



# Care Homes and hOspitals Innovating Collaboratively to increase End of life care options: Evaluation of the CHOICE project

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# **Background:**

 A 'good death' is subjective but for many people it would involve being in familiar surroundings (DoH, 2008).

## Aim:

- To increase the confidence and competence of care home staff in endof-life care (EoLC).
- To enable more residents the opportunity to experience EoLC in their care home rather than an acute setting.



### Method:

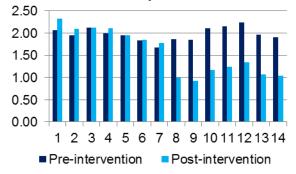
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A four phase project employing appreciative enquiry:

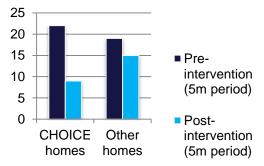
- •Identification, through routine audit, of 12 care homes who referred the greatest number of residents to Ashford & St Peter's Hospital (ASPH) for EoLC. Six care homes were recruited to take part in the CHOICE project.
- •Seven focus groups and a staff survey (n=78) within CHOICE care homes indicated areas of EoLC which staff perceived they were already confident and competent in but training needs were also identified.
- •Development and implementation of an EoLC tool kit for CHOICE care homes which focused on Clarity about end of life, Communication, Considering symptoms, Coordination of care, and Compassion and dignity. 54 Care workers took part in training across the 6 care homes.
- Evaluation of the impact of the tool kit on:
- •1) Care home staff confidence/competence in EoLC (103 staff questionnaires completed)
- •2) Referrals to ASPH for EoLC (audit of 5 month period following intervention)

#### Results:

#### Confidence and competence in areas of EoLC:



#### Residents referred to ASPH for EoLC:



- Following the intervention, there was a trend for staff to report feeling more supported both in terms of emotional and clinical support within the care home (Q8 & Q9) and feeling able to source external support (Q10 GP/DN; Q11 Hospice/PCN). In addition, there was an increase in confidence in managing all EoL symptoms.
- There was a 59% reduction in the number of residents (from 22 to 9) referred from CHOICE homes to ASPH for EoLC following the intervention compared to a 21% reduction (from 19 to 15) from the comparison homes.

# **Conclusion:**

• Training care home staff in EoLC can increase the opportunity for residents of care homes to experience EoLC in familiar surroundings rather than being transferred to a hospital setting.