

CAS Standard 11: End of Life Care Link Nurse Study Day

Macmillan Palliative Care Education Team

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Introductions

Housekeeping













Fire alarm

Toilets

Coffee/lunch

Evaluations

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- Confidentiality
- Respect each other's views
- Listen to one another
- One speaker at a time
- Mobile phones off or silent please
- Start and finish on time
- Participate in all group work
- Enjoy



What today will look like



Aims:

- To discuss and reflect on best practice surrounding End of Life Care / Care Around Dying
- To explore the role of the Registered Nurse & CAS Nurse within CAS Standard 11: End of life Care
- To signpost to further guidance and support

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Overview of CAS



- Care Assurance System
- CAS is designed to help nurses, midwives and AHPs to demonstrate the quality of clinical care delivered by clinical teams – Assurance
- Allows the quality of care experienced by patients, relatives, carers and staff to be consistently demonstrated
- Supports organisational values and behaviours
- 11 professional standards

Overview of CAS Standard 11



- · CAS Standard 11: End of Life Care
- End of Life Care / Care Around Dying is everyone's responsibility
- This standard does not stand alone as can be linked to other standards e.g.
 - Standard 4 Deteriorating Patient
 - Standard 9 Person Centred Care
 - Standard 10 -Older and Vulnerable Patients
- Should help us celebrate and document what we do well

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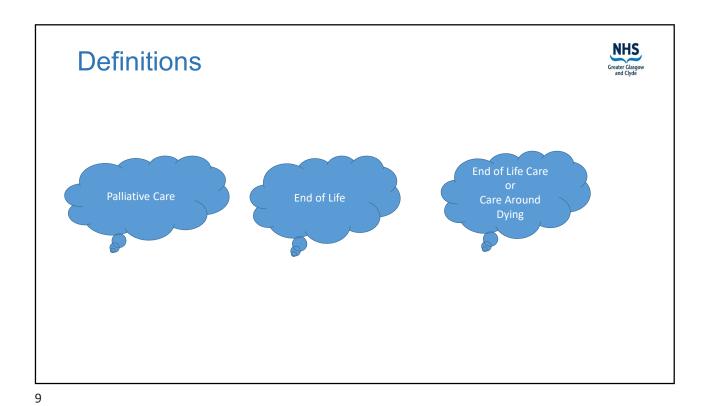
End of Life Care / Care Around Dying in the Acute Setting











Palliative Care



Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness.

It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.

(World Health Organisation 2020)

End of Life



"People are considered to be approaching the end of life when they are likely to die within the next 12 months, although this is not always possible to predict." (NHS UK) https://www.nhs.uk/

"The term 'end of life' usually refers to the last year of life, although for some people this will be significantly shorter." (Royal College of Nursing UK) https://www.rcn.org.uk.

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End of Life Care / Care Around Dying

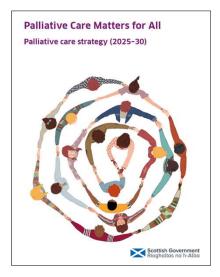


The term 'care around dying' is used to describe all aspects of holistic care for a person who is dying and in the last hours, days and weeks of their life; care after their death; and support with loss and grief for families and carers throughout this time and when they are bereaved.

(Ref: Scottish Government (2024) Palliative Care Matters for All : Working together to improve life, health and care for people of all ages living $\,$ with serious illnesses and health conditions or dying in Scotland (2025 - 2030))

NHS
Greater Glasgo
and Clyde

People admitted to hospital for appropriate treatment of life shortening or life threatening conditions may die during that admission. Some may already be in hospital for treatment when their health deteriorates.. Once it becomes clear they are dying, some people prefer to stay in hospital. Care around dying is a fundamental part of hospital care



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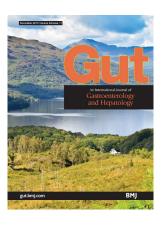




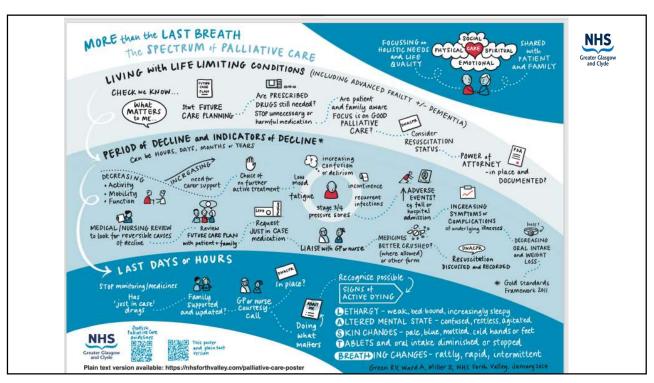
Coffee break

But first...how do we recognise when people are dying? Corect Glasson when people are dying? Corect Glasson when people are dying?









Prognostication Tools & things that help



SPICT

ROCKWOOD FRAILTY THE SURPRISE QUESTION

Any Others?

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SPICT: Some indicators of deteriorating health



- ☐ Unplanned hospital admissions
- ☐ PS is poor/deteriorating with limited reversibility
- ☐ Increasingly dependent on others for pADLs
- ☐ Significant weight loss, or remains underweight
- ☐ Persistent symptoms despite optimal treatment of underlying condition(s)
- □ Person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life (QOL)

Consider referral for specialist assessment if symptoms/problems are complex & difficult to manage



Ways to use SPICT-App





Rockwood Frailty Scale



Rockwood Frailty Scale

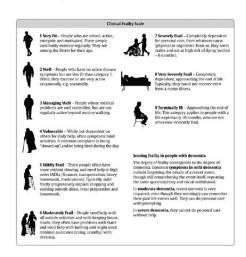


Figure 1.Clinical frailty scale. Adapted with permission from Moorhouse P, Rockwood K. Frailty and its quantitative clinical evaluation R Coll Physicians Edinb. 2012;42:333-340.

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The Surprise Question



For patients with advanced disease, or progressive life limiting conditions,

Would you be surprised if the patient were to die in the next year, months, weeks, days?

The answer to the question should be an intuitive one, putting together a range of clinical, social & other factors that give a whole picture of deterioration.

If you would not be surprised, then what measures might be taken to improve the patient's QOL and in preparation for possible further decline?

Principles of caring for people when they are dying

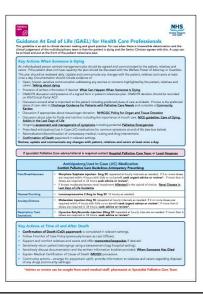


- **Principle 1**: Informative, timely and sensitive communication is an essential component of each individual person's care.
- **Principle 2:** Significant decisions about a person's care, including diagnosing dying, are made on the basis of multi-disciplinary discussion.
- **Principle 3**: Each individual person's physical, psychological, social and spiritual needs are recognised and addressed as far as is possible.
- **Principle 4**: Consideration is given to the wellbeing of relatives or carers attending the person. (Ref: Scottish Government 2014)

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Guidance at end of life (GAEL)







GAEL Link





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CAS Standard 11:End of Life Care



Patients who are dying are identified, end of life person centred care is agreed and communicated with the patient, relatives and carers. Patients and their families/carers are supported effectively throughout end of life care.

Rationale: In NHS GG&C significant decisions about a patient's care including diagnosing dying are made on the basis of MDT discussions. When a person is dying their physical, psychological, social and spiritual needs are addressed. Informative, timely and sensitive communication should be an essential part of each individual patient's care. Consideration is given to the communication needs and well-being of relatives and carers who matter to the patient.

Acute Adult CAS Standards

Other standards relevant to palliative care



- Standard 4: Deteriorating patient
- Standard 9: Person Centred Health and Care

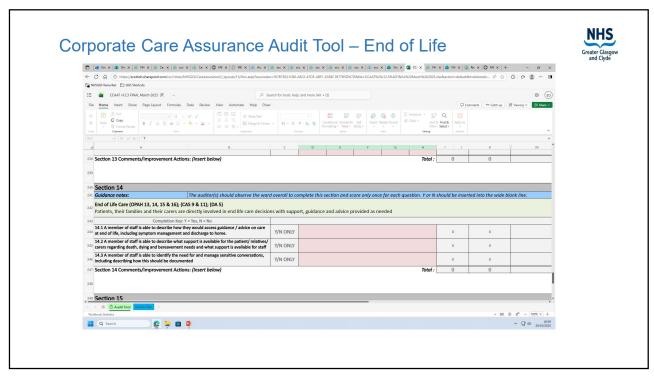
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Purpose of CCAAT audit (Combined Care Assurance Audit Tool)



- To provide leadership, professional development and support to colleagues delivering clinical care
- To assure the delivery of safe, effective and person-centred care
- To give objective feedback to the clinical team regarding the clinical areas visited
- To provide expert, visible nursing/allied health professional (where available) leadership
- To identify examples of good practice for sharing & themes for quality improvement
- To provide a data set of quality of care at ward, hospital and sector level

CCAAT v12.3 FINAL March 2023.xlsx



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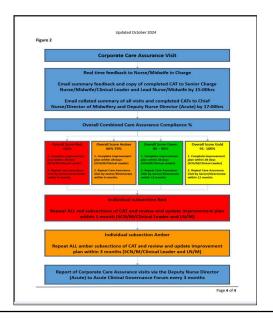
Corporate Care Assurance Audit Tool Questions Standard 11: End of Life



- 14.1 A member of staff is able to describe how they would access guidance/advice on care at EOL, including symptom management and discharge to home.
- 14.2 A member of staff is able to describe what support is available for the patient/relatives/carers regarding of death, dying and bereavement needs and what support is available for staff.
- 14.3 A member of staff is able to identify the need for and manage sensitive conversations, including describing how this should be documented.
- Section 14 Comments / Improvement Actions

Corporate Care Assurance Visit





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Role of the CAS Link Nurse



- · Agreed protected time with for the CAS role with SCN
- · Agree individual learning needs with SCN
- Agree priorities and goals for improvement with SCN
- · Participate in local audits such as GAEL
- Observe practice in your clinical area for both celebratory and improvement work
- Be involved with feedback from the CCAAT audit around S.11
- · Support learnings via complaints and Datixes.
- Encourage ward learning around EOLC and sharing education flyers
- Motivate staff to improve documentation around significant conversations around EOLC.
- Identify need for further informal education with HPCT/MEPCT

Specialist Palliative Care



HPCT referral: via Trak

Hospices: via SCI, send over electronic referral for CCNS, IPU,

OP, day services

OOH/ On Call Info: via hospital switchboard

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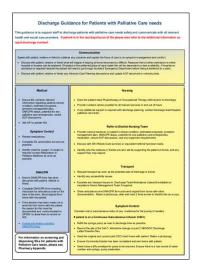
Signposting

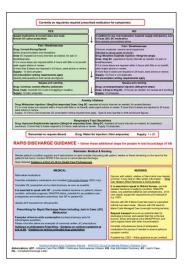


- Palliative Care | Right Decisions (NHSGGC)
- GAEL Audit Bundle
- NHSGGC Final Act of Care Policy
- Scottish Palliative Care Guidelines | Right Decisions
- Syringe pump / driver guidelines | Right Decisions
- NHSGGC Palliative Care Education & Training Calendar

Discharging a patient with palliative care needs





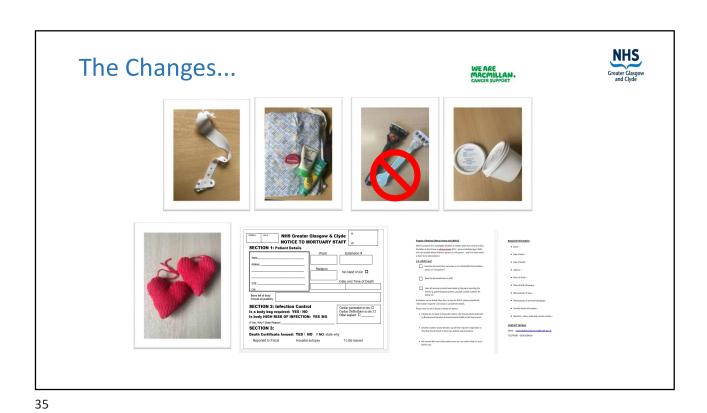


NHSGGC Discharge Guidance for Patients with Palliative Needs

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NHSGGC Final Act of Care Policy



The Changes...

WE ARE MACMILLAN.





Further Education



- 5 day module in Palliative Care
- 2 day Foundations in Palliative Care course for HCSW
- Sage and Thyme communication workshop
- Difficult But Necessary Conversations around FCP and DNACPR
- Learnpro modules End of Life Care (053), Bodyguard T pumps (099), Calculations (100) and Final Act of Care (307)
- DNACPR & Confirmation of Death workshop
- Online GAEL workshop
- Care around Dying day
- Syringe pump training
- Shadowing opportunities

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Taking Good Care





Coping with death and bereavement as a health and social care professional on Vimeo

Evaluation Time



Please provide feedback on this training session via the link below or scan QR code.

https://link.webropol.com/s/pall-care-training



Training facilitated by NHSGGC Macmillan Palliative Care Education Team

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Any questions?