

End of Life Care

Laura Thomson

laura.j.thomson@nhslothian.scot.nhs.uk

Quality issue / initial problem

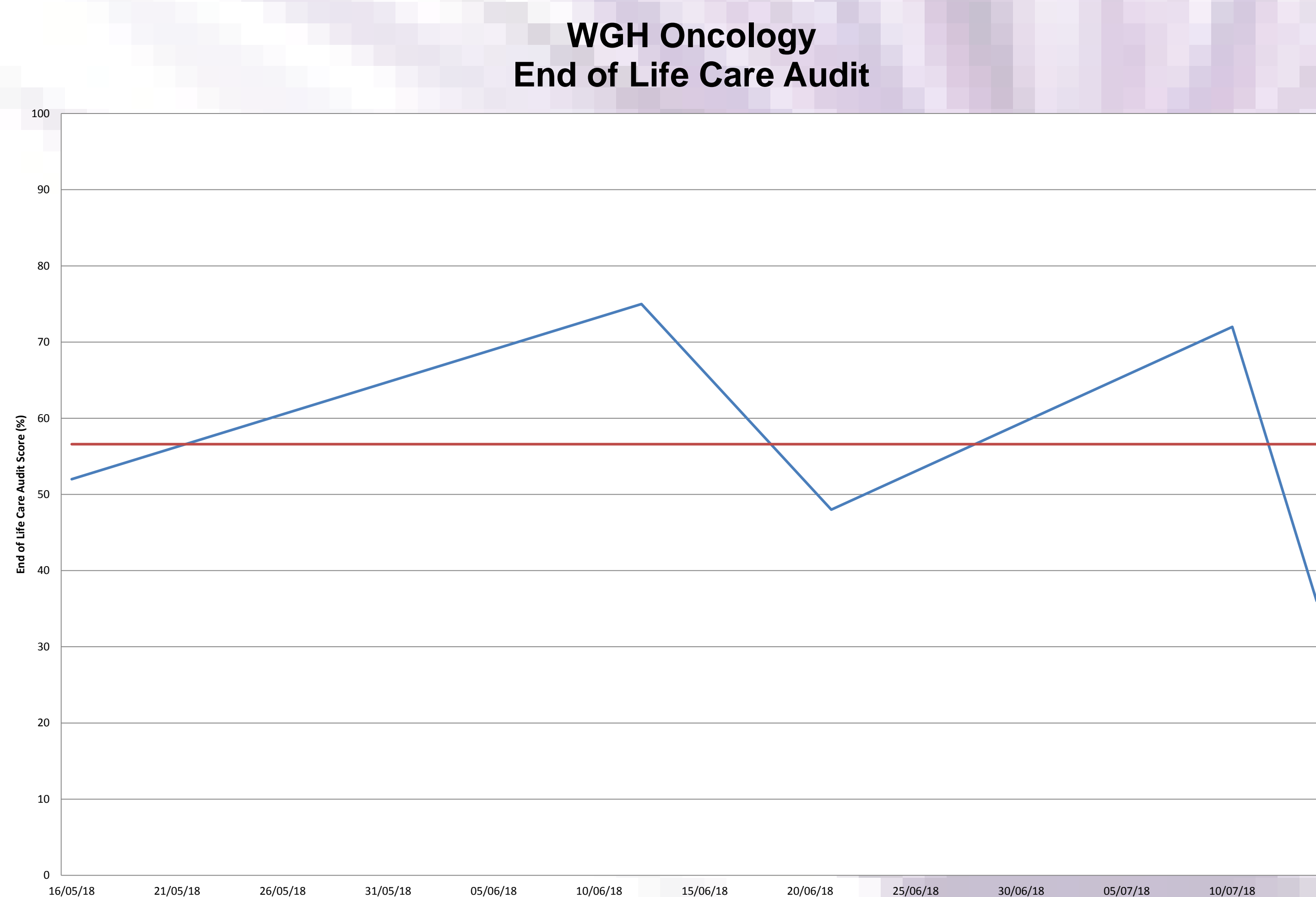
End of life care within the WGH
Oncology department

Specific aim

To improve end of life care documentation within the Western General
Hospital Oncology Department by Dec 2018

Measurement of improvement

Baseline data



Tools used

- Process map
- Driver diagram
- Pareto Chart
- PDSA cycle

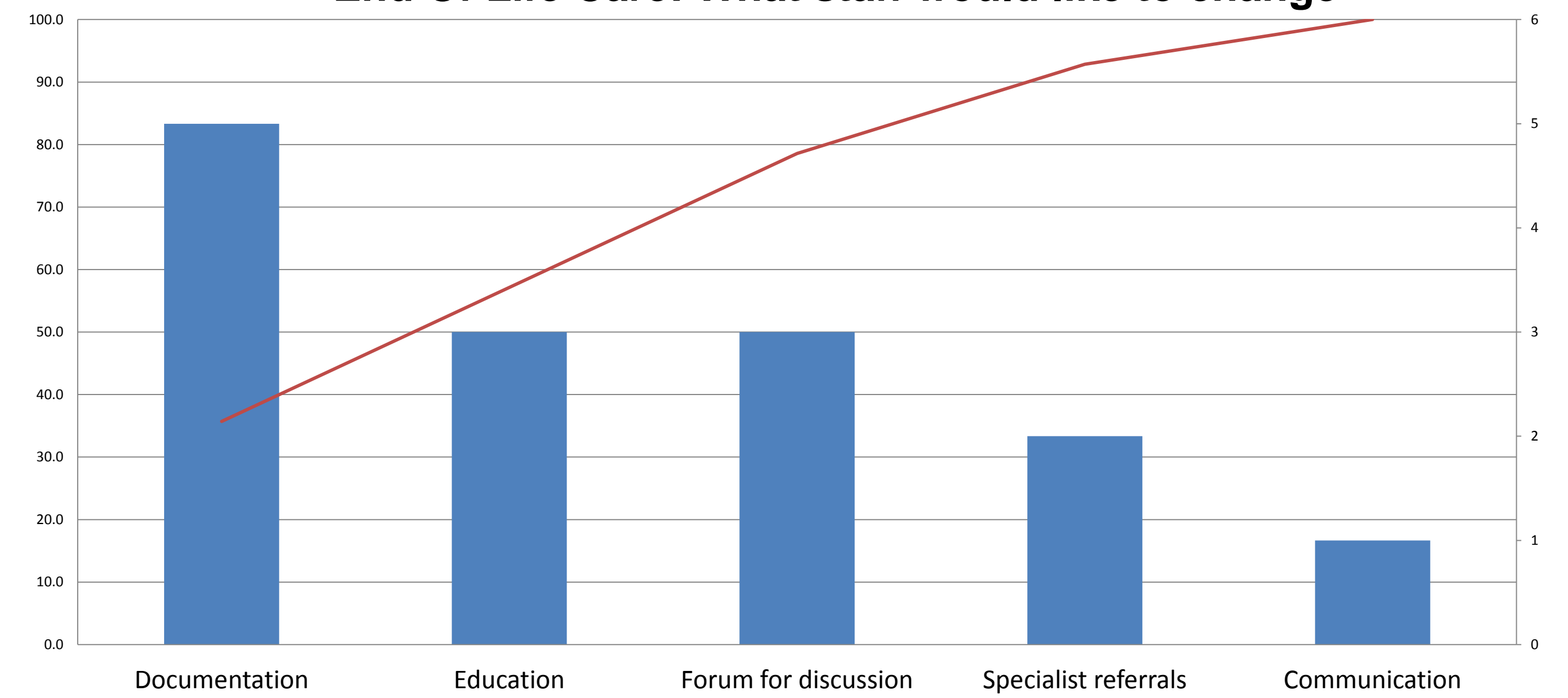
Effects of change

It is anticipated that communication will improve between the team, the person at end of life and those of importance to them. Once change is sustained within Oncology, there are plans to spread change to RIE204 and SJH25 (Standard 11 Care Assurance Wards).

Lessons learned and message for others

It is important to identify what is important to a team and listen to their suggestions for improvement. Teams should be supported to change from within and not have change imposed upon them.

End Of Life Care: What staff would like to change



Test of change

Implementation of canned text
(\eolc) prompt for daily review
on TRAK

Priorities of Care Ongoing Review

Review lead by:

Person's recovery remains uncertain and
may be approaching end of life: Y/N

Management plan:

- Pain and symptom control
Uncontrolled symptoms? Please refer to palliative care Y/N/NA
 - Clinical Interventions – see also ACP
 - Observations (inc BMs, bloods, NEWs)
 - nutrition
 - hydration
 - Other issues
- Communication plan with person and those
of importance to them

Name:

Contact: