

# Using the MCA in educating colleagues about palliative care

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# Content – in brief

- ◆ An End of Life Care Initiative in Care Homes involving St Peter's Education Dept
- ◆ Our approach to the MCA within St Peter's
- ◆ Bringing the above together in study days over 2007
- ◆ Taking this forward – within the hospice and our wider local health community

# The timeline involved

- ◆ Late 2005 – the pilot project for the Care Homes initiative in 12 homes
- ◆ Evaluation report published summer 06
- ◆ Jan 06 to June 07 – the main project delivered in over 30 homes
- ◆ Dec 06 to Nov 07 – our own programme of awareness/staff development re the MCA
- ◆ 2007 – hospice study days aimed at care home staff referring to the MCA and ACP

# The End of Life Care Initiative in Care Homes

- ◆ Financed by Avon, Gloucestershire and Wiltshire SHA
- ◆ Jointly undertaken by the Education Departments of St Peter's Hospice, Bristol and Dorothy House Hospice, Bath with support of the University of the West of England and staff from other teams in the SHA area

# Framework of the project

- ◆ A programme of 5 education sessions alternating with 6 mentorship sessions over a 6 month period
- ◆ Education sessions reflected key palliative care principles in approaching Eof L care
- ◆ Mentorship sessions had 2 themes – identifying/actioning changes to end of life care AND reflection aimed at relating the learning to their own workplace/residents

# Themes from evaluation of the pilot project

- ◆ Care home staff feel undervalued, isolated and lacking in confidence
- ◆ Mentorship was hugely valued
- ◆ Education in theory alone is largely unhelpful – there needs to be an experiential component in the learning activities to allow staff to feel involved and engaged

# 2 valued components of the mentorship sessions

- ◆ Use of a 'Significant events sheet' – to ensure key issues (decisions and conversations) are documented and accessible to all staff
- ◆ A 'Lifeline tool' or significant events line – to identify the significant events in residents lives + encourage staff to know them better and respond more effectively to their needs
- ◆ i.e. – Advanced Care Planning !!!!

# Back to the MCA – our own approach within St Peter's

- ◆ Initial attendance at study days late 06
- ◆ Lead staff member / steering group identified Dec 06
- ◆ Action plan prepared and work begun in earnest Jan 07
- ◆ Core notes redesigned/booklets obtained and distributed/presentation given to in-house journal club and 1<sup>st</sup> staff development session held by end of Feb 07

# Continued action March to November 07

- ◆ Close contact maintained with LIN
- ◆ Draft then final Code of Practice obtained
- ◆ ALL staff/volunteers/patients and carers provided with information
- ◆ Further training sessions delivered to staff
- ◆ Documentation for capacity assessments/Best Interest decision making prepared and adapted twice following feedback from staff
- ◆ Files of all relevant information maintained on both hospice sites

# Study Days 2007 - 1

- ◆ MCA integrated into presentations on symptom-management and advanced care planning within degree modules and study days for all disciplines
- ◆ Specific sessions on the MCA added to GP study days (PCTs relatively late in developing documentation/processes in our area) – with excellent evaluations

# Study Days 2007 - 2

- ◆ Specific study days devised for/aimed at care home staff with emphasis on EofL care
- ◆ Minimal fees charged (with support from sponsorship)
- ◆ Average attendance of 40 - 50
- ◆ Topics included – Heart Failure, Dementia, 'More than Words' and a session specifically for leaders and managers
- ◆ ALL including specific references to the MCA and ACP

# Study Days 2007 - 3

- ◆ Greatly valued / excellent evaluations
- ◆ Participants showed real enthusiasm for learning – particularly when given exercises to do for themselves and opportunities to participate in discussion
- ◆ ALL interested in the MCA – particularly when shown the practical applications and opportunities FOR THEM

# SO – what did we learn from all of this?

- ◆ Hospice steering group and staff realised that the principles embedded in the MCA are also embedded in PC
- ◆ The MCA simply required them to demonstrate best practice – and RECORD it clearly and fully
- ◆ Care home staff could also recognise these principles – and feel empowered by them, but need support with documentation

# What else was happening in 2007?

- ◆ Priority themes identified within our local PC Advisory Group (BNSSG cluster)
- ◆ Sub-group set up to look at ACP documentation and training to support
- ◆ National End of Life Care Strategy
- ◆ Darzi report on NHS
- ◆ PCTs developing Service Design Programmes – to include Eof L Care

# Taking this forward – 2008.....

- ◆ ACP locally – single document to be agreed on for use in all locations/teams (prob. – PPC with optional appendices from a locally developed document)
- ◆ Further monies possibly available (end of financial year surplus) to fund further roll-out of work IN care homes
- ◆ SPH committed to further study days focussed on care home staff (minimal fee)

# Continuing to move forward....

- ◆ LDP bids for funding of communication skills training to support roll-out of our chosen ACP document – and ensure wide usage of same
- ◆ Service Design Group for Eof L Care just getting started – and Clinical Lead is committed to a 'grass-roots' approach, to include care homes/all ACC staff

# Hopefully – supported by.....

- ◆ The Darzi Report
- ◆ The final report from the End of Life Strategy groups
- ◆ A simplification in/reduction in fees for the preparation/registration of LPAs!!!!

# Final thoughts

- ◆ It is JUST possible that our increasingly aging population could look forward to more involvement in a better standard of Eof L care delivered by a better educated and more empowered workforce of care staff
- ◆ But this will ONLY happen if we don't rely on an act alone – but back it up with appropriate education and support for the staff involved