

WELCOME TO OUR JANUARY 2023 EDITION OF WELEARN. #welearnWednesday

Each Month we will present key learning themes from local serious incidents, investigations, complaints, litigation or coroner cases. The learning may not have a direct link to your area of work. However, the learning provides an opportunity to reflect on some of the wider issues that could be for you to consider

Recognising a Dying Patient

Background to learning need

Recognising dying patients is crucial to produce outcomes that are satisfactory to patients, their families, and clinicians. SWB Learning from incidents, deaths and complaints has identified greater need to acknowledge our current strengths and weaknesses as part of the decision process, and a need recognise the possibility of dying in a time-dependent context.

Learning from Audit, Senior Judicial Reviews

One Chance to Get It Right, NICE QS144/National Audit of Care at the End of Life 2022

Key Lessons

1. Needs of families and others still required improvement; 43% felt they did not get enough support (needs / emotional / practical / religious / opportunity to discuss) (City 50%, Sandwell 38%).
2. Prescribing and communication around anticipatory meds require improvement; 55% indication NOT on prescription, 39% NO discussion on use with patient, 53% NO discussion with families. Reiterate existing guideline to staff, improved training also now widely available to staff to allow for holistic care to EoL.

Communication: Low English Proficiency

Increasing evidence demonstrates use of professional interpreters positively impacts Low English Proficiency (LEP) patient care with reduced communication errors, enhanced understanding, reduced healthcare access inequity, better clinical outcomes and patient satisfaction.

Missed opportunities for Families/Carers

1. Consideration of the language used when updating the family and/or Next Of Kin of patients regarding the condition of the patient. Particular care should be used when using the word 'stable' and ensuring this has been explained thoroughly. As can mean different things to different people.
2. Staff should consider the manner in which they deliver information to the family of patients, understanding how their words may impact the family and their grieving.
3. Staff should be mindful of using medical terminology, even when speaking to family members who are fellow healthcare professionals.
4. Staff should be clear of the facts regarding the timeline of events before communicating with the family of patients, to ensure clarity and reduce confusion after the fact.
5. More in depth discussion regarding the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and treatment escalation planning process should be undertaken with the patient and/or family to ensure understanding of the decisions made.



For more information, training and learning:

<https://connect2.swbh.nhs.uk/palliative-care/>

RECURRING THEMES FROM 2022 STRUCTURED JUDGEMENT REVIEWS (SJRS)

There is often uncertainty surrounding dying. Good care includes accepting and conveying this both in practice and communication with patients and carers.

Priorities for care of the dying person:

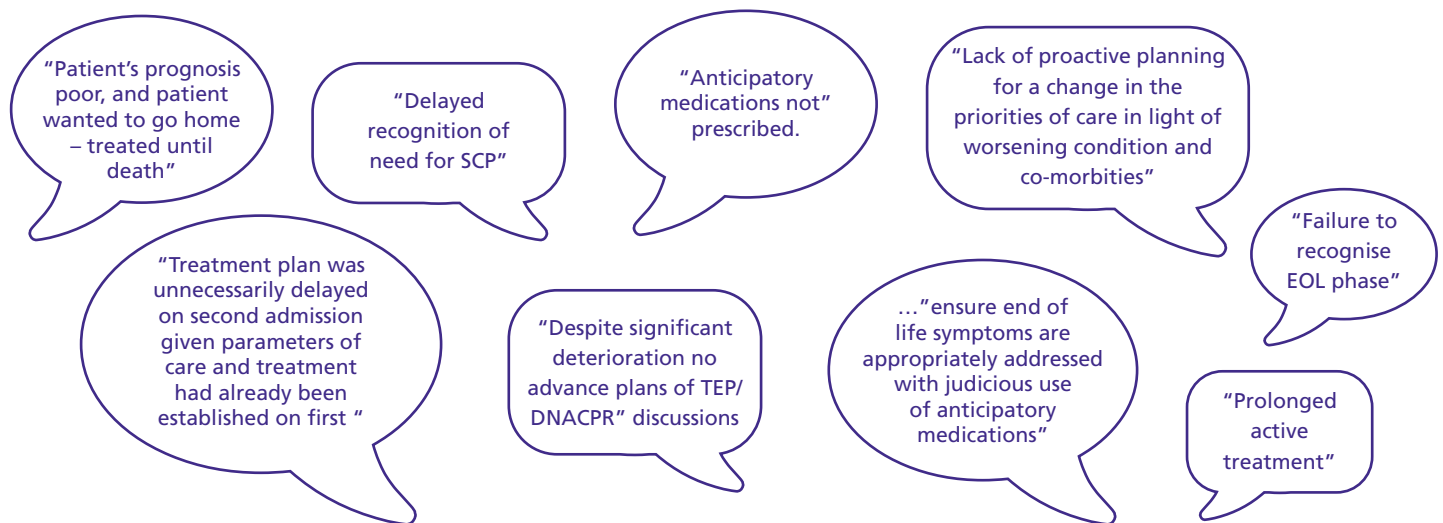
When it is thought that a person may die within the next few days:

- This possibility is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.
- Sensitive communication takes place between staff and the dying person, and those identified as important to them.
- The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
- The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible
- An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, coordinated and delivered with compassion.

SJR Themes:

Mostly relate to failure to recognise the dying phase and a delay in initiating a personalised care plan (we use the Supportive Care Plan (SCP) here at SWB)

Frequently asked questions about caring towards the end of life (swbh.nhs.uk)



One Chance: @SWB is always learning to improve the recognition of a dying patient and the impact on those bereaved.

- ✓ A need to improve recognition of the dying phase and communicate this possibility clearly
- ✓ A need to consider initiation of the SPC in a timely fashion, to prompt addressing the holistic needs of patients.
- ✓ A need to review the appropriateness of invasive and burdensome treatments when dying is recognised.

#welearn: Contact us

Please contact the we learn team for more information

Marsha Jones

Marsha.jones3@nhs.net
07866930916

Go to Connect page welearn

<https://connect2.swbh.nhs.uk/governance/welearn/>