Key lessons from supporting eight advance & urgent care planning projects during a pandemic

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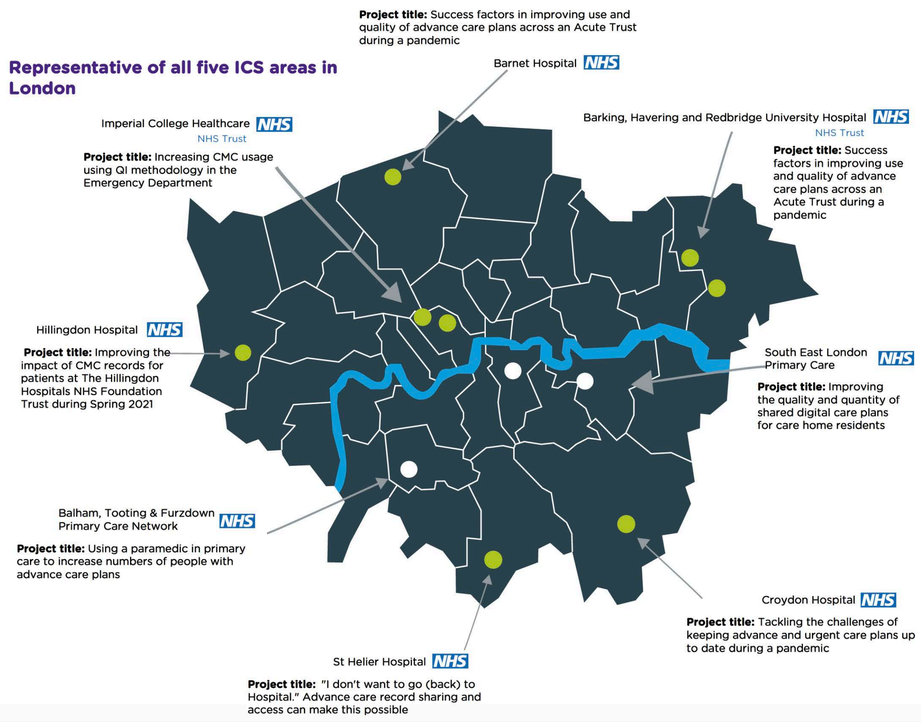
Background

The Health Innovation Network (HIN) is the Academic Health Science Network (AHSN) for South London and our role is to increase the spread and adoption of innovations across large populations at pace and scale. Shared digital urgent and advance care planning makes patients' wishes known, improves delivery of personalised care and supports service integration across organisational boundaries. The Healthy Aging team at the HIN has gained significant experience in supporting the adoption and use of Coordinate My Care (CMC), the shared digital urgent and advance care plan system commissioned for London-wide use.



Results

We identified a number of key factors across the projects:

1. **Complexity:** Successfully implementing advance and urgent care planning across organisations is complex and requires strong clinical leadership and effective administrative support. In Acute settings, palliative care teams most often take this leadership role; however, they need engagement and cooperation from other teams, and this takes time to develop. The CMC system has been funded centrally for London which has meant that providers have not always identified or prioritised the need for leadership and administrative support.

2. **Staff turnover:** The regular turnover of staff in Acute Trusts adds to the complexity of using CMC, as new junior doctors need training and logins, and leavers need to be removed. It has been challenging for many of the Acutes to build sustainable processes working with IT, HR and medical education to automate this work.

3. **Record Quality:** All project teams have highlighted that the quality of the CMC record is critical and that providing training and support for staff to confidently lead sensitive conversations with patients and their families/carers is essential. This needs to become part of the organisation's culture and skillset.

4. **Workload:** From our sample of projects, we observed that despite the major pandemic impact, the Acute-based projects recovered more quickly than those of primary care, which was kept extremely busy with vaccination and other activity. The Acute Trust teams we worked with (mostly focused around emergency admissions for acutely ill older people) faced a very intensive period; however, by April 2021, they reported that things were returning to some level of normality.

5. **Data reporting:** One of the main challenges through this process has been easily assessing the impact of some of our projects. This has been due to a variety of reasons, some of which are infrastructural and will require more time to solve, such as complexities around tracking the CMC activity of staff who move frequently around various sites and departments and fluctuations in how quickly CMC reports are able to be made available, as their analyst resources are currently undertaking the development of a new data warehouse. Ideally, we want to be able to track longer term measures, such as increase in people achieving their preferred place of care/ death (PPC/PPD). However, our timescale was too short for this.

Further information and resources

Each project team has produced its own poster with details of specific approach, achievements and learnings. Additional resources including guidelines, driver diagrams and standard operating procedures (SOPs) are also available.

A number of short video case studies have been produced to demonstrate the value of having an advance/urgent care plan to individual patients. In particular, we hope that primary care teams will be reassured to see that the time they take developing these records is rewarded by their use in the acute care setting.

Introduction

In July 2020, the HIN were commissioned to deliver a programme to increase use and quality of shared electronic advance/urgent care plans using CMC across London.

The HIN recommended an Accelerator approach, to make a significant impact and drive uptake and quality use of CMC. We identified project teams already doing good work with CMC and provided additional resources to help them extend the depth or breadth of their work.

Seven projects were chosen at the outset; however, one was unable to proceed. A further two projects were identified and incorporated with a later starting date.

Five projects were within acute trusts, two were in primary care and one was led by an interface frailty service spanning acute and community settings.

Methods

A HIN senior project manager led the programme, working with key clinical staff in each organisation to agree the project brief and secure funding for the additional project leading time.

Project Activity

- Project update meetings providing support and coaching

Timescale

- October to May
- 107 Meetings

- 2 Online Collaboration Events
- Sharing learning and experience

- November launch event
  - 25 attendees from 14 organisations
- March Mid/Point & Restart after COVID
  - 27 attendees from 10 organisations

Regular update meetings were held to review progress and discuss next steps. Teams were able to meet each other, discuss their respective projects and identify common issues and queries to be addressed jointly at a collaboration event in November. Following this event, the London Ambulance Service (LAS) joined in for a very useful discussion session around their use of CMC and what they found valuable to include within a CMC record.

At the beginning of January 2021, COVID-19's impact meant that nearly all projects were put on hold to redirect staff capacity toward the pandemic response; however, by early March, all projects had resumed progress.

Conclusions

The HIN has been privileged to work with and support eight fantastic teams to improve the use and quality of advance and urgent care plans using the CMC system. The passion, determination and resilience shown by project staff to better meet patient's needs and wishes during a pandemic was impressive and inspiring.

Recommendations for providers and commissioners:

- Shared digital advance care planning should be part of organisation's strategic planning.
- Sustainable resources for leadership and training are required.
- The culture and skills required need to be developed and embedded across the wider clinical workforce and supporting services (e.g., IT, HR, medical education).
- Technology solutions should be better integrated (e.g., with organisational user directories and with primary and secondary care record systems) and more responsive (e.g., enabling ad-hoc local reporting) to make spread and adoption of shared digital care planning easier, more effective and higher quality.

Please use this QR code or follow this link to access the posters for each project and supporting resources, including video case studies.