

Caring to the End

Implementing the recommendations of the
National Confidential Enquiry into Patient Outcomes and Death

Thursday 15 April 2010 76 Portland Place, London

Topics include

- Implementing the recommendations of the National Confidential Enquiry into Patient Outcomes and Death "Caring to the End?"
- Involving those at the end of life to actively improve care and services
- Avoiding clinically important delays
- Developing a care pathway to improve the process of rapid discharge of dying patients from hospital
- Improving communication within and between clinical teams
- The impact of EWTD on continuity of care following an admission
- Improving the patient experience of care: compassion and caring
- Improving team performance in the operating theatre
- How the End of Life Care Strategy has helped in the process of care following an admission

Chair and keynote speakers

Dr David Mason

Clinical Co-ordinator
National Confidential Enquiry
into Patient Outcomes and Death
(NCEPOD)

Heather Freeth

Clinical Researcher
National Confidential Enquiry
into Patient Outcomes and Death
(NCEPOD)

Dr David Feuer

Consultant, Palliative Medicine
Barts and The London NHS Trust
and *Advisor*
National Confidential Enquiry
into Patient Outcomes and Death
'Caring to the End?'



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“ More patients are dying in hospital and it should be ensured that patients achieve the best quality of life until they die. Effective team working and communication with patients, relatives and carers are fundamental to getting this right.”

Caring to the End? NCEPOD, November 2009

Released on 6th November 2009, the National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) “Caring to the End?” highlights the process of care of patients who died in acute hospitals within four days of admission and takes a critical look at areas where the care of patients might have been improved.*

Chaired by **Dr David Mason** *Clinical Co-ordinator National Confidential Enquiry into Patient Outcomes and Death (NCEPOD)*, this one day conference focuses on the principal findings from Caring to the End. Following a keynote address from **Heather Freeth** *Clinical Researcher National Confidential Enquiry into Patient Outcomes and Death (NCEPOD)*, you will hear about developments since the report’s release, using the NCEPOD checklist and evaluating death rates following admission.

You will also have the opportunity to learn about developing a care pathway to improve the process of rapid discharge of dying patients from hospital, improving communication within and between clinical teams and describing what caring with compassion looks like so it can be observed, measured, improved and rewarded.

Thomas Hughes-Hallett *Chief Executive Marie Curie Cancer Care and Chairman End of Life Care Implementation Advisory Board* closes the day with looking at how the End of Life Care strategy has helped in the process of care following an admission including improvements and developments since the strategy’s release and raising the profile of end of life care and changing attitudes to death and dying in society.

10.00 Chairman's introduction

10.15 Opening address: Implementing the recommendations of the National Confidential Enquiry into Patient Outcomes and Death "Caring to the End?"

Heather Freeth

Clinical Researcher National Confidential Enquiry into Patient Outcomes and Death (NCEPOD)

- developments since the report's release
- providing support nationally and locally
- using the NCEPOD self-assessment checklist
- evaluating death rates following admission

10.45 Involving those at the end of life to actively improve care and services

Dr David Feuer

Consultant, Palliative Medicine Barts and The London NHS Trust and *Advisor* National Confidential Enquiry into Patient Outcomes and Death 'Caring to the End?'

- active involvement in service improvement
- critical factors enabling successful involvement
- practical examples from Barts and The London

A principal finding of the NCEPOD report "Caring to the End?" found examples of where health care professionals were judged not to have the skills required to care for patients nearing the end of their lives

11.15 Question and answers, followed by coffee and exhibition at 11.25

11.50 Avoiding clinically important delays

Duncan Watson

Consultant, Critical Care Medicine University Hospitals Coventry and Warwickshire NHS Trust and *Advisor* National Confidential Enquiry into Patient Outcomes and Death 'Caring to the End?'

- avoiding clinically important delays
- ensuring patients have access to consultants whenever they are required
- our experiences in Warwickshire

A principal finding of the NCEPOD report "Caring to the End?" found 25% (407/1635) of cases there was, in the view of the advisors, a clinically important delay in the first review by a consultant

12.20 Developing a care pathway to improve the process of rapid discharge of dying patients from hospital

Lynne Cannell

Macmillan Palliative Care Nurse Specialist Royal Liverpool and Broadgreen University Hospitals NHS Trust

- developing a care pathway to improve the process of rapid discharge of dying patients from hospital
- improving the patient experience, promoting choice and supporting relatives and carers
- training and educating the multi-disciplinary or multi-agency team

12.50 Questions and answers, followed by lunch and exhibition at 13.00

14.00 Improving communication within and between clinical teams

Dr Kevin Cleary

Medical Director National Patient Safety Agency

- tools for improving communication and team work
- transferring knowledge and skill into the real world of clinical practice: issues and challenges
- leading and educating others: encouraging ward staff to see observations as an important element of their work

A principal finding of the NCEPOD report "Caring to the End?" found that poor communication between and within clinical teams was identified by the advisors as an important issue in 13.5% (267/1983) of cases

14.30 The impact of EWTD on continuity of care following an admission

Richard Collins

Vice-President The Royal College of Surgeons

- the impact of EWTD on continuity of care following an admission
- the need for 24/7 services
- implications and training for junior doctors

15.00 Improving the patient experience of care: compassion and caring

Susan Mackie

Deputy Director of Nursing North West London Hospitals NHS Trust

- describing what caring with compassion looks like so it can be observed, measured improved and rewarded
- identifying variation in the quality of care and responding to improve consistency
- challenges and opportunities provide individual, personalised care: ensuring the environment and organisational processes are conducive to caring with compassion

15.30 Questions and answers, followed by tea and exhibition at 15.40

16.00 Improving team performance in the operating theatre

Speaker to be announced

- improving team performance: focusing on human factors
- improving communication and developing effective training
- identifying when things are going wrong: the impact on performance and safety
- how this impacts on the care of patients who died in hospital within four days of admission

16.30 How the End of Life Care Strategy has helped in the process of care following an admission

Thomas Hughes-Hallett

Chief Executive Marie Curie Cancer Care and *Chairman* End of Life Care Implementation Advisory Board

- how the End of Life Care Strategy has helped in the process of care following an admission
- improvements and developments since the strategy's release
- raising the profile of end of life care and changing attitudes to death and dying in society

17.00 Questions and answers, followed by close

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Venue

76 Portland Place, London, W1B 1NT. A map of the venue will be sent with confirmation of your booking.

Date

Thursday 15 April 2010.

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- £495 + VAT (£581.63) for commercial organisations.
- £300 + VAT (£352.50) for IHM members.

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