

112 THE ROLE OF PALLIATIVE AND END-OF-LIFE CLINICAL NURSE SPECIALIST IN ACCIDENT AND EMERGENCY AND THE ACUTE MEDICAL UNIT

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A Clinical Nurse Specialist (CNS) was employed in a pilot role based in A&E/AMU at Heatherwood and Wexham Park NHS Foundation Trust (9–5 Monday to Friday) caring for patients who had palliative and end of life care needs. The post holder undertook a holistic assessment of patient and family needs and developed a plan of care including guidance of life expectancy, Symptom management, Do Not Attempt Cardio-pulmonary Resuscitation status (DNACPR) and preferred place of care communicating this to the patients, GP, Care home, Community and hospital teams and families.

Data re source of referral and interventions was collected on a daily basis onto an excel spreadsheet, according to Caldicott principles to aid evaluation of the outcomes of the role.

Evaluation of the pilot has shown that;

(A) 15% patients can be assessed and with early development of a care plan communicated to other agencies, discharged from A&E/AMU back to care home, home or directly to a hospice thereby ensuring that care occurs in the preferred place. This also reduces inappropriate hospital readmissions.

(B) The length of stay for those patients who clinically need admission is reduced to 8 days (against an SHA average of 18).

(C) The 14% of patients that died in A&E/AMU received expert.

symptom management and family support.

(D) A&E/AMU staff received support, training and modeling of good practice.

Through an evaluative questionnaire the pilot has demonstrated improved patient and staff experience and satisfaction.