

Taking the
 'temperature' of the
 system

Vital Signs



 Measuring the 'health' of our End of Life Care systems



 Using a few 'core' measures to reflect the health of a system

Creating the measures...

FROM: 150+ ideas

TO:
9 Key Themes

- 1. Place of death
- 2. Right conversation
- 3. Patient/carer voice
- 4. Access to care
- 5. Responsiveness
- 6. Coordinated care
- 7. Medication
- 8. Red Flags
- 9. Learning &Development

Creating the measures...

FROM: 9 Key Themes

TO: 5 Metrics







Recognition:

How well do we identify when people are approaching the end of their life?

Experience:

How's it going? How's it gone?

Activity:

Outpatient attendances, 999 calls, ED attendances, Acute admissions

Place of death

Dashboards for each area are now available via future.nhs.uk – Palliative and End of Life Care Network Contact itservicedesk@england.nhs.uk to request access to the dashboards.

Elective

Regular Day Admission

First

Follow up

Day Case

Attends

Emergency

Activity Comparison

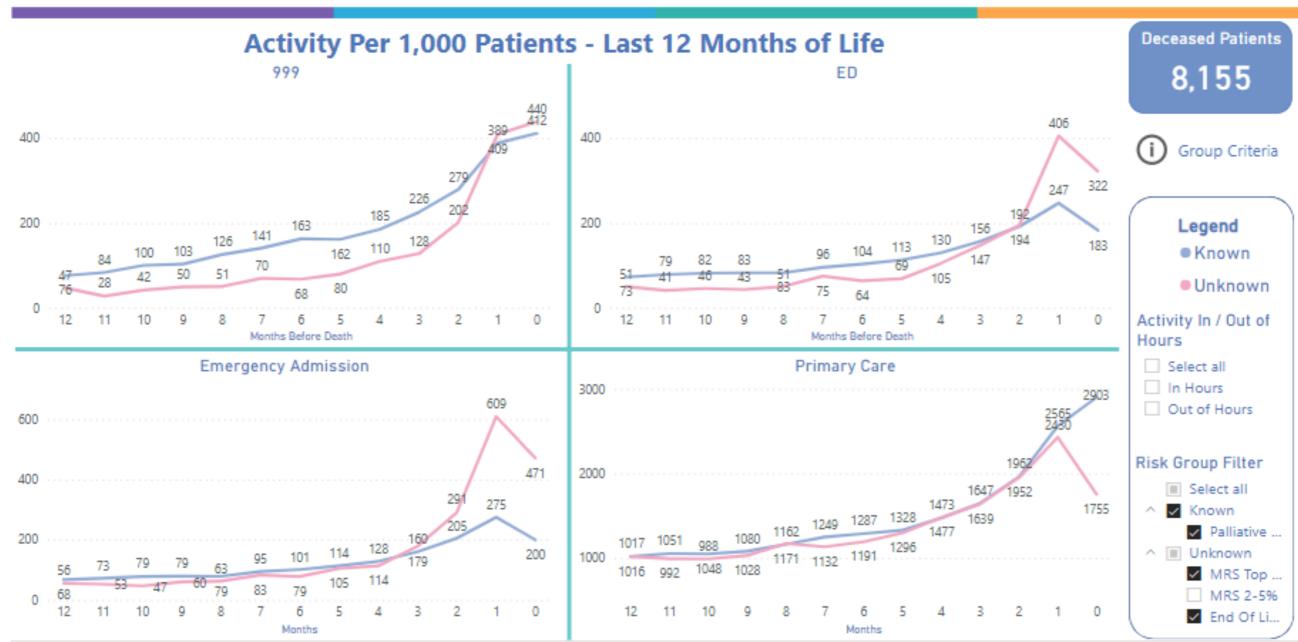


Data up to and Including:

26 April 2023

Click icon to open filter pane





Patient, Carer & Staff Experience: What do people say?



Medical Examiner Feedback



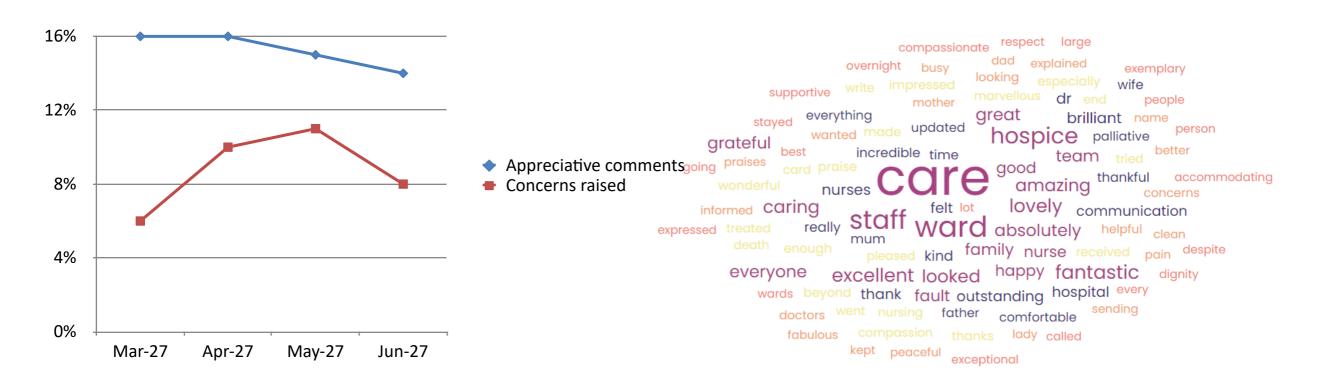
Experience:

How's it going?

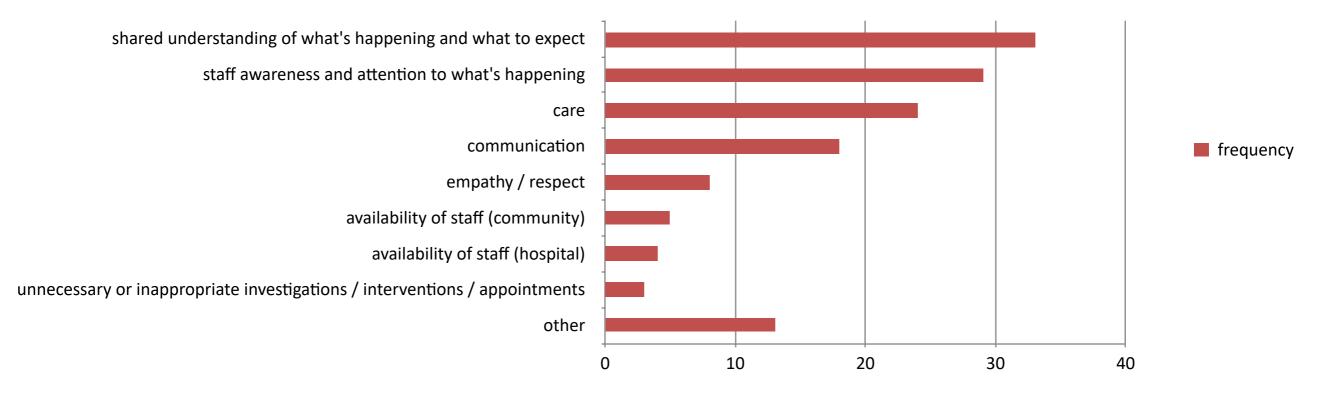
How's it gone?



Feedback from bereaved families via Medical Examiners office



Themes from Medical Examiner feedback (March-June 2023)



How's it going?

- a test of change -





- How DO YOU think it's going?
- (scale 1-5, 1=very poor, 5=very good)



 How do you think the PATIENT/FAMILY think it's going? (scale 1-5)



Why?

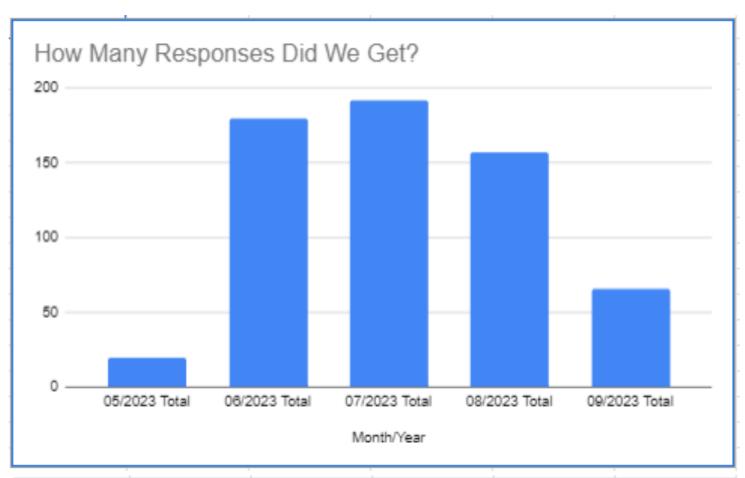
Let's give it a go

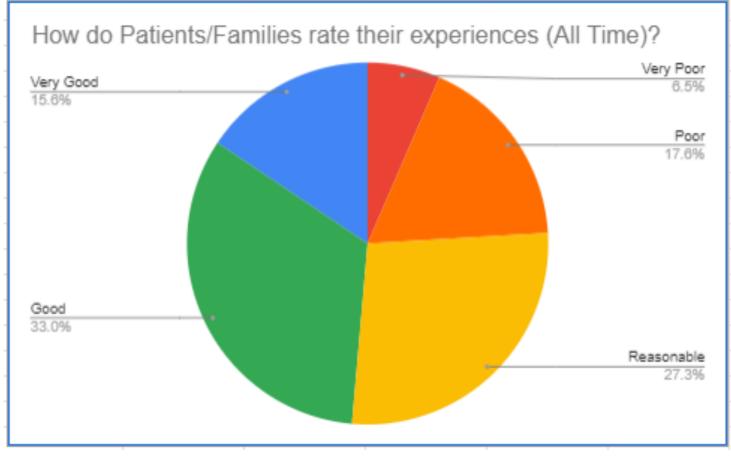


https://forms.office.com/e/wRfJzxFE2U

Analysing the data...

We are starting to explore what the data tells us from different perspectives – commissioner, clinician, manager...













Possible themes...

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comfortable symptom patholic improved improved symptom patholic improved symptom patholic improved improved symptom patholic well plan support some patholic worried worried continuing need medications mode reatment NH good few managed unwell lappy currently things change struggling aguar family things change struggling aguar family things change difficult fat prognosis help diagnosis more complex more desired weeks it under the plan improving the plan improving better managing hospital home plans improving better managing hospital decision cheff decision
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Poor

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hospital well decision
anxiety days comfortable CHCFT clinical increased better deterioration child increased better prognosis awaiting dying
support make painful symptom bed life unwell new symptoms condition nausea high walk unwell new feels walk discharge further acute team needs plans walk discharge ongoing waiting
Wife bound distress wants now process admission
MDT Hospice day accept managed community difficult adjusting happy quickly being poor bowel Uncontrolled

Patient management rapid pain
few months around EOL OVEr
```

supportive
issues better difficult feel needs
aware good making still complex
aware good MDT accept improving
symptoms happy improved team
happy improved team
being managing community since Ongoing going feels grateful weeks
since Ongoing going feels grateful weeks

New able things all timely GP
New able things controlled re made
pt everything controlled re made
Child spc time
Spc time
Spc time
Symptom place given about Well some
ACP period intervention services disease
ACP period intervention services disease
hospice
hospice

Level

ACP geriod intervention services disease
hospice
situation visit health
accepting deterioration

Good

Very poor

```
impact distress
being loss plans upset distressed treatment place acquired option significant high uncertainty patients carer health unresolved dog Bed difficult

admission levels Poor alone struggling realistic raised hospital dying always possible pt supported dw medications letting plan preferred deterioration.community recomplication starting plan complex starting planning any nok feeding

Secondary about distressed distressed distressed option significant high unresolved dog Bed difficult advinession wants control accounts distributed and provided accounts account of the provided accounts accounts the provided account of the provided accounts accompleted plan preferred deterioration.community communication communication starting planning any home

Secondary about distressed distressed option significant high unresolved dog Bed difficult accounts acco
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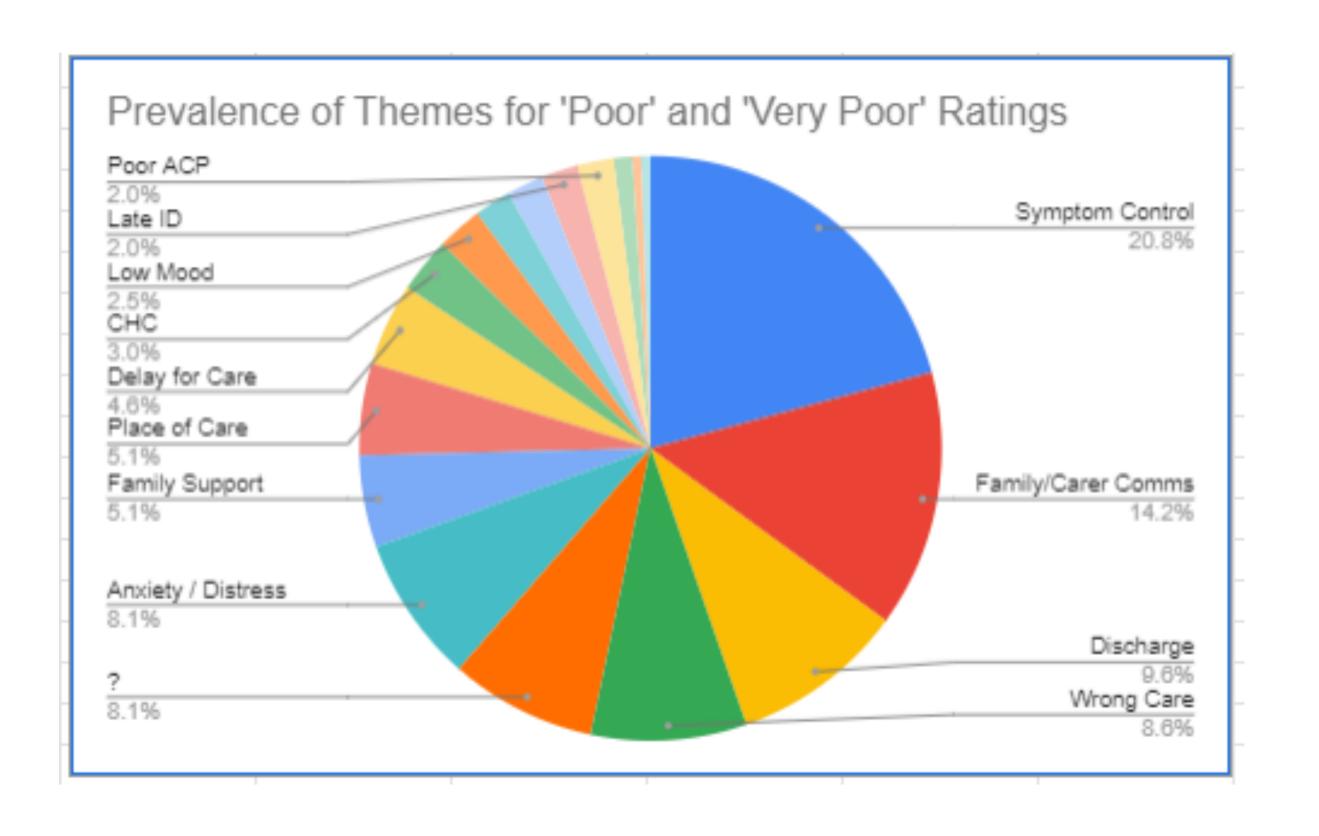
managed between Mgt response between Mgt Regular home further plan feedback Asp ACP

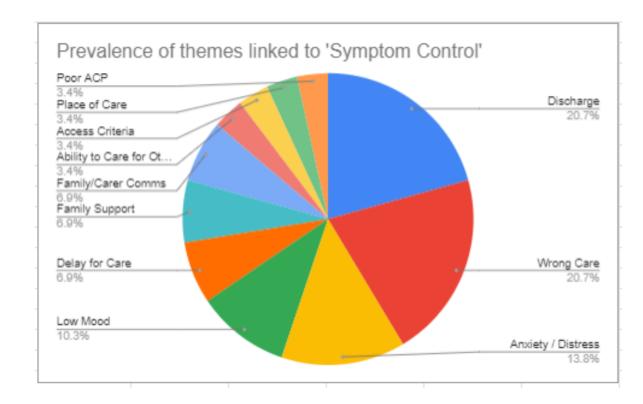
Patient plan feedback Asp ACP

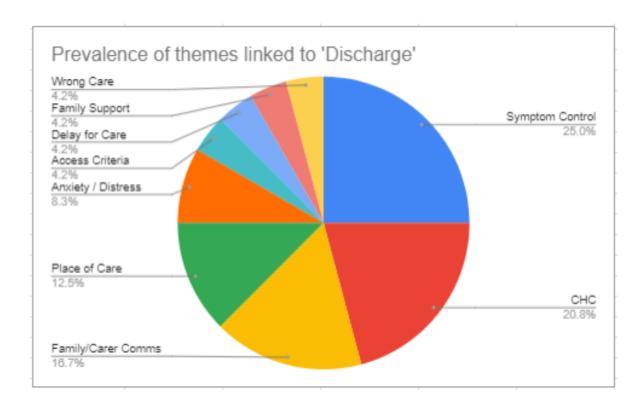
FU fast comfortable pragmatic patients patients hospice believe died parents relatives pt communication symptom service discharge Sx all settled communication discharge Sx all settled communication team symptoms

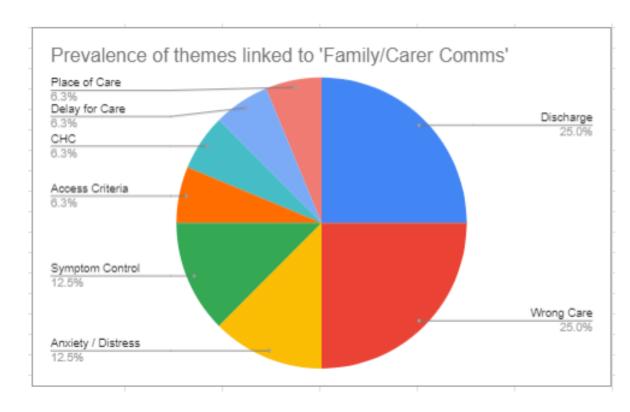
input well sextremely go new feel last ygood pain after Rapid dying work pts time met place changing dying work pts time met place changing children happy being now wife support needs days care Treatment going grateful given husband achieved visit need like things really done

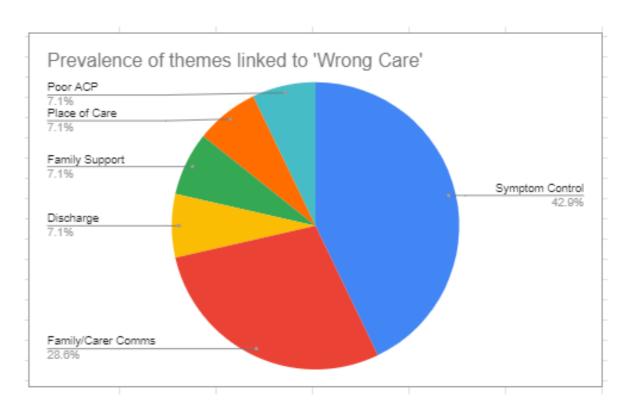
Very good











How might this impact patient care?

At patient-level



- 1. Encourage team to enquire about patient/family experience
- 2. Focus on what matters
- 3. Enable improvements in real-time

At system-level



- Highlight issues affecting patient/carer/staff experience
- Enable direct feedback to commissioners
- Enable change at team/department/organisational/ local/ regional level



By asking clinical/care teams;

1. How DO YOU think it's going? 2. How do you think PATIENT/

FAMILY think it's going?









Recognition:

Identify patients on register, identify carer and family members

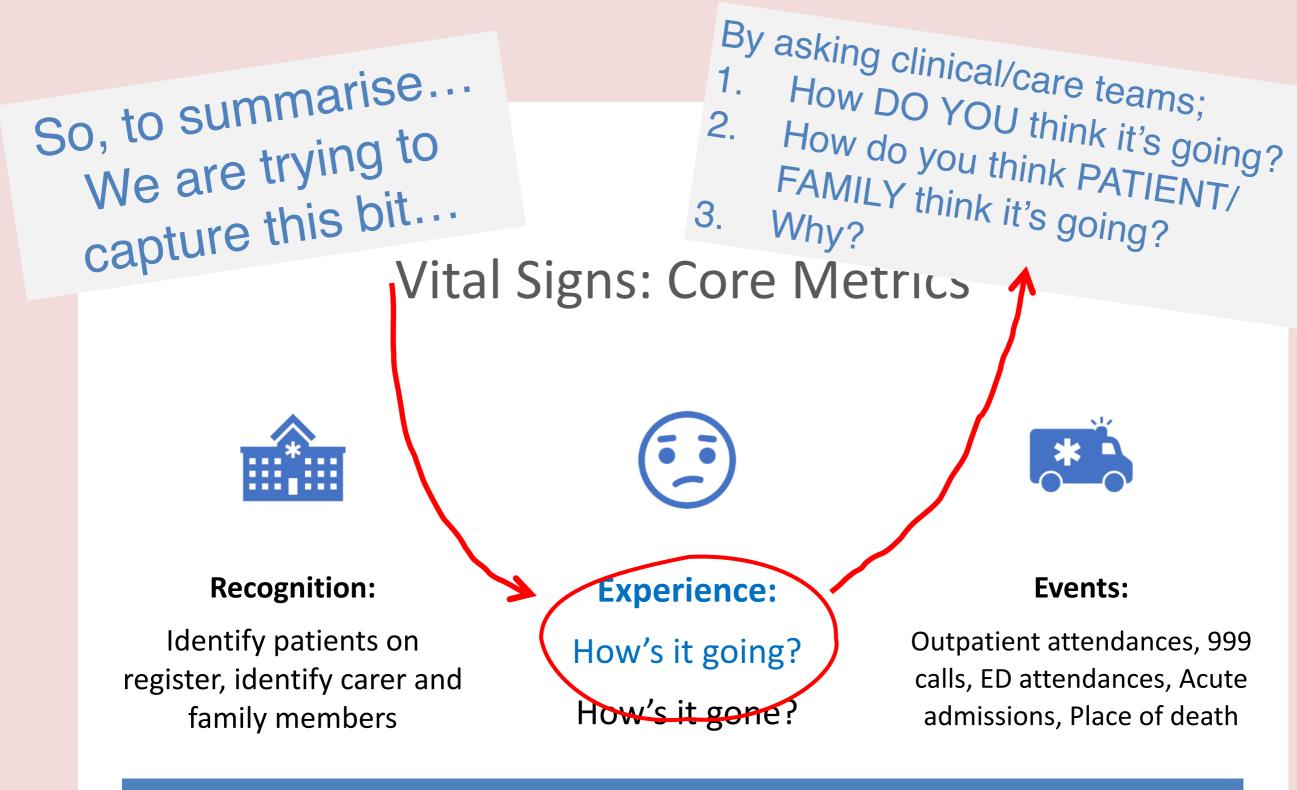
Experience:

How's it going?

How's it gone:

Events:

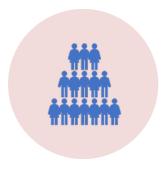
Outpatient attendances, 999 calls, ED attendances, Acute admissions, Place of death



AND

We are now starting to work on how we can get similar direct feedback from patients, families, friends and carers

Next steps....



• Would you like to be part of this?



 How would you want to use the data?



What questions would you ask?



Will you contact us to take the next step?

Please email saskie.dorman@nhs.net or england.sweol@nhs.net