Dying in a nursing / residential home – can training make a difference?

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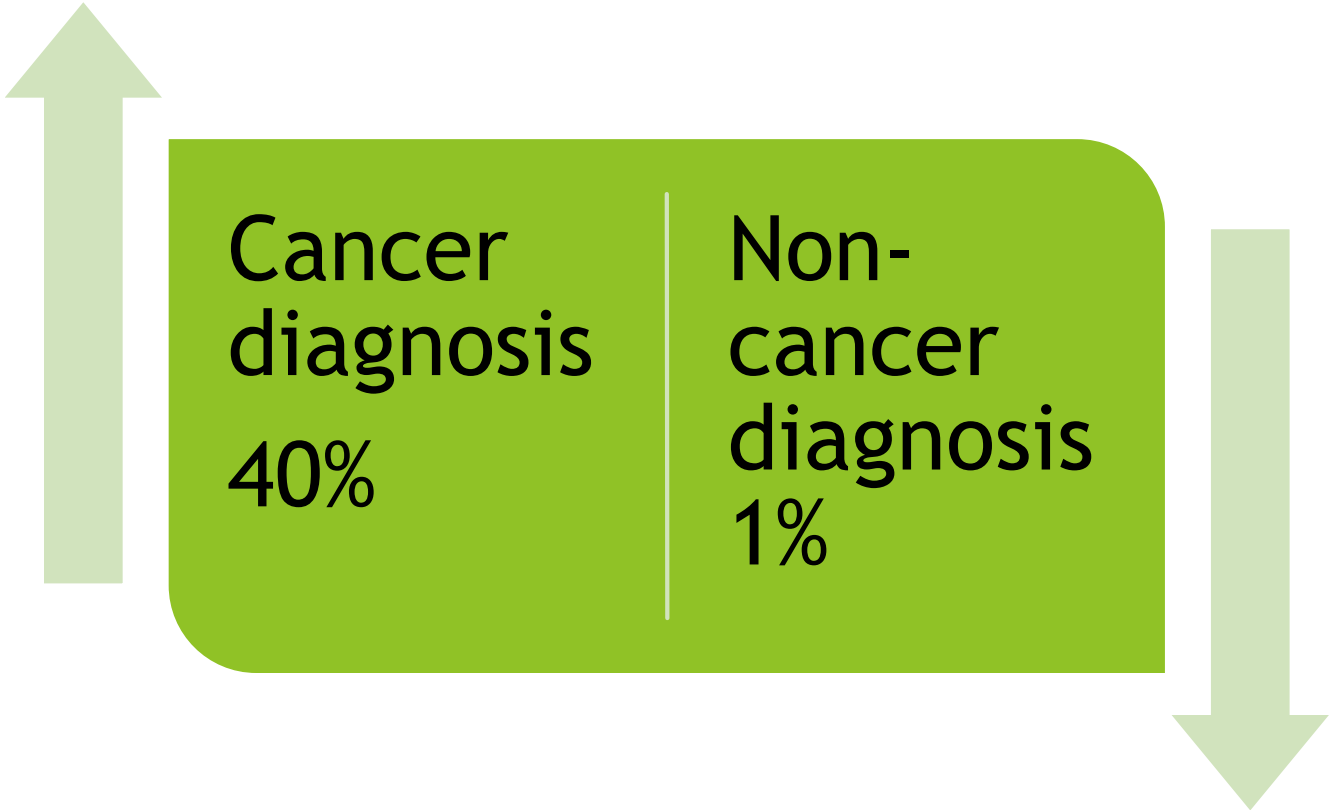
Access to Palliative services



Rowlands & Rowlands (2012)

Numbers (2012)

12,000 nursing homes

Caring for .5 million residents

74,107 die in nursing / residential homes annually

Anstey, et al (2016); Campion, et al (2016)

Nursing home residents

‘nursing home residents.... do not receive optimal palliative care’ and are more likely … to ‘suffer burdensome interventions such as tube feeding’.

‘do not receive effective palliation, [that] analgesia is used infrequently and often the dying phase goes unrecognised

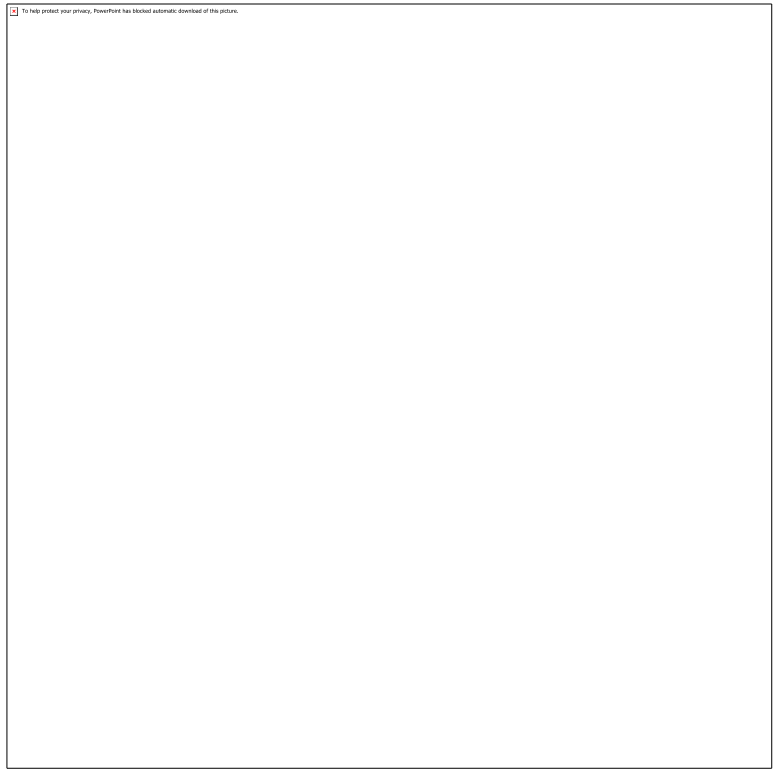
Mitchell, Kiely & Hamel (2004, p321)

Rowlands & Rowlands (2012)

Barriers

- Lack of expertise
- Unregistered healthcare workers delivering care
- High turn-over of staff
- Few registered nurses
- Multi-morbidity of residents
- High levels of frailty and dependency
- High levels of dementia diagnosis
- Inadequate clinical leadership
- Poor communication

So what does this mean…..



"moments after dad died, the HCA packed his belongings in a dustbin bag and put it in the corridor"

Karen Shevlane, RN

War veteran pleads to leave care home and go home to die

A BLIND 97-year-old Second World War veteran is battling to persuade a High Court judge to let him leave a care facility and end his life at home.

By BRIAN FARMER

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ONE CHANCE TO GET IT RIGHT

Improving people's experience of care in the last few days and hours of life.

Published June 2014 by the
Leadership Alliance for the Care of Dying People

'One Chance to Get it Right'

NHS Health Education England

'Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020',

Improving Palliative Care: The Conversation Project (13 February 2019)

Royal United Hospitals Bath NHS Foundation Trust

This project aims to support the education, development and support for staff

The things that needed to change included:

- An earlier recognition that the patient is approaching the end of their life or is facing an uncertain future;
- To facilitate and raise awareness for the need for earlier conversations with patients and families about their current situations;
- To improve the documentation of those important conversations;
- To include these discussions in the ward multidisciplinary team (MDT) meetings to support a shared involvement and understanding of the needs of the patient and family;
- To improve the transfer of information pertaining to a patient's end of life on discharge or transfer of care;
- To bring about a cultural shift in how their hospital recognised and engaged in the care of the dying;
- To 'normalise' end of life conversations and to help staff recognise that anyone of us could be with patients when they wish to discuss their fears and wishes as their condition deteriorates.

Royal Marsden NHS Foundation Trust, London

- innovative model of training to help nursing home staff, as well as local GPs, improve end-of-life care for residents
- rolled out in 33 nursing homes in Sutton and Merton.

It encompasses:

- education and training,
- clinical rounds,
- advice and guidance,
- communication,
- care co-ordination.

- Campion, C, (2016)

Can training make a difference?

When training is delivered alongside the introduction of a tool such as the GSFCH the rate of successful implementation significantly increases

(Kinley, et al, 2014),

Can training make a difference?

- training can have a positive impact on the delivery of end of life care to people dying ….. however, training should not be seen as a ‘quick fix’
- tools alone are not sufficient to bring about changes … they need to be used as a starting point in changing the culture of care.
- A critical mass of staff needs to be trained …to ensure that the required knowledge and skills are cascaded throughout the workforce

(Nolan, et al, 2008).

Can training make a difference?

When it is delivered as an ongoing process, to all levels of staff as a planned course of action, it can have a role in changing practices. (Froggatt, 2001).

Access to training

- Much of the training delivered today is reactive and … ad hoc manner;
- staff are expected to attend in their own time,
- sometimes are expected to pay for their attendance
- May be blocked from attending NHS delivered training if they work in the private sector

(Nolan, et al, 2008, p427; Seymour, et al, 2010).

What should the training look like?

ASH Healthcare Training End of life Level 3 - 5

What should the training look like?

- Be active not passive
- Delivered over a period of time
- Use vignettes and life stories
- Be delivered by different people
- Be inclusive
- Be proactive not reactive

(Kinley, et al, (2014) ; Nolan, et al (2008);

References

- Anstey S, et al. *BMJ Supportive & Palliative Care* 2016;6:353–361. doi:10.1136/bmjspcare-2015-000956
- Campion, C,. et al. Improving end-of-life care in nursing homes: an innovative model of education and training, *EUROPEAN JOURNAL OF PALLIATIVE CARE*, 2016; 23(5)
- DoH, One Chance to get it Right, 2015 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/450391/One_chance_-_one_year_on_acc.pdf
- DoH 'Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020'
- Froggatt, K.A. 2001; Palliative care and nursing homes: where next?, *Palliative Medicine*, 15: pp. 42 - 48
- Kinley, J., Stone, L., Dewey, M., Levy, J., Stewart, R., McCrone, P., Sykes, N., Hansford, P., Begum, A. & Hockley, J., 2014; The effect of using high facilitation when implementing the Gold Standards Framework in Care Homes programme: A cluster randomized controlled trial, *Palliative Medicine*, Vol 28(9), pp1099-1109
- ,Mitchell, S. L., Kiely, D. K. & Hamel, M. B., (2004) Dying with Advanced Dementia in the Nursing Home; *Arch Intern Med* [online]; Vol 164, Feb 9, pp 321 – 326 [available on line at www.acoi.org > BrymanDyingWithAdvancedDementia]
- Nolan, M., Davies, S., Brown, J., Wilkinson, A., Warnes, T., McKee, K., Flannery, J. & Stasi, K., 2008; The role of education and training in achieving change in care homes: a literature review, *Journal of Research in Nursing*, Vol. 13, (5), pp 411 – 433
- Rowlands, C. & Rowlands, J., (2012); Challenges in delivering effective palliative care to people with dementia, *Mental Health Practice*, Vol 16, No. 4, pp 33 - 36
- Royal United Hospitals Bath NHS Foundation Trust, **Improving Palliative Care: The Conversation Project (**13 February 2019) https://www.england.nhs.uk/atlas_case_study/improving-palliative-care-the-conversation-project/
- Seymour, J.et al, **Implementing advance care planning: a qualitative study of community nurses' views and experiences.** BMC Palliat Care. 2010 Apr 8;9:4. doi: 10.1186/1472-684X-9-4.