

In  
Focus  
March 2011



## Adastra End of Life Care Register is implemented across the South West

**The Adastra End of Life Care Register helps to deliver a 15% reduction in hospital deaths by supporting advance care planning.**

Based in Weston-Super-Mare, the Weston Area Health Trust was the first to implement the Adastra End of Life Care Register (EOLCR). Since then, 13 of the PCTs within the area have signed up to the register, creating a unified approach across the South West.

Dr Julian Abel, Consultant in Palliative Care for Weston Area Health Trust, was the first to recognise how the unique web publishing characteristics of Adastra improve end of life care. It is recognised that one of the most significant limitations of the information technology within the NHS is that different systems have limited ability to communicate with each other. Each system is password protected and therefore a single healthcare professional can only see a small part of the patient record. Conversely one system can effectively deliver support for all areas of specialist care, so integration and sharing will be the future of integrated care.

The EOLCR is visible across the whole health community and can be seen by hospital teams, accident and emergency departments, GP practices, community nurses, ambulance services and hospices. Dying in one's place of choice is seen as a key marker of the provision of high quality end of life care, and this innovation has provided a significant step forward in allowing people to die in their place of choice.

The two major limitations to this are lack of advance care planning and awareness of the choices people make among the healthcare providers. The EOLCR has made a significant impact in allowing this to happen.



*When asked, most people say they would like to die at home. The reality is that around 60% of all deaths are in hospital. We need to be able to talk to people about their choices and make sure these choices are available to the health community.*



Dr Julian Abel, Consultant in Palliative Care, Western Area Health Trust

| EOLRegister                                        |                            |
|----------------------------------------------------|----------------------------|
| Patient given consent for information sharing?     | Yes                        |
| Key worker name                                    | Diane Brown                |
| Key worker contact number (1)                      | 01233 722751               |
| Key worker contact number (2)                      |                            |
| Will GP sign death certificate?                    | Yes                        |
| Patient lives alone?                               | No                         |
| Advanced Care Planning document status             | Not yet given to patient   |
| Patient has carer?                                 | No                         |
| Main diagnosis                                     | Other degenerative disease |
| Co-existing disease or complications               |                            |
| In the case of cancer, are secondaries present?    | No                         |
| Further details                                    |                            |
| RESUSCITATION STATUS                               |                            |
| Have you discussed resuscitation with the patient? | Yes                        |
| Patient aware?                                     | Yes                        |
| Family aware?                                      | No                         |
| Has a DNAR/Planning Ahead form been completed?     | Yes                        |

## Advance care planning

'Advance care planning' is the process by which patients with life-limiting conditions make choices about their future care, for example where they would like to die and what kind of treatments they would like to avoid. Although the process of advance care planning has been around for a number of years, the Department of Health's End of Life Strategy in 2008 recommended its widespread use.

The outcome of advance care planning is only useful to patients if the choices that are made can be seen by all the healthcare professionals looking after the patient. This includes the out-of-hours GP Services and the ambulance service, otherwise the patient is likely to be admitted to hospital as an emergency during a crisis. Use of the EOLCR has meant that healthcare professionals are aware of the patient's choices at a point of contact.

Availability of the register has invigorated the uptake of advance care planning and is having a significant impact on where people die. This is a major achievement as the subject of advance care planning is extremely delicate and health professionals have been reluctant to have these kinds of discussions. Without them though, it is difficult to fulfil the patient wishes about where they are cared for during their final illness.

## An unexpected benefit

The process of talking to patients and families about their choices of final care, and making these choices available has created had an unexpected benefit. Comparing how much sedative and pain medication used for hospice patients who had participated in advance care planning compared to those who had not, it was found that patients who had done advance care planning had a 15% reduction in the use of morphine-like painkillers and a 30% reduction in the use of sedative medication during the last seven days of life. This means that the process encapsulated by the use of the register is allowing people to die more peacefully with less medication.



*The electronic EOLCR is supported by a superb development team. This has meant that there has been a lot of design flexibility to meet the needs of the teams using the register. In addition, the reporting function is very strong and has been possible to influence practice by feeding reports back to the healthcare teams directly.*



## Reduced hospital deaths

The first site to go live with the register is in North Somerset. There was a 15% reduction in the total number of people who died in Weston General Hospital over the past year.

# Adastrā End of Life Care Register

The number has decreased month on month in comparison to the previous year since June 2009. In the months of March and April 2010 the trend is towards a 30% reduction in hospital deaths. This is an incredibly significant impact from both a quality and cost perspective, considering each hospital death costs on average £3000.



*In the Weston area, we have seen over 100 less hospital deaths in the last year, with a consequent saving of over £300,000. Not only does this have a financial impact, it also reduces bed usage in the hospital, as bed availability is a large problem.*

Talking to people about their final place of care increases their chances of dying in the place they choose. The result of doing this and putting these choices on the EOLCR results in a significant cost reduction to the health community as well as respecting patient wishes.

## Design flexibility

Local ownership is a key to successful implementation. During the pilot stage, feedback from a variety of healthcare organisations on the ease of use of the register was used to adapt its design before wider implementation. This same approach is being used in other parts of England where the register has been adopted.



*Adastrā have been very supportive in allowing and aiding this design flexibility. The design and functionality of the register is good and there are no other competitors in the market who can achieve the same results.*



## Reporting invaluable data

A variety of markers were used to quantify success. One of the strong points of the design of the register is its reporting function, plus the ability to view the number of people who are placed on the register and the choices they make concerning their place of death. Reports may be generated to show the number of people who achieve this, or the reasons why it did not happen. This valuable, up-to-date information can be provided to see where services are weak and what commissioning needs take place to improve them.



*Acquiring this information can take a huge amount of effort and we are able to solve this problem in a simple way.*



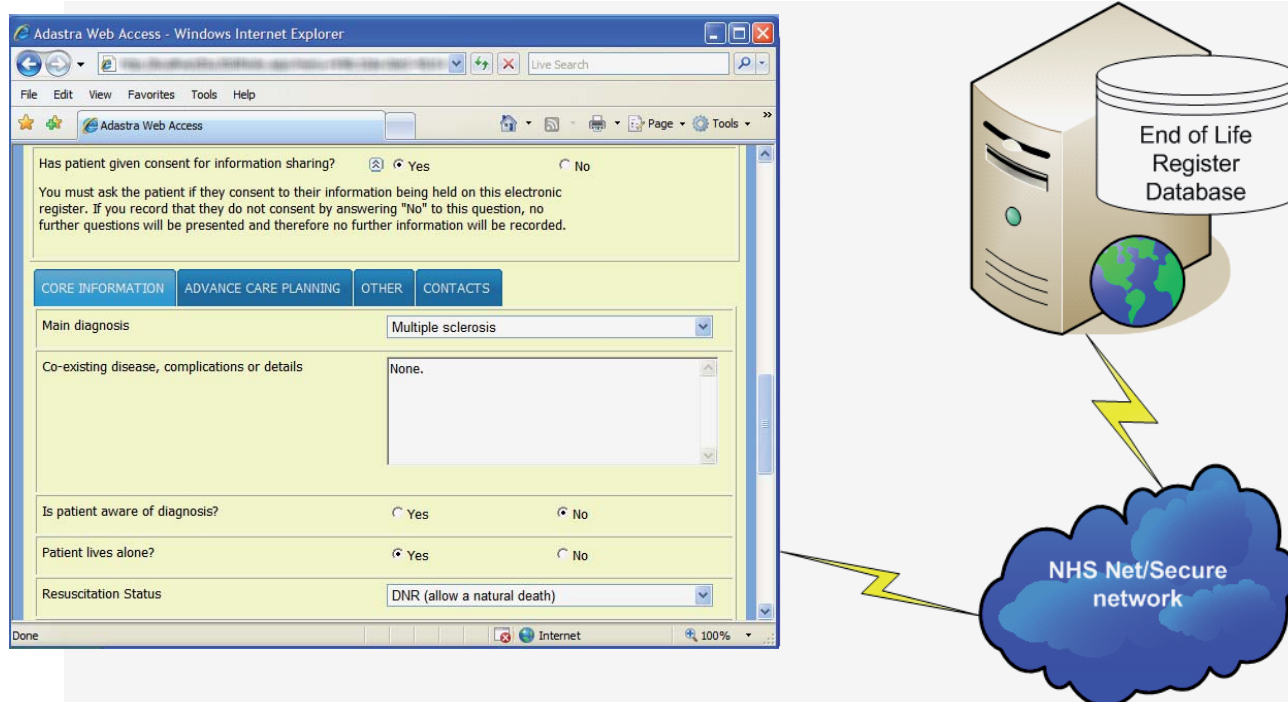
This information can be fed back into individual GP practices so that they are able to assess how successful the uptake has been. Collating this data on a large scale provides invaluable data to answer questions that had previously been unknown. Population data can be made available to influence national policy and commissioning, and can be delivered as a matter of routine.

The Adastrā EOLCR is being widely deployed right across England and supporting the palliative care clinicians and primary care providers on an effective technical solution that doesn't require expensive and costly infrastructure. Furthermore the Adastrā EOLCR now firmly underpins exemplar models for integrated care

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Any computer with a web browser connected to the national N3 network, either directly or indirectly through a secure connection, is capable of accessing the Register, though staff must have a valid username and password in order to view or change the information. The solution is therefore both widely accessible and secure to all care providers.



## For more information

### About Advanced Health & Care

Advanced Health & Care is a leading supplier of IT management systems for urgent & unplanned care, homecare, residential care, hospices, mobile information for community carers and back-office management systems for NHS trusts, local authorities and care providers.

Working with partners in the NHS, local government and the private sector, Advanced Health & Care is delivering IT solutions in support of safe, efficient care delivery with integrated management information. Advanced's unique proposition is its range of integrated care solutions offering visibility of information for both the commissioner and care provider.

The Advanced Health & Care suite of products includes: Adastra, iNurse, Caresys, Crosscare, eFinancials Smart Business Suite, Saturn & StaffPlan.

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