To develop a competent and confident workforce by focusing on education and development to improve the end of life care experience for patients and their significant others.

**Team**

"The patient and relatives care is so important."

"Always room for improvement."

"We only have one chance."

"Ongoing process."

"Embrace feedback."

"The meaning of the Rose and when to use this."

"More confident with discussion with patient and their families about expectations."

**Project team**

- Ward sisters
- Palliative care team
- Education support

**Clinical area**

Croxley and Sarratt wards provide medical care for elderly patients who frequently have multiple comorbidities, recurrent hospital admission are frail and can deteriorate rapidly. Managing uncertainty is common place. Good quality end of life care is an essential part of the care provided. For this reason these care environments were chosen to test end of life care improvements initiatives.

**Primary Drivers**

- All staff are prepared to care
- Maximising comfort & wellbeing
- Each person is seen as an individual
- Each person gets fair access to care

**Secondary Drivers**

- Stressed staff cannot provide compassionate care
- Achieve correct use of EOLC tools (Individualised plan of care (ICP), Rose Symbol, DNACPR, Treatment escalation plan (TEP) and equipment (T34)
- Improve collaborative working
- Support prognostication
- Achieve acknowledgement of uncertainty
- Promote effective communication
- Increase medical engagement with EOLC
- Find out patient and their significant others wishes, preference and priorities (PP)
- Encourage an holistic approach to EOLC
- Improve documentation and sharing of PP.

**Aim**

- To develop a competent and confident workforce by focusing on education and development to improve the end of life care experience for patients and their significant others

**Actions**

- Conundrum - patients may have multiple issues
- Embrace feedback
- Always room for improvement
- We only have one chance
- Ongoing process
- "The meaning of the Rose and when to use this"

**Future tests**

- Service user EOLC feedback forms
- New staff induction booklet
- Discharge checklist
- EOLC resource box

**Baseline Data**

- Findings: inconsistent documentation and use

- Confidence initiating ICP

- ICP documentation audit

- Paper work completed correctly 29%
- Paper work completed incorrectly 50%
- Not in place at time of death 21%
- Very confident 31%
- Confident 46%
- Not so confident 20%
- Not at all confident 3%

- Future tests – Service user EOLC feedback forms
- New staff induction booklet
- Discharge checklist
- EOLC resource box

**Lessons learned**

"The importance of involving families & carers in decision making and understanding ICP"