

Implementing the Gold Standards Framework into an outpatient dialysis unit

Mrs Helen Spooner¹, Sister Diane O'Hara¹, Sister Julie Sproson¹, Dr Satish Babu Ramakrishna¹, Dr Manivarma Kamalanathan¹

¹Royal Wolverhampton NHS Trust, Wolverhampton, United Kingdom

Introduction

The Gold standards framework (GSF) is a national initiative to promote preparation for a 'good death'. It involves ensuring a collaborative plan is made with patients / relatives and health care professionals across primary and secondary care considering patient's wishes in their last days of life including DNACPR decisions.

Overall survival on RRT is currently 43% at 5 years and the general dialysis population is becoming frailer with 65% of RRT patients dying in Hospital

Method

The GSF was being used for hospital inpatients using the question 'Would you be surprised if your patient were to die within the next 12 months?'

We initially introduced the framework to the in centre haemodialysis unit in 2016 with MDT meetings commencing in March 2017 involving the Haemodialysis unit manager, practice education facilitator, Palliative care and Nephrology consultants and specialist nurses.

Advanced care planning packs (ACP) were developed trust wide and introduced in April 2018.

All dialysis patients are coded according to the framework as either Blue (stable) Green (unstable with potentially months to live) Amber (deterioration with potentially weeks to live) or Red (dying in the last days of life) and the decision recorded on the electronic patient record.

The monthly clinical meeting discusses all patients coded as Amber to ensure advanced care planning and DNACPR status has been considered and discussed with the patient.

Results

Between March 2017 and November 2019 126 patients have been discussed in the MDT.

Of 126 patients discussed 48 received an ACP, 6 declined and 72 did not receive a pack. 58 patients had a DNACPR put in place 28 of which were a direct result of discussions following receipt of the ACP pack. 15 declined and 53 had no DNACPR in place.

Half of the patients discussed have subsequently died and of these 43 (62%) had a DNACPR in place, 10 (15%) refused DNACPR and 16 (23%) had no DNACPR. Of the deceased patients with a DNACPR 28 (40%) were provided with an ACP pack.

A pilot questionnaire has been given to 10 patients and families for feedback regarding the ACP packs. 6 responded all of whom found the pack useful, appropriate and easy to understand. 65% made a decision regarding end of life preferences as a result of receiving the pack.

Specific symptom control guidelines for CKD patients at EOL have also been developed

Discussion

Going forward we plan to ensure all patients coded as Amber are offered an ACP pack and discussion with more of an emphasis on and audit of preferred place of death

We have recently expanded the initiative to include CKD, Home therapy and Satellite unit team members. Clinicians are encouraged to include GSF coding in all correspondence with community and primary care teams

We have linked with the local hospice community engagement worker and are involved in an end of life project identifying patients from the south East Asian population in the last 12 months of life.