Tackling the Challenges of Keeping Advance and Urgent Care Plans Up to Date During a Pandemic

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Background

Croydon Health Service (CHS) is an integrated Trust, comprised of Croydon University Hospital (CUH) and the local community services that provide healthcare for the people of Croydon in south west London. CUH is a busy acute district general hospital, with approximately 670 beds, serving a population of over 380,000.

Introduction

In February 2021, 1.8% of patients registered with Croydon GPs had advance and urgent care plans recorded within Coordinate My Care (CMC), the pan-London shared digital advance and urgent care plan system. This is the highest of all London boroughs.

In the past, local initiatives have been introduced to create CMC records for people in Croydon. Unfortunately, these initiatives have not been sustained, resulting in inactive users and out-of-date CMC records.

Clinicians are wary of making decisions based on plans that have not been reviewed or updated in a timely manner, which significantly reduces the benefit of shared plans.

At the project's start, CMC activity logs evidenced that a proportion of clinicians had unused logins. Of approximately 228 (CHS & CUH) logins, 30% (approx. 69) had no activity logged for the last two years, of which 20% (approx. 47) had no activity since 2015.

We aimed to optimise the use of CMC by promoting a newly developed in-context link for CMC via Connecting your Care (CyC). The link provides access to CMC directly from local hospital and community EPR systems (Cerner and EMIS). The goal was to ensure that patients' preferences and needs are known, shared and supported, wherever they are.

Method

We engaged the following teams to act as "champions", promoting and enhancing the use of CMC within their areas:

- Hospital Palliative Care Team (HPCT)
- Croydon Respiratory Team (CRT)
- Care of the Elderly (COTE)
- Learning Disabilities (LD)
- Heart Failure Team (HFT)
- Acute Oncology Service (AOS)
- Community Complex Care and Rapid Response Team

We recorded the number of staff with active CMC logins before, during and at the end of the project and assessed the impact of our work by comparing these numbers. We removed non-active users from CMC activity report spreadsheets to facilitate comparisons of activity. Our four-month project timescale was too short to enable us to look for longer term outcome measures, but we were mindful during the Accelerator Project to consider ongoing sustainability.

Our approach included:

1. Cleaning data and contacting users

- Using CMC Activity Reports, we identified CHS staff currently accessing and using CMC.
- Encouraging current staff with lapsed and/or inactive CMC logins to use and update them as appropriate, as a regular part of routine contact with patients.
- Deleting unused logins.
- Informing CMC of inactive users.
- Developing a sustainable approach to data cleansing and staff leavers.

2. Providing both formal and informal teaching sessions (for approx. 100 staff)

- Identifying key people to plan training for teams, such as coordinators for doctors' training, both in individual departments (Emergency Department and Care of The Elderly) and the Post Graduate Medical Centre. We slotted into existing programmes and requested longer sessions in ongoing schemes (with over 70 staff).
- Highlighting how the use of CMC supports the delivery of good patient care, improved safety and quality of decision-making, and that the shared access enables continuity of care across acute and community settings.
- Promoting and demonstrating the in-context link (CyC), which went live in December 2020, on a one-to-one, ad hoc basis in clinical areas (approx. 20 sessions). Areas included the AOS, CRT, LD & HFT and hospital wards.
- Training and updating around 10 "champions" to cascade information to their colleagues.

3. Raising awareness

- Using posters in clinical areas, such as ward MDT rooms, the library and the Postgraduate Medical Centre (PGMC) to promote the use and benefits of CMC and how to request a login and create CMC records.
- Launching the in-context link via the comms team when it went live in December.
- Presenting a podium presentation to around 90 staff at the hospital's Research and Development Day (R & D) on 24 June 2021.

4. Role modelling

- Demonstrating how to view records and enter relevant information onto the electronic hospital record, ensuring people have CMC record where appropriate.
- Communicating our professional responsibility to ensure patients' wishes, preferences and care plans are shared across our care sittings and embedded into practice.

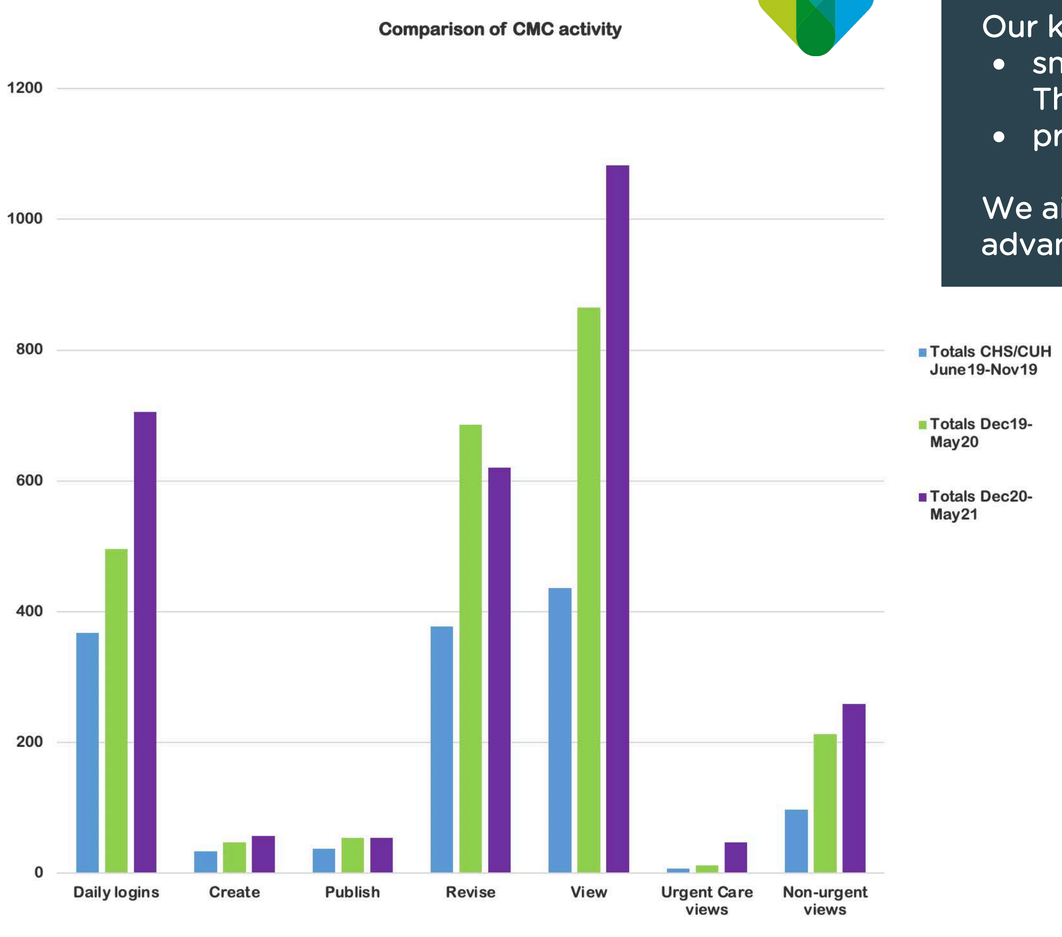
Results

The number of staff with active logins (logging in at least once a month) increased from **21** in Feb 2021 to **32** in April 2021 (**52%**).

The database of active CMC users within the trust is now maintained and regularly updated and shared with CMC.

Non-active users are identified and targeted for training and support.

Current CMC records are updated in a timely manner. If accessed out-of-hours, CMC records are fit for purpose to guide decision-making, ensuring preferred place of care/death (PPC/D) is respected. An updated CMC record avoids unnecessary or unwanted hospitalisation and/or interventions.



Conclusions

We have managed to engage staff and make good progress in key areas despite the challenges of working through the pandemic.

Our key achievements have been:

- snowballing interest in the project to wider specialties, such as the Speech and Language Therapy (SALT) and Stroke teams; and
- presenting a Podium presentation at R & D Day.

We aim to make this work sustainable through continued training and promotion of using advance care planning tools across CHS, as well as sharing our learning and experience.

Challenges

- The Covid-19 pandemic.
- Intermittent teething problems, including the in-context link being inactive for several weeks.
- Staff turnover.
- Duplication within databases - some CMC record users are on both CHS & CUH lists.

Next steps

- Continue to develop and identify training for doctors, specialist nurses and other clinicians, with regular training and learning opportunities and CMC promotion to new clinical areas.
- Work with IT to continue cleansing activity data so it reflects current active users only.
- Continue to improve in-context link functionality and thereby make CMC access easier, and escalate any issues, such as when the link was down for several weeks.
- Look at how we can improve the interface between our community and hospital teams to ensure that CMC records are viewed and acted on prior to transfer between care settings.