

East Midlands Ambulance Service NHS Trust

End of Life Care Policy

Links

The following documents are closely associated with this policy:

- Resuscitation Decisions in End of Life Care Procedure
- Clinical Management in End of Life Care Procedure
- Implementation of National Guidance and Information Policy
- JRCALC Implementation Policy
- Untoward Incident Reporting Procedure

Document Owner :	Medical Director
Document Lead:	Consultant Paramedic (South)
Document Type:	Clinical Policy
For use by:	EOC / Clinical Assessment Team Operational / Clinical Staff

Equality Impact Assessment	July 2014
----------------------------	-----------

This document has been published on the:	
Name	Date
Library (EMAS Public Drive)	27 February 2015
Intranet	27 February 2015

<i>End of Life Care Policy</i>		Page:	Page 1 of 9
Document ID:	CL/01.52	Version:	1.0
Date of Approval:	20 November 2014	Status:	Final
Approved by:	Clinical Governance Group	Date of Review:	30 November 2016

Version Control

Document Location

If using a printed version of this document ensure it is the latest published version.
The latest version can be found on the Trust's Intranet site.

Version	Date Approved	Publication Date	Approved By	Summary of Changes
1.0	20 November 2014	27 February 2015	Clinical Governance Group	Policy New to EMAS.

<i>End of Life Care Policy</i>		Page:	Page 2 of 9
Document ID:	CL/01.52	Version:	1.0
Date of Approval:	20 November 2014	Status:	Final
Approved by:	Clinical Governance Group	Date of Review:	30 November 2016

End of Life Care Policy

Contents	Page
1. Introduction	4
2. Objectives	4
3. Scope	4
4. Definitions	4
5. Responsibilities	5
6. Clinical Significance	6
7. The 5 Priorities of Care	6
8. Identification of End of Life Patients	7
9. Clinical Management of End of Life Patients	8
10. Consultation	8
11. References/Bibliography	8
12. Monitoring Compliance and Effectiveness	9

<i>End of Life Care Policy</i>		Page:	Page 3 of 9
Document ID:	CL/01.52	Version:	1.0
Date of Approval:	20 November 2014	Status:	Final
Approved by:	Clinical Governance Group	Date of Review:	30 November 2016

1. Introduction

- 1.1. East Midlands Ambulance Service NHS Trust is committed to providing high quality, safe and effective care to individuals approaching the end of their life.
- 1.2. The Trust recognizes that a patient approaching the end of life should be managed with dignity and with their wishes adhered to wherever possible.
- 1.3. This policy is focused upon the needs of patients who it is felt may die within the next few hours or days (as per the Leadership Alliance for the Care of the Dying 2014 priorities).

2. Objectives

- 2.1. The objectives of this policy are to:
 - Ensure that all patients with identified end of life needs receive safe and effective care
 - Ensure that patients at the end of their life are cared for in the most appropriate place, including identified preferred place of death where appropriate.
 - Ensure that all patients approaching the end of life receive care within a legal framework and that staff are empowered to achieve this with confidence.
 - To ensure that the five priorities of Care as defined by the leadership Alliance for the Care of the Dying are adhered to and explicit with the care of the Trust (where applicable).

3. Scope

- 3.1. This policy document applies to all pre-hospital practitioners attending a patient with end of life care needs. It also applies to all staff working within the Emergency Operations Centres, Community First Responder Schemes and by all Voluntary Aid Societies and Private Providers deployed by East Midlands Ambulance NHS Trust dependent upon scope of practice.

4. Definitions

- 4.1. **End of Life:** People are 'approaching the end of life' when they are likely to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with:
 - advanced, progressive, incurable conditions
 - general frailty and coexisting conditions that mean they are expected to die within 12 months
 - existing conditions if they are at risk of dying from a sudden acute crisis in their condition
 - life-threatening acute conditions caused by sudden catastrophic events.
- 4.2. **DNA-CPR: Do Not Attempt Cardiopulmonary Resuscitation:** a document that provides evidence that a patient should not receive CPR in the event of cardiac arrest (unless from an unrelated reversible cause for example choking).

<i>End of Life Care Policy</i>		Page:	Page 4 of 9
Document ID:	CL/01.52	Version:	1.0
Date of Approval:	20 November 2014	Status:	Final
Approved by:	Clinical Governance Group	Date of Review:	30 November 2016

- 4.3. **Advanced Care Planning:** A voluntary process of discussion and review to help an individual who has capacity to anticipate how their condition may affect them in the future and, if they wish, set on record choices about their care and treatment and/or an advance decision to refuse treatment in specific circumstances.
- 4.4. **Lasting Power of Attorney:** A Lasting Power of Attorney (LPA) is a legal document which allows someone to nominate another person (or persons) to make decisions on their behalf after they lose mental capacity to make their own decisions.
- 4.5. **Advanced Decision to Refuse Treatment:** A legally binding decision to refuse specific treatment made in advanced by a person who has capacity to do so. This decision only applies at a time when that person lacks capacity to consent to, or refuse a treatment. If this involves refusal of life sustaining treatment it must be in writing, signed and witnessed and include the statement “even if life is at risk”.

5. Responsibilities

5.1. The Medical Director is responsible for ensuring:

- This policy is developed, monitored and reviewed in line with current clinical guidance on an annual basis.
- That related Clinical Key Performance Indicators and subsequent action plans are regularly reviewed by the clinical team in collaboration with the Divisions.
- Advice is provided to the Director of Workforce and Organisational Learning on the requirements of training for all staff.
- Advice is provided to the Local Management teams on the requirements for equipment

5.2. Consultant Paramedics are responsible for ensuring:

- This policy remains up to date and based upon robust clinical evidence.
- Advising the Trust upon best practice in related fields.
- Clinically leading and advocating the identified areas of best practice.

5.3. Locality Managers and Locality Quality Managers are responsible for ensuring:

- The provision of suitable and sufficient equipment as per equipment stock recommendations.
- Staff within their area of responsibility attend training on end of life care in line with the approved Education Training plan.
- Adherence to this policy is monitored by clinical supervision, incident reporting and PALS / Formal Complaints and subsequent actions are taken in relation to identified needs and fed back to the Clinical Governance Group as appropriate.

<i>End of Life Care Policy</i>		Page:	Page 5 of 9
Document ID:	CL/01.52	Version:	1.0
Date of Approval:	20 November 2014	Status:	Final
Approved by:	Clinical Governance Group	Date of Review:	30 November 2016

- Action plans are implemented, actions are completed and reports on progress and outcome are produced for the relevant committee.

5.4. **Clinical Effectiveness Group** is responsible for:

- The ongoing review of the appropriateness of this policy and subsequent procedural documents.
- Escalation to the Clinical Governance Group any need for change or review.

5.5. **Director of Workforce** is responsible for:

- The provision of suitable and sufficient end of life education and training for all staff as per the Trust's training needs analysis.
- The production of regular reports on training to include both attendance and non-attendance in relation to end of life care elements

5.6. **Operational Staff** are responsible for:

- Application and adherence to this policy.
- Raising concerns in the event of policy failure or identified risk via Untoward Incident Reporting procedure.

6. Clinical Significance

6.1. Around half a million people die in England each year, of whom almost two thirds are aged over 75. The large majority of deaths follow a period of chronic illness such as heart disease, cancer, stroke, chronic respiratory disease, neurological disease or dementia. Most deaths (58%) occur in NHS hospitals, with around 18% occurring at home, 17% in care homes, 4% in hospices and 3% elsewhere.

6.2. Although every individual may have a different idea about what would, for them, constitute a 'good death', for many this would involve:

- Being treated as an individual, with dignity and respect
- Being without pain and other symptoms
- Being in familiar surroundings
- Being in the company of close family and/or friends

6.3. Some people do indeed die as they would have wished, but many others do not. Some people experience excellent care in hospitals, hospices, care homes and in their own homes. But the reality is that many do not. Many people experience unnecessary pain and other symptoms. There are distressing reports of people not being treated with dignity and respect and many people do not die where they would choose to. This disparity is emphasised in the Department of Health End of Life Strategy (DH 2008).

7. The 5 Priorities of Care

7.1. The Leadership Alliance for the Care of the Dying clearly set out 5 key priorities for the care of the dying person. These are:

<i>End of Life Care Policy</i>		Page:	Page 6 of 9
Document ID:	CL/01.52	Version:	1.0
Date of Approval:	20 November 2014	Status:	Final
Approved by:	Clinical Governance Group	Date of Review:	30 November 2016

- The possibility is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.
- Sensitive communication takes place between staff and the dying person, and those identified as important to them.
- The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
- The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
- An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

It is clear that the Trust can influence each priority through their interaction with a patient or carer.

8. Identification of End of Life Patients

- 8.1. The Trust is committed to the safe, effective and respectful management of all patients with end of life care needs.
- 8.2. The Trust will establish safe and robust systems for the recognition of patients with known end of life care needs. This includes the recognition of DNA-CPR forms, Advanced Decisions to Refuse treatment documents and Lasting Power of Attorney.
- 8.3. These systems are based upon a clear legal framework and current best practice.
- 8.4. The Trust recognizes the need to develop information sharing processes to empower this level of care within a robust information governance framework and to this effect will continue to develop systems of sharing information in partnership with health and social care providers.
- 8.5. The Trust will ensure that staff are adequately prepared and supported in their recognition of patients who are at the end of life. This will be supported by procedural documents and educational support alongside clinical support. The procedural documents for: **Resuscitation Decisions in End of life Care Standard Operating Procedure and Clinical Management in End of Life Care.**
- 8.6. The Trust recognizes that the recognition of end of life care needs starts before a clinician arrives at scene. The Emergency Operations Centre and Clinical Assessment team will develop robust systems and processes to streamline care delivery and provide the appropriate response to patients with end of life care needs. This will allow for early recognition of EOL patients through IT systems and telephone triage to inform EMAS clinicians or manage care pathways more appropriately.

<i>End of Life Care Policy</i>		Page:	Page 7 of 9
Document ID:	CL/01.52	Version:	1.0
Date of Approval:	20 November 2014	Status:	Final
Approved by:	Clinical Governance Group	Date of Review:	30 November 2016

9. Clinical Management of End of Life Patients

- 9.1. A majority of patients indicate that they wish to die at home meaning that a growing number of cases where staff will be required to support and facilitate these wishes.
- 9.2. The Trust recognizes the need to empower staff through robust systems, processes and education to provide appropriate care at the end of life for all patients. This will be supported using key procedural documents and confidence/competence maintained via the annual essential education/clinical supervision process.
- 9.3. The Trust recognizes the need to work in partnership with key healthcare partners in the provision of end of life care and will seek to provide a shared care system.
- 9.4. The Trust recognizes the need to provide appropriate care for patients with end of life needs including:
 - Per-arrest situations
 - End of Life emergencies
 - End of Life care needs such as breakthrough pain
- 9.5. These care needs will be addressed using current best practice within a legal framework to create appropriate procedures for care as identified within the procedural documents **Resuscitation Decisions in End of life Care Procedure and Clinical Management in End of life Care.**
- 9.6. A procedural approach will allow for appropriate care to be delivered with confidence by clinical staff and allow for the elimination of inequity of care.
- 9.7. All procedural documents are be subject to peer review and will be updated at set periods unless a change is deemed necessary through national guidance or similar outside of this timeframe. This will be monitored by the Implementation of National Guidance Policy and the Clinical Effectiveness Group.

10. Consultation

- 10.1. These guidelines have been developed in conjunction with the East Midlands Clinical Advisory Group for End of life which includes representation from across the East Midlands.

11. References/Bibliography

- Leadership Alliance for the Care of Dying People (2014) *One chance to get it right*. HMSO, London.
- Department of Health (2008) End of Life Strategy
- Joint Royal Colleges Ambulance Liaison Committee (2013) UK Ambulance Service Clinical Practice Guidelines
- National End of Life Care Programme (2012) *Capacity, care planning and advance care planning in life limiting illness*. NHS EOLCP, London.

<i>End of Life Care Policy</i>		Page:	Page 8 of 9
Document ID:	CL/01.52	Version:	1.0
Date of Approval:	20 November 2014	Status:	Final
Approved by:	Clinical Governance Group	Date of Review:	30 November 2016

12. Monitoring Compliance and Effectiveness of the Policy

- 12.1. This policy will be reviewed through the Clinical Effectiveness Group drawing information from Divisions.
- 12.2. Policy compliance and performance will also be subject to scrutiny by the Clinical Governance Group.

<i>End of Life Care Policy</i>		Page:	Page 9 of 9
Document ID:	CL/01.52	Version:	1.0
Date of Approval:	20 November 2014	Status:	Final
Approved by:	Clinical Governance Group	Date of Review:	30 November 2016

