

P 252

# THE DEVELOPMENT OF THREE INDIVIDUALISED CARE PLANS TO GUIDE NURSING STAFF WHEN CARING FOR PATIENTS IN THE LAST MONTHS OF LIFE

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**Background** Implementation of the National End of Life Care Programmes 'Transforming End of Life Care (EOLC) in Acute Hospitals' has involved teaching and guiding ward based staff to make changes to patient care to improve the quality of care patients and their families receive. We were asked to advise on the EOLC section of the Trusts nursing specialist assessment (NSA) which is completed for all patients on admission. The EOLC section was rarely completed.

**Aims** To develop written guidance to support and prompt staff about essential aspects of care for patients approaching the end of their life.

**Methods** NSA changed to identify patients who are:

1. In the last months of life
2. Acutely unwell with uncertain recovery and expected to die within the next 1–2 months
3. Dying

Prompts were written to commence one of 3 care plans produced for each category – palliative care plans 1, 2 and 3.

Three care plans were written in Trust format, following consultation with ward nurses, Drs and community teams with prompts for staff to follow both for patients and their families while in hospital and also with discharge advice.

**Results** The three care plans have been piloted within oncology, respiratory and elderly care.

Excellent feedback stating that the nurses have found the care plans extremely helpful in guiding and formalising the goals and aspects of care required.

Request from Trusts Chief Nurse to roll out the care plans ASAP to fill the gap the withdrawal of LCP has left.

**Conclusions** Nursing staff work well with written guidance in the form of care plans to plan, deliver and evaluate patient care.

We are hoping that following Trust wide implementation of the care plans we will notice measurable improvements in the quality of care patients and their families receive at the end of life.