

## Oral presentations

### Free Papers 1 – 3 | Quality Improvement

#### 1 GOLDLINE 5 YEARS ON: HOW A 24/7 SUPPORT AND COORDINATION HUB HAS HELPED TO DRIVE IDENTIFICATION, REDUCE INEQUALITIES, INCREASE USE OF EPACCS AND IMPROVE CARE FOR PATIENTS AND THEIR CARERS AT THE END OF LIFE

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**Background** Goldline provides a 24/7 single point of contact for patients and their carers to access support, help, advice and onward referral to services. Provided by a team of generalist nurses from a DGH who access the patient's full electronic record including EPaCCS template. It is available regardless of diagnosis or identified needs to a population of 584 500 across 3 CCGs.

**Methods** Evaluation of service by data analysis, feedback and audit.

**Results** Year ending 31.3.18:

3060 patients referred, 62%  $\geq$ 80 years

2368 patients died with Goldline support (47% all deaths)

14% service users died in hospital, 74% in usual place of residence, 13% hospice

74% achieved their preferred place of death

58% referrals to Gold line had a non-cancer diagnosis and 43% were not known to specialist palliative care services

38% of calls are resolved by Goldline with no onward referral

23 service concerns were received; no formal complaints/serious incidents

Many compliments and messages of thanks from grateful families

The service is rated highly by other professionals.

**Conclusions** Goldline is safely supporting patients, including those with non-cancer and not known to specialist services. 14% patients died in hospital, Airedale hospital has the lowest % patients dying in hospital in England. Goldline sits within an EOL program with many services working together to support patients and carers in their preferred place. Support in the form of education, training, coaching and facilitation provided by specialists in palliative care, EOL facilitators and GP End of Life leads across primary and secondary care has been, and will continue to be, key to enabling more patients and carers to access Goldline.

#### 2 REKINDLING PRIMARY CARERS' RELATIONSHIP WITH ADVANCE CARE PLANNING: A QUALITY IMPROVEMENT PROJECT

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**Background** In 2017, a local priority setting exercise amongst stakeholders in palliative care identified gaps in the documentation and communication of Advance Care Planning (ACP) as barriers to high quality palliative care. We designed and evaluated an electronic template-based

intervention to empower primary care teams to overcome these challenges.

**Aims** We aimed to increase recording and communication of ACP discussions. This was via (1) the development of an electronic palliative care recording and reporting toolkit and (2) evaluation using Quality Improvement (QI) methods.

**Methods** Six primary care practices were recruited for a 6 month QI project. Practices were supported through educational sessions and facilitation from the study team. Utilising regular feedback and repeated PDSA cycles, the template was adjusted to maximise usability and impact. Monthly reports with comparative statistics were shared with practices.

We collected continuous data over a 12 month period (6 months baseline data and 6 months intervention data). Data was collected via the template's inbuilt reporting module, participant interviews, the research team's observations and practices' after death reviews. Run charts were utilised to correlate data trends with the timing of interventions such as monthly feedback reports and education sessions. Thematic analysis was applied to interviews and feedback from project participants.

**Results/conclusion** A tenfold increase in documentation of preferred place of death was demonstrated during the study period. Documentation of resuscitation wishes increased by 42% and documented anticipatory prescribing increased 9-fold.

Further work will establish the impact on patient outcomes and apply lessons learned to scale-up efforts. Challenges to overcome include: engaging primary care teams in ACP; the design and scalability of local e-solutions for managing palliative patients; and adequately resourcing this work to ensure sustainability.

#### 3 CORNEAL DONATION IN THE HOSPICE SETTING: A QUALITY IMPROVEMENT APPROACH

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**Aim** To make the discussion and practice of corneal donation the norm in our hospice.

**Method** Baseline data showed that tissue donation was not discussed in the hospice with only one donation during the previous three years. Following Improving Quality Together (IQT) methodology the percentage of eligible donors with whom corneal donation had been discussed before death and the number of referrals for donation was chosen as the measures to achieving the aims. These were recorded weekly. Interventions included educational sessions for both doctors and nurses, developing a referral flow chart and adding a prompt to the electronic clerking template which set a flag within the record for patients expressing the wish to donate. A weekly report of the measures was generated using the reporting tool within the electronic patient record and plotted on run charts.

**Results** The average percentage of eligible patients dying at the hospice per week who were offered the opportunity to discuss corneal donation rose from an average of 10% over the first four weeks to 92% over the final four weeks. Over the first eight months of the project 50 referrals were made resulting in 29 donations from the hospice. In the preceding 3 years, only one patient had been referred.