Patient and Family Centred Care (PFCC)  
‘Living well to the end’  
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Introduction
Southampton General Hospital is a 1300 bedded hospital forming part of University Hospital Southampton NHS Foundation Trust.

The Medicine for Older People Department admits patients over the age of 80 covering Hampshire and The New Forest. The department provides expertise in managing multi-morbidity, functional impairment and people at the end of life.

Between May 2016 and May 2017 we admitted 3,852 patients and of those 474 required specialist end of life care in the department. Providing high quality end-of-life care was identified during a Care Quality Commission inspection as an area that required improvement.

Aims
Supported by The Point of Care Foundation we developed a project aimed at ensuring the provision of high quality end of life care for our patients along with offering optimal support for relatives and education for staff.

Driver Diagram
- Individualised tailored care
- Symptom control
- Spiritual care
- Preferred place of care discussions
- Fully end of life regularly updated
- Overnight facilities
- Parking facilities
- Open visiting
- Bereavement support
- Adequate staffing levels
- Good understanding of current issues in patient care
- Good nurse assessments
- Support from specialists
- Good ward leadership

We felt there were three areas that needed addressing in order to optimise end-of-life care in our department; treating the patient well, treating the hospital staff well and treating the end-of-life patient’s relatives well. We set out to research what aspects were deficient and how we might address them.

Data Collection
We collected mainly qualitative data from a variety of sources to allow us to hear the opinions and feedback of patients, their relatives and the staff looking after them.

Patient Shadowing
Observing patients through the dying process to see the priorities and concerns of the relatives during this period.

Total number of patient’s shadowed= 19 (by 6 working group members over 3 month period)

Outcomes:
- Lack of medical staff communication with relatives and patient
- Inadequate provision of side rooms for EOL patients
- Inappropriate use of Nil-By-Mouth signs
- Patient tables left too far from patients so unable to access cup/belongings
- Patients left in darkness; curtains not drawn, doors left closed

Relative Feedback
Questionnaires sent out via the bereavement department to gain valuable insight into the relatives experiences.

Total number of feedback forms received =22 over 3 month period

Outcomes:
- Lack of facilities; overnight accommodation, food nearby, difficult car parking
- Lack of follow-up communication following breaking bad news
- Unsafe of the nurse or doctor looking after their relative
- Lack of privacy for difficult discussions

Junior Doctors Survey
We conducted a survey of the 25 junior doctors working in our department to ascertain how confident they were with anticipatory medication prescribing

<table>
<thead>
<tr>
<th>Questions asked in survey</th>
<th>Name the Anticipatory medication you would prescribe for end of life care</th>
<th>What are the doses of the medication you have listed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to list any</td>
<td>36%</td>
<td>21%</td>
</tr>
<tr>
<td>Partially/fully complete list</td>
<td>64%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Confidence in EOL prescribing (1= not confident-10=very confident) mean=7

Staff Interviews
We interviewed ward staff to establish their confidence in managing end-of-life patients, administering end-of-life medications and communicating with their families.

Total number of staff interviewed (nurses/HCAs/junior doctors= 18

Outcomes:
- Lack of confidence setting up syringe drivers and administering end-of-life medications
- Lack of communication between doctors and nurses; lack of nurse involvement in end-of-life discussions
- Need for de-brief sessions when caring for dying patients
- Limited teaching in end-of-life care

What have we achieved so far?

Facilities
- Refurbished relatives room with overnight accommodation and free access to hot drinks and biscuits
- Allocated EOL parking space
- Vending machine on G level and free meals for EOL relatives

Education
- Rolling teaching programme for doctors and nurses with support from the palliative care team
- Syringe Driver drop-in sessions
- End-of-life prescribing bundle and End-of-life facilitators

Communication
- Butterfly icon to identify EOL patients
- Ward nurse involvement in ‘breaking bad news’ discussions
- EOL leaflets with details of all available support facilities and identification of lead consultant and bleep for team

Photos
- EOL Icon for bed space
- Relatives Room with overnight accommodation
- Car Parking space
- Patient and Family Centred Care (PFCC)
- ‘Living well to the end’

Ongoing Work
Further patient shadowing, staff interviews and relative surveys have taken place since the improvements have been made. The results have been mainly positive suggesting improved communication between patients, relatives and staff, improved confidence in EOL care amongst nursing staff and a significant improvement in facilities.

We plan to present our project to the wider trust and support similar projects in other departments whilst continuing to progress the project within our department.