The Case of the Missing Advance Care Plan

Taking the detective work out of which patients have one & how to find them

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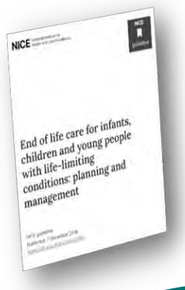
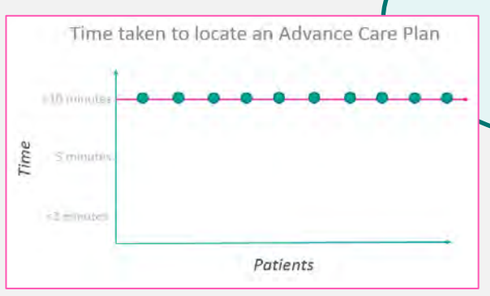


BACKGROUND

Advance Care Plans for children with life limiting conditions are hard to find in the acute setting. Doctors find this stressful and worrying. Children are at risk of getting inappropriate care



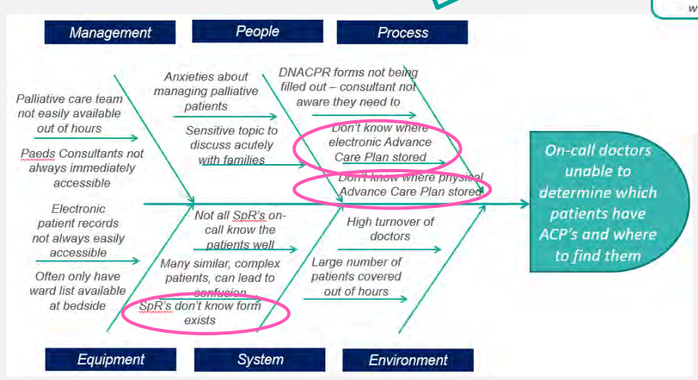
NICE quality standard

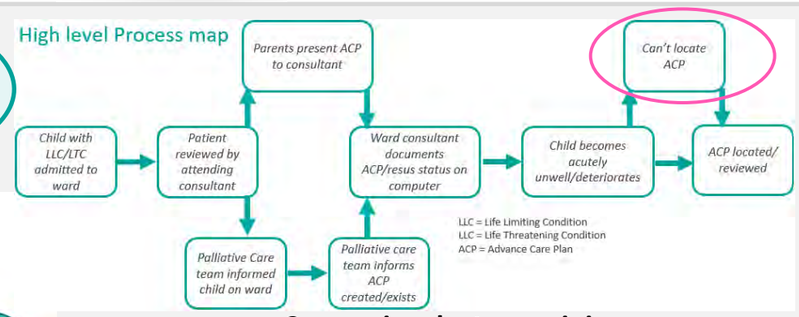
Quality statements

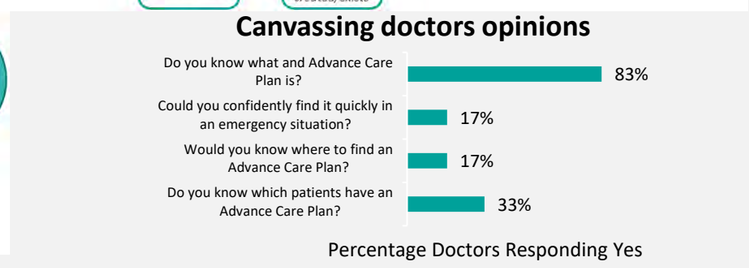
Statement 1 Infants, children and young people with a life-limiting condition and their parents or carers are involved in developing an advance care plan.

DIAGNOSTICS

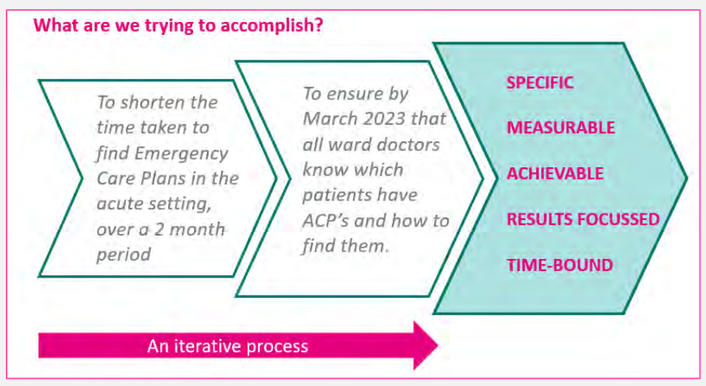
Different teams had different understandings of the actual process







AIM & MEASUREMENT DEFINITION



Chosen measure

Do doctors know confidently and quickly where to find an ACP?

Do doctors know which patients have an ACP?

Inclusions

Any Child admitted to Evelina Children's Hospital

Exclusions

PICU/NICU admissions

Children who do not have life limiting/threatening conditions

Sampling method and frequency

Question doctors anonymously at the end of handovers when I am on-call

CHANGE IDEAS

This benefitted by colleague input and brainstorming of ideas

The Palliative Care Team highlighted safety concerns regarding storage of Advance Care Plans in multiple locations

Changes in Advance Care Plans can occur frequently. How do we know which is the current version?

- Question on safety huddle
- Symbol on handover sheet
- Documented on handover sheet
- Sign at end of bed
- Ask parents to tell staff
- Specific form on electronic patient records filled
- Education of juniors of where to find it
- Education for consultants to fill in required form
- Education to Palliative care to ensure ACP is on computers
- Working it into the new computer system – long term

PDSA cycles

1

I need to undertake a QIP looking at ways to improve clinician knowledge of who has and Advance Care Plan and how to quickly find it

Time how long it takes me to find out which children have Advance Care Plans and find them if they do

I reflected that there was no quick and easy way to isolate which children had Advance Care Plans and it was not easy to find them

It took me >10 minutes/child to work out which of 10 children life-limiting/life-threatening conditions had Advance Care Plans & find them.

2.1

Creating a survey to understand the problem further and distribute the share and learn further to more colleagues for more feedback to target my ideas for change

Discussed Share and Learn with two Registrars to understand problem further

I used the feedback from my colleague to create a short survey to further understand the problem for Registrars based both in the community and the tertiary centre

Additions to the fishbone to include concerns and barriers highlighted by my colleagues

2.2

Readdress change ideas accounting for the palliative care teams knowledge. Accepting many challenges involve IT, of which a new system will shortly be implemented in the trust

Discussed outcomes from share and learn, fishbone and survey with paediatric palliative care team to understand further the challenges with accessibility of Advance Care Plans

Understanding the safety concerns with some of my preferred change ideas and the challenges surrounding accessibility of Advance Care Plans; IT, frequently changing plans, duplication of documentation etc

Useful discussion to understand what "should happen" and the challenges with some of my perceived change ideas

3

Abandon this PDSA as my plan was already happening, highlighting the problem is with transparency of the electronic patient records and clinicians ability to find advance care plans

To discuss with paediatric palliative care team about saving the Advance Care Plan in the same location, with the same heading every time

The whole paediatric palliative care team always save the Advance Care Plans in the same place with the same heading and store a paper copy in their office. Parents also hold a copy

Discussion with 2 paediatric palliative care consultants regarding location of Advance Care Plans

4.1

The email had clearly been read and educated the doctors. Will repeat as aware not all will have read the first email. Also include the consultant body

Email to the junior doctors stating where Advance Care Plans can be found on Electronic patient records (and further relevant information)

Increase in number of doctors who felt they could confidently and quickly find an Advance Care Plan in an emergency situation

Email sent out to junior doctor distribution list as above

4.2

An improvement in awareness of where to find the Advance Care Plan. Challenges still exist with accessibility within the electronic patient records which are beyond scope of this QIP

Repeat email to the junior doctors and consultants stating where Advance Care Plans can be found on Electronic patient records (and further relevant information)

Increase in number of doctors who felt they could confidently and quickly find an Advance Care Plan in an emergency situation

Email sent out to junior doctor and consultant distribution list as above

5

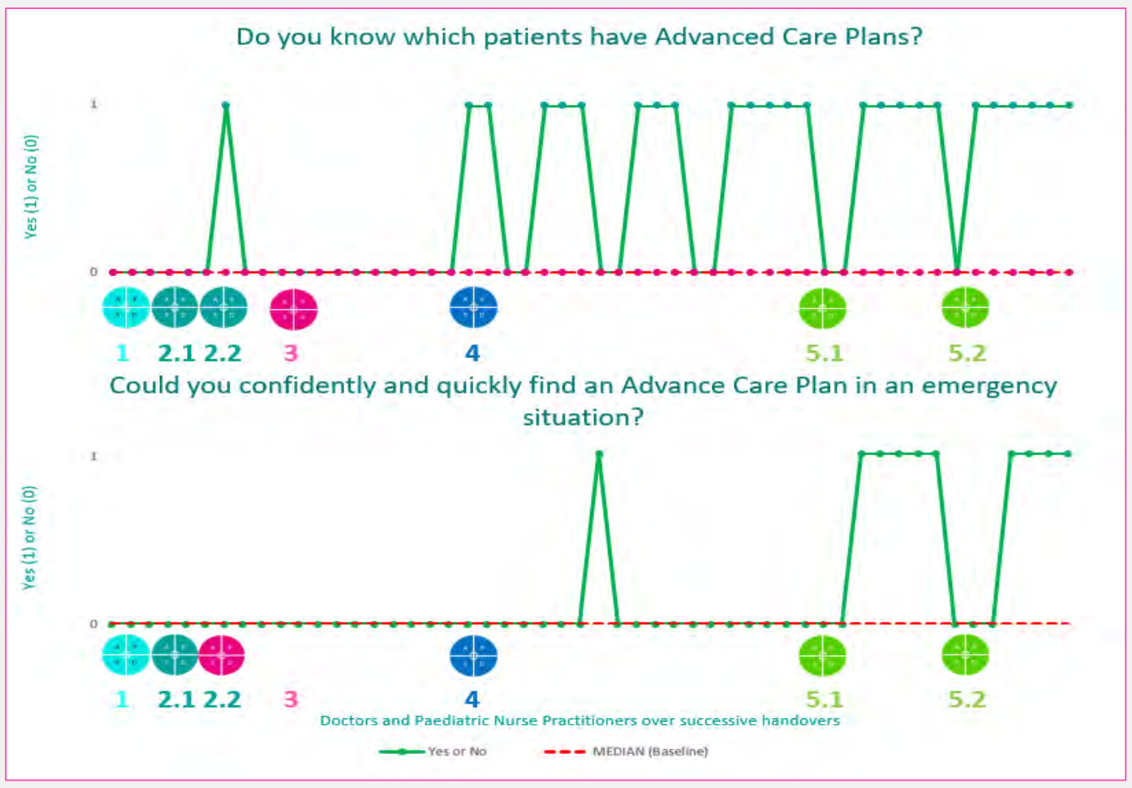
Improvement in knowledge of which patients had Advance Care Plans seen and this was repeatedly seen across subsequent handovers

Question added to the safety huddle "Any patients have an Advance Care plan?". Safety huddle occurs once on the day and once on the night shift. See if this improves knowledge of clinicians

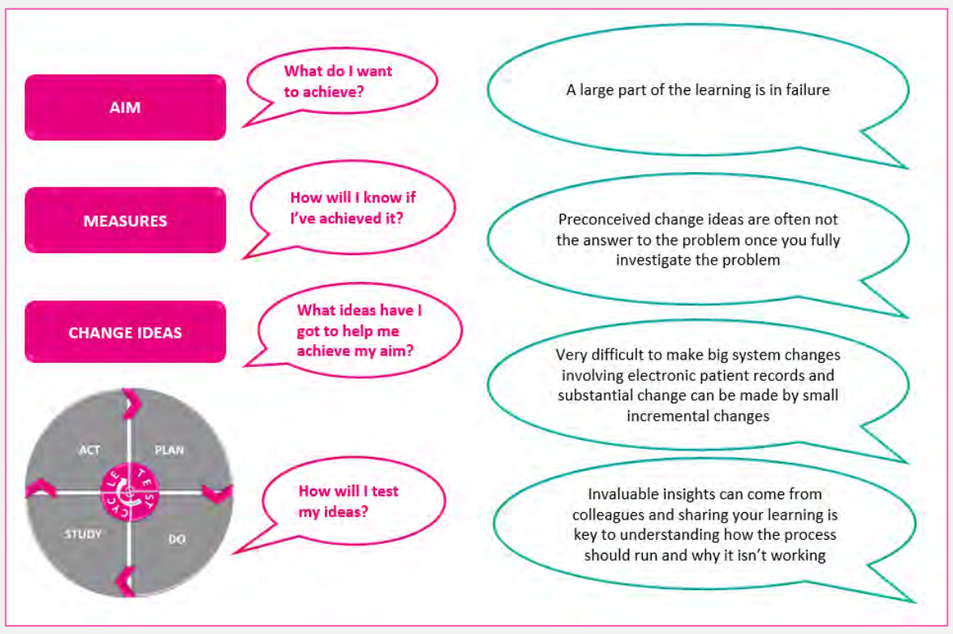
Clinicians questioned if they knew which children had Advance Care plans at the end of handovers. An improvement was seen in knowledge

Question coincidentally added the same week to safety huddle. Knowledge amongst clinicians of patients with an Advance Care plan asked at subsequent handovers

RUN CHART



REFLECTIONS & LEARNING



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