

# Socioeconomic Position & End-of-Life care in an Acute Hospital; A quality improvement project to improve care and reduce inequalities

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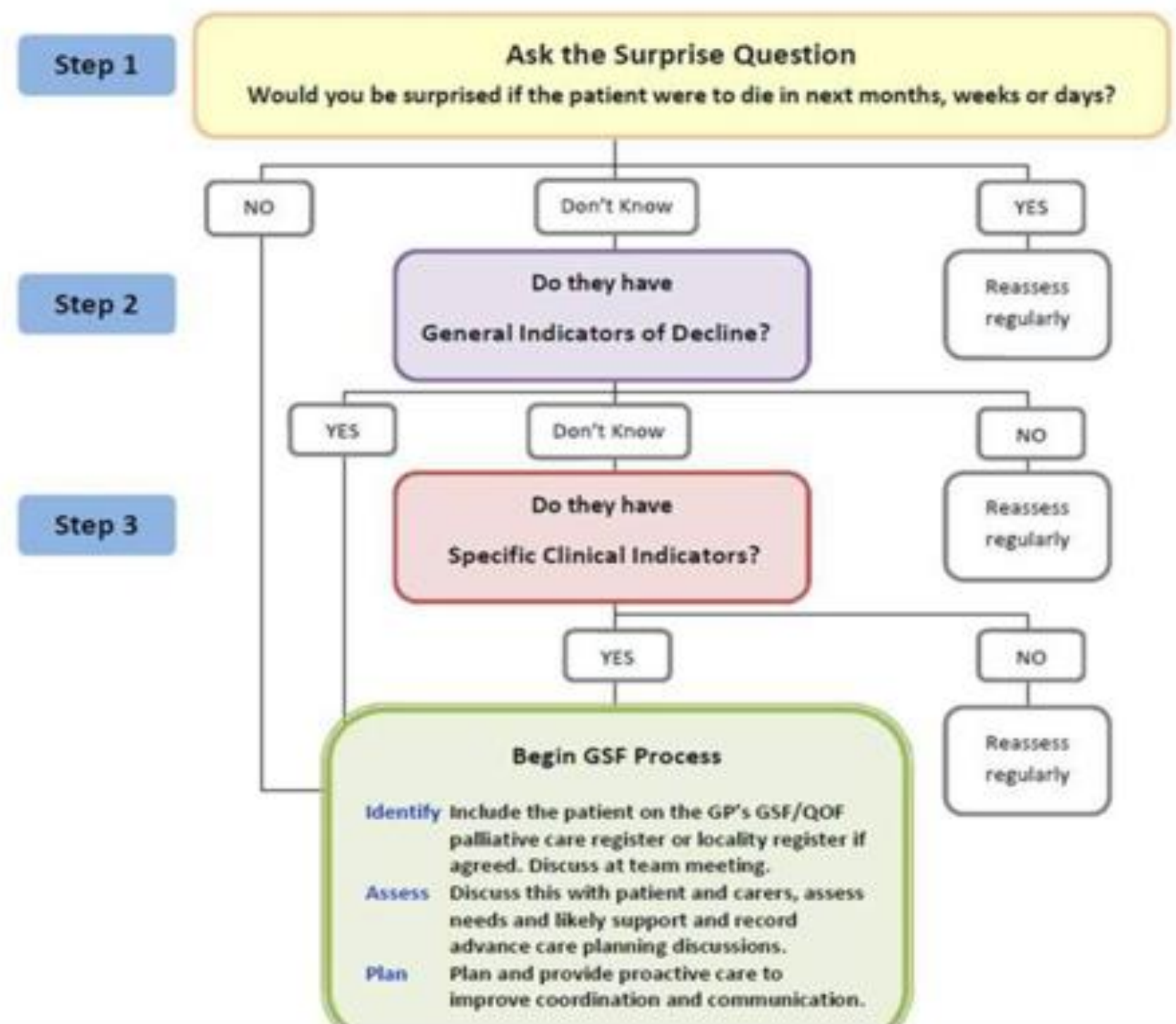
## Introduction & Evidence Base

Quality end-of-life care (EOLC) is vitally important but can be challenging to achieve. Despite recent improvements, there are still areas of weakness, particularly around communication, planning and availability of specialist palliative care (Healthcare Improvement Partnership, 2021).

These weaknesses are further exacerbated when experienced by those from lower socio-economic positions (SEP). People from lower SEPs being more likely to die younger and from respiratory/ smoking related conditions (Verne, 2012). In the last 3 months of life, being more likely to attend acute hospital settings, less likely to have input from specialist palliative care and more likely to die in hospital (Davies et al., 2019)

## Aims & Objectives

- To Improve in EOLC and reduce inequalities within the Trust by;
  - Increasing recognition of individuals that may be in the last year of life by use of the Gold Standard Framework (Thomas et al., 2022)
  - Increase referrals into specialist palliative care services via an existing 24/7 clinical team (Critical Care Outreach Service)
  - Increase knowledge base of staff (particularly RNs and AHPs) of the correlation between lower SEP & EOLC
  - Development of information media for patients



## Implementation

Development of bespoke Consolidated Framework for Implementation Research (Damschroder et al., 2022) for the project

### Outer Setting

- High on national agenda
- Public interest

### Inner Setting

- Organisational priority
- Structure and workforce eager to improve
- Readiness to adopt multimedia comms

### Intervention Characteristics

- Moderate strength evidence
- Intuitive
- GSF not validated in hospitals
- Tone of media

### Individual Characteristics

- Imposter syndrome
- Desire to change
- Role encroachment
- Difficult to reach population

### Process

- Changing "normal practice"
- Capacity of palliative care team

## Evaluation

Using an evaluation model based on Carroll et al. (2007), the implementation will be assessed for both fidelity and outcome. Fidelity by:

- Coverage
- Duration

Outcomes by:

- Number of referrals
- SEP of the patient in the referrals
- End outcome of referral and patient
- Patient & Caregiver feedback

## Public & Patient Involvement

- Engagement with community leaders, NHS patient voices and advocated for hard-to-reach populations
- Evaluation from patients and care givers with opportunity to shape future developments
- Potential for co-design/ action research for future research and implementation into the community with future projects

## References

Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J., & Balain, S. (2007). A conceptual framework for implementation fidelity. *40*. Retrieved from <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-2-40>; Damschroder, L., Reardon, C., Opra Widerquist, M., & Lowery, J. (2022). The updated consolidated framework for implementation research based on user feedback. *Implementation Science*, 17(75). Retrieved from <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-022-01245-0>; Davies, J., Sleeman, K., Leniz, J., Wilson, R., Higginson, I., Maddocks, M., & Murtagh, F. (2019). Socioeconomic position and the use of healthcare in the last year of life: A systematic review and meta-analysis. *PLOS Medicine*, 16(4). doi: 10.1371/journal.pmed.1002782; Healthcare Quality Improvement Partnership. (2021). National audit of care at the end of life; Third round of the audit (2021/2022). Retrieved from <https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2022/NACEL%202021%20Summary%20Report%20-%20Final.pdf>; Michie, S., Van Stralen, M., and West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science*, 6(42) doi:10.1186/1748-5908-6-42; Pring A, Verne J. *Deprivation and death: variation in place and cause of death*. National End of Life Care Intelligence Network, [http://www.endoflifecare-intelligence.org.uk/resources/publications/deprivation\\_and\\_death](http://www.endoflifecare-intelligence.org.uk/resources/publications/deprivation_and_death) (accessed 1 February 2023); Thomas, K., Watson, M., Armstrong Wilson, J. The GSF Team (2022). The gold standard framework; Proactive identification guidance. Retrieved from [https://goldstandardsframework.org.uk/cd-content/uploads/files/PIG/Proactive%20Identification%20Guidance%20v7%20\(2022\).pdf](https://goldstandardsframework.org.uk/cd-content/uploads/files/PIG/Proactive%20Identification%20Guidance%20v7%20(2022).pdf)