Hospital Time to talk and Communication
Long-term Nursing Practice involved. The PPC helps promote discussion between themselves and the multidisciplinary team, if you’re home in an empathetic style you won’t have a problem” (P).

Empowerment
Study participants said the PPC empowere both patients and professionals by providing the opportunity to make informed choices and ask questions. They highlighted enabling people to die in their preferred place as their primary concern, and said the PPC could reduce unnecessary hospital admissions and treatments.

“She [the patient] was not being moved from her home to hospital with any regularity, in any circumstances, want to go to hospital. She taped the PPC on the wall above her bed and, when anyone came in, she said ‘I am staying here’. That gave her a sense of security and inner peace, and helped her as we all listened and kept her at home”. (P).

“I do think that it definitely stages them [patients] going into hospital” (P).

Admission avoidance
People in care homes with a PPC document were more likely to avoid unnecessary hospital admission as professionals, care home staff and families are less likely to panic if a PPC document is in place. Participants said family members and care staff felt empowered to challenge decisions about transferring residents to hospital.

“A lot of the homes around here want all the patients to have a PPC as it empowers them” (P).

“Because he [patient] had filled in the document, he felt they took notice of him. Nobody panicked and called an ambulance or took him to A&E. That gave him and the care staff peace of mind. People do not want to die in hospital” (P).

Multidisciplinary working
The interviews also revealed the nurses saw PPCs as an important boost to multidisciplinary working. “It’s vital we control and navigate the process, because the PPCs are beneficial not only with the patient themselves and the nurses but also with other teams. This document is here to stay” (P).

The district nurses liked the fact the document stored contact details for every member of the multidisciplinary team, including hospice staff, chaplain, neighbours and volunteers.

However, the interviews also introduced disappointment and concern that other health professionals saw completing the document solely as the district nurse’s job. Several participants suggested health professionals should be involved in completing the document alongside the district nurse. This would relieve nurses of additional work and enable them to concentrate on patient care.

As the health professionals who introduced the PPC document and help patients complete it, district nurses felt under pressure to deliver its contents. They need to explain that some choices may not be possible as this was identified as an issue.

Discussion
The study results showed the PPC document was largely used as a communication tool. Communication is essential in end-of-life care to understand patients’ beliefs and choices, and the study showed a firm belief that, if a patient makes a choice, professionals have a duty to take notice.

The district nurses were positive about the time spent with patients doing which was seen as empowering for both professionals and patients. Participants also said the PPC could be used as a tool to focus discussions between themselves and the multidisciplinary team, if you’re home in an empathetic style you won’t have a problem” (P).

Developing a PPC protocol
Clear guidelines and protocols on how and when to introduce a PPC document, and how to complete it, are needed. This would also help health professionals to understand the document and provide guidance on where to obtain advice, support, and training.

All members of the multidisciplinary team need to be educated in how to use the document and identify their needs, especially around communication skills. A multiprofessional group formed locally to support staff and develop the PPC protocol is essential.

The protocol should show when and how a PPC document should be implemented, which professionals should be involved and who to contact if there are problems or further support and guidance is required. Implementing the protocol would require all members of the team to look at changing practice, and improving communication skills.

Laws, and also take accountability of patients who prefer not to have their wishes and preferences formally recorded on a PPC; nurses can still engage in advance care planning with patients through less structured conversations.

This change in practice is in line with the aims of the National End of Life Care Programme (www.endoflifecareforalladults.nhs.uk) and quality markers set out by the Department of Health (2007) which would give patients and relatives an overview of place of care and planning for palliative care.

References


Nursing Practice
Research

“Internal clinical trials you still have to put the patient at the centre of your work”
Marian Colot
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DISTRICT NURSES’ EXPERIENCES OF USING THE PREFERRED PRIORITIES OF CARE DOCUMENT

What are district nurses’ experiences of using the preferred priorities of care document in the community?

Multidisciplinary Working
Communication skills
Empowerment
Collaboration
Pressure off staff
Sharing information
Listening skills
Time to talk and ask questions
Discuss and plan future care
Rapport
Hospital availability
Empathy
Hopelessness
Denial/frustration
Long-term condition care homes
Taking away hope/goals
Emotion
Taking away control
Rape away hospice
Listening
to patients

In “clinical trials you still have to put the patient at the centre of your work”, it is important to ensure that the patient remains at the centre of care. By involving the patient and their family in decision-making processes, we can ensure that their preferences and wishes are taken into account. This can lead to improved patient satisfaction and outcomes, as well as enhanced trust and dignity. It is important to involve patients and their families in decision-making processes to ensure that their preferences and wishes are taken into account. This can lead to improved patient satisfaction and outcomes, as well as enhanced trust and dignity.

Effective communication is essential in end-of-life care to understand patients’ beliefs and choices, and the study showed a firm belief that, if a patient makes a choice, professionals have a duty to take notice. The district nurses were positive about the time spent with patients doing which was seen as empowering for both professionals and patients.

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Conclusion
The district nurses who took part in this study found the PPC to be an effective communication tool. While it could lead to difficult conversations, it provided an opportunity to build relationships and allowed patients to voice their expectations and choices for care. District nurses saw PPC as a tool to empower patients, district nurses and professionals in improving end-of-life care.

However, the study does raise questions about whether other professionals should also introduce the document, especially as district nurses typically begin working with patients at a relatively late stage in their journey along the end-of-life care pathway. Patients are often treated in the community for diagnosis and by a range of professionals, yet completing a PPC is often seen as the sole responsibility of district nurses.

A strong relationship with the patient is vital when introducing a PPC, and this must be governed by guidance and reflexive support to ensure successful implementation across the board.

References


