and it is clear and easy to follow. This pathway has empowered me to feel comfortable in dealing with patient admissions"

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### Medic's Opinion

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- o " I have found the introduction of the SCP to be very positive - it has standardized (in some cases improved) the initial medical clerking, and made it much easier to follow the progress of patients day-by-day. It has made me think about and talk about resuscitation issues a lot more, and I think the fact that there is space allotted to write about relatives/carers means that these pivotal people are considered more rather than being somewhat sidelined. If it has a downside, it is that it is rather wordy to fill in for uncomplicated repeat respite admissions, but overall I think it's excellent"

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### Last three days of life

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- o Last 10 patients to die in hospice
- o Pain, agitation and nausea+vomiting
- o Last three days of life

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### Two days before death

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- o 5 variances
- o 4 pain
- o 1 agitation

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**One day before death**

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- 6 variances
- 1 pain
- 4 agitation
- 1 vomiting

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**Day of death**

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- 100% Achieved
- Nil symptoms

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**Challenges**

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- Change
- Pre conceptions of document
- Time/resources
- Filling in document correctly
- Must have seen patient and talked to patient to complete
- Ensuring consistency

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**Advantages**

- Grass roots up approach
- Dynamic
- Changeable
- Variance analysis
- Risk management
- Incorporates local issues

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**'Palliative and supportive care is everyone's responsibility - It has to be a part of what we do, not separate and distinct, just good care, whoever gives it. And when we get stuck, we know who to ask, and where to go next. Nobody should be afraid.'**  
*Volunteer and Carer, Birmingham.*

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**Any Questions?**



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