Barriers to initiating end of life conversations with patients in the last year of life
Literature Review

Issues for consideration

Last Year of Life Project

Ambitions for Palliative and End of Life Care
"The will, determination and innovation of organizations working collaboratively to find new ways of delivering better care will, and must, make a difference."
Context

- Palliative care in UK praised as the best in the world (Economist Intelligence Unit 2015)
- >0.5 million die/year in United Kingdom
- ¾ of deaths expected
- In 2014, 47% all deaths occurred in acute hospitals (Royal College of Physicians 2016)
## Context

<table>
<thead>
<tr>
<th>Criteria</th>
<th>2014</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition of dying</td>
<td>87%</td>
<td>93%</td>
</tr>
<tr>
<td>Of those recognised as dying, documented evidence of discussion with HCP about likely death</td>
<td>46%</td>
<td>25%</td>
</tr>
<tr>
<td>Of those recognised as dying, documented evidence of discussion with family/carer</td>
<td>25%</td>
<td>95%</td>
</tr>
<tr>
<td>Advance Care Plan prior to admission</td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td><strong>Communication &amp; treatment decisions:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>patient opportunities to have concerns listened to</td>
<td></td>
<td>32%</td>
</tr>
<tr>
<td><strong>Staffing &amp; training:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal in-house CPD in end of life care</td>
<td>82%</td>
<td>96%</td>
</tr>
<tr>
<td>Comms skills training (Nurses)</td>
<td></td>
<td>71%</td>
</tr>
<tr>
<td>Comms skills training (Doctors)</td>
<td></td>
<td>63%</td>
</tr>
<tr>
<td>Comms skills training (A H P)</td>
<td></td>
<td>49%</td>
</tr>
</tbody>
</table>
Context

- Timely end of life discussions and advance care planning impacts on patient outcomes and satisfaction with care (Shaw et al 2010, Neuberger 2013)
- Patients are open to having discussions but expect health professionals to initiate these (National Voices 2015)
- So....what are the barriers to initiating end of life conversations in acute hospitals from the health professionals perspective?
Literature review

- Review of published evidence from 2008-15
- Inclusion criteria: English language, adult in-patients, primary research, physician-reported, nurse-reported barriers
- 6 Databases: AMED, BNI, CINAHL, EMBASE, Medline and PsychINFO
Evidence reviewed

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td>Descriptive of provider practice</td>
<td>8 qualitative studies, 3 surveys, 1 mixed method</td>
</tr>
<tr>
<td>Adult patients with advanced life-limiting conditions</td>
<td>cancer, cardiac, renal, stroke, multiple co-morbidities</td>
</tr>
<tr>
<td>Participants</td>
<td>Doctors = 6, nurses = 4, doctors/nurses = 1, doctors/nurses/patients/carers = 1</td>
</tr>
<tr>
<td></td>
<td>Doctors n=1929, Nurses n=372, Patients n=20, Carers n=1</td>
</tr>
<tr>
<td>Samples</td>
<td>n=10-1040</td>
</tr>
<tr>
<td>Countries</td>
<td>USA=7, UK=1, Sweden=2, Singapore=1, Canada=1</td>
</tr>
</tbody>
</table>
Barriers

Cabana et al – processes and factors involved in changing physician practices in response to clinical practice guidelines:
Barriers: Knowledge

- Communication and skill development
- Ethical and legal issues
- Prognostication
Barriers: Attitudes

- Fear and hope
- Own preferences
- Lack of experience and confidence
Barriers: Behaviour

- Patient and family factors
- Lack of time and resources
- Insufficient communication within health care team
- Inaccurate and incomplete documentation
- Institutional factors
Limitations
Evaluation of:
Last Year of Life Project (Pilot)
Bradford Hospitals NHS Foundation Trust
Specialist Palliative Care Team
Background

- To increase the number of patients identified in their last year of life
- To record the patients’ Preferred Place of Death (PPoD).
- To improve transfer and documentation of relevant information / decisions regarding advance care planning between primary and secondary care
- To reduce:
  - Inappropriate readmissions
  - Length of stay in BTHFT at end of life

Lead by the Hospital Palliative Care Team without any extra resources. A Last Year of Life Project Board established
Background

In 2012, BTHFT Hospital Palliative Care Team initiated the phased implementation of the Last Year of Life Project. Four work streams with multi-disciplinary team involvement were developed to plan, implement and evaluate the project:

- Workstream 1 – Identification of patients in last year of life
- Workstream 2a) Discharge pathway
- Workstream 2b) SystmOne: recording, accessing & sharing information
- Workstream 3 – Education
- Workstream 4 – Patient experience
Methodology

- Baseline audit 100 medical records of patients admitted via the medical admissions unit and who died within one year.
- Audit highlighted
  - frequent admissions,
  - lack of identification that the patient was in the last year of life,
  - lack of future planning for end of life management and
  - on occasions little evidence of communication with patients and relatives.
Evaluation of Learning Experiences & Influence on Skills

• SPCT attempted to evaluate learning for senior clinicians attending communications skills workshop.
• Participants completed pre & post workshop self-rating questionnaire.
• 4 post-workshop questionnaires returned suggesting improvement, numbers too small to demonstrate significant difference.
Evaluation of Learning: Experiences & Influence on Skills

- “...some consultant staff now seem to be role modelling for their team – initiating conversations with patients and their families, being more open about prognosis. Some understand the benefits for the services and patients...but, for others, their motivation wanes and they don’t look ahead to realise the longer term benefits for patients and families...” (Ward Manager)

- “I’m trying to use the communication skills in my practice..increasing my communication with patients and their families..it’s helping me to discuss the patient’s priorities for the last year of life and have a realistic conversation...” (Consultant 1)
Evaluation of Learning: Experiences & Influence on Skills

On-going education programme for health professionals (MDT) –

- “We need an on-going, routine and regular programme of training about palliative care and communication skills. Junior staff also need help with identifying those patients in the last year of life – prognosticating is particularly difficult for junior doctors and nurses. Consultants need the ward and specialist palliative care teams input to identify those in last year of life and inform the decision-making to initiate conversations, provide better support to patients and better co-ordinated care” (Consultant 2).

- “Moving forward, continued momentum is required. Ward rounds with Specialist Palliative Care Teams are very positive but these need to persist to reinforce the learning across the teams and consolidate the change to our practice. Training in palliative care for nurses, junior doctors and consultants is needed. Communication has improved with patients and their families. The number of complaints to me about communication seems to have fallen.” (Ward Manager)
Evaluation of Learning: Experiences & Influence on Skills

Rethinking Hospital Palliative Care Team service delivery

“On an acute medical unit considering end of life care planning is difficult, identifying the last year of life is challenging. This creates a ‘patch up and mend and discharge’ culture. The focus in hospital is to get the patient home. The Last Year of Life Project means an alternative culture is required – time to plan and initiate conversations with patients about their prognosis and thoughts about future care. This is challenging in the current culture of the NHS. Initiating discussions about prognosis is difficult – doctors do not know patients well nor the family. A relationship has not developed. It is the right thing to have a model of care for the last year of life. The ward rounds provide a focus but when the specialist palliative care team are not present we revert to our usual practice. We need to sustain the change in culture created by this project. It needs embedding into the culture of the hospital but this will have resource implications for the Specialist Palliative Care Team. On my ward round, about 15 of my patients would benefit from AMBER and the communication and care it represents..this has implications for staffing levels, staff training and changing hospital culture to embed properly” (Consultant 1)
Evaluation of Learning: Experiences & Influence on Skills

Rethinking Hospital Palliative Care Team service delivery

- “The project has improved communication between health professionals and patients and their families. We are now talking to patients about their prognosis. One consultant is now discussing prognosis with their patients and used to avoid this before. It means we can plan ahead, think differently about care after discharge, communicate differently with community services.” (Ward Nurse)
Providing updates about the progress and outcomes/impact of LYL project –

- “One of the challenges faced by the project is that, whilst the audit results demonstrate the impact of the project at a hospital level by reducing readmissions and reduced bed days, at a ward level we do not see or know about this impact – our beds are still full. It would be helpful for wards and staff to receive a regular report summarising the impact.” (Consultant 1)
## Level 5: Impact - Reduction in bed days

<table>
<thead>
<tr>
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<th>Prior to AMBER admission (6 months)</th>
<th>Post AMBER admission (6 months)</th>
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<tbody>
<tr>
<td><strong>Total number of admissions</strong></td>
<td>19 (range 0-6)</td>
<td>7 (range 0-2)</td>
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<tr>
<td><strong>Total number of occupied bed days</strong></td>
<td>569 (range 0-27 days)</td>
<td>19 (range 0-8 days)</td>
</tr>
<tr>
<td><strong>Average length of stay</strong></td>
<td>17.5 days</td>
<td>4.5 days</td>
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Issues for consideration

Service/Organisation

Team

Individual
Issues for consideration

Service/Organisation

Individual

Team
Issues for consideration

Last Year of Life Project

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