

Oral presentations

Free Papers 1–3 – The care of older people

001 SUSTAINING IMPROVED END OF LIFE CARE IN CARE HOMES

Rhona Moyes, Barbara Stevenson, David Oxenham, Anne Finucane *Marie Curie Hospice, Edinburgh* Scott Murray, *University of Edinburgh, Edinburgh, UK*

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Background UK policy calls for care homes to provide reliably good palliative and end of life (EOL) care (Care Commission, Better Care Every Step of the Way, 2009). Consequently an intervention was designed to enhance the quality of palliative and EOL care provided by seven care homes in Midlothian, Scotland. Phase 1 consisted of a high facilitation model led by a palliative nurse specialist. This involved inhouse training of care home staff and visits to care homes every 10–14 days which resulted in significant improvements in end of life care outcomes (Hockley et al, 2010; Palliative Medicine, 24(8)). Phase 2 attempted to sustain the positive outcomes with a lower level of facilitation.

Aim To establish the extent to which a lower facilitation model would sustain the results achieved during the high-facilitation period.

Method Two palliative care nurse specialists each spent 1 day per week providing support and training to care home staff and GPs over an 18 month period.

Results 96% of patients who died during Phase 2 had an advance care plan; an increase from 53% following Phase 1 and from 4% at baseline. 57% of patients were on the Liverpool Care Pathway; up from 30% following Phase 1 and 3% at baseline. 86% of patients had a DNACPR status, up from 72% after Phase 1 and 15% at baseline. Inappropriate hospital deaths were 4%, down from 8% following Phase 1 and 15% at baseline.

Conclusions A lower facilitation model managed to sustain and build on the outcomes achieved during Phase 1. Two specialist nurses were able to strategically support and train staff to provide a high standard of end of life care to care home residents. This model will now be used to introduce a palliative approach in a much wider group of care homes throughout the region.