

# Evaluation of an anticipatory care planning tool for care home residents and their families

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## Introduction



Care home residents are among the frailest in society. Anticipatory care planning helps prepare for the changes that happen as someone's health deteriorates and enables discussions and review of possible/likely future care and treatment options with each resident (as much as they are able to do that) and those close to them.

The care plan is then summarised in an electronic Key Information Summary (KIS) which healthcare staff use to guide decisions if the resident's situation changes outside normal working hours. When effective care planning and coordination for this population is inadequate, residents may be transferred to hospital and receive interventions that are burdensome and of little benefit.

Creating robust anticipatory care plans can be time consuming and complex. The Anticipatory Care Questionnaire (ACQ) is a simple, short tool that can be used by care home staff to facilitate discussion and documentation of anticipatory care plans. This project evaluated the efficacy and acceptability of the ACQ in two contrasting care homes, and identified barriers and facilitators to its use.

## Methods

**Setting:** 2 care homes currently using the ACQ in care planning

**Care Home 1**  
Council run, staffed with social care workers

**Care Home 2**  
Privately managed with own nursing staff

### Design:

- Qualitative interviews with a purposive sample of 27 relatives, care home staff and local GPs
- Focus group of 30 GPs from the GP out-of-hours service discussed management of archetypical case vignettes of emergency calls where a frail, elderly resident had deteriorated acutely
- Prospective audit of acute clinical events in residents of study care homes over an 8 month period

### Analysis:

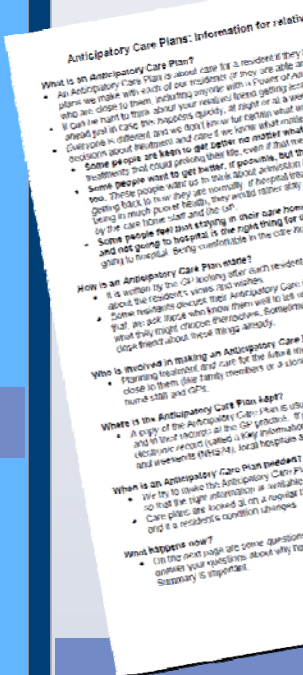
Interviews digitally recorded, transcribed and analysed thematically

## Interview Sample: Qualitative Evaluation

GPs from local practice	4	
Accident & Emergency consultant	1	
GPs from out-of-hours service	1 focus group (30 participants)	
Relatives	Care Home 1	Care Home 2
	4	7
Care home staff	Care Home 1	Care Home 2
	5	6

## Key Findings

- Having a simple tool (ACQ) and a culture supporting anticipatory care planning meant that almost two thirds of acute events were managed appropriately and in accordance with the resident's KIS.
- The system was most vulnerable when protocol-driven decisions were made by the out-of-hours service call handlers.
- Care homes need to adopt a systematic approach to reviewing, recording and updating KIS anticipatory care plans to make sure these are accessible to all professionals who need them to guide decision-making.
- Relatives and care home staff would welcome clear, comprehensive information about what anticipatory care planning is and how best to start talking about it before admission and once in a care home



**Anticipatory care planning questions for relatives and close friends**

There are changes in health that unfortunately can happen in frail older people. Please tick the box that is closest to what you think your relative/ friend would choose. We will use this information to help us make an Anticipatory Care Plan for your relative/ friend.

- If your relative/ friend had a sudden collapse (such as from a stroke or a heart condition) what do you think your relative/ friend would wish to happen?
 

a) Send them to hospital for investigations and treatment such as drips, and treatment given into a vein.	
b) Try to contact a family member to help us decide whether to send them to hospital, instead of dialling 999 for an ambulance.	
c) Keep them comfortable, treat any pain or other symptoms, and care for them in their care home.	
- If your relative/ friend had a serious infection that was not improving with antibiotic tablets or syrup what do you think your relative/ friend would wish to happen?
 

a) Send them to hospital for investigations and treatment such as drips or antibiotic treatment into a vein.	
b) Try to contact a family member to help us decide whether to call an ambulance and send them to hospital.	
c) Keep them comfortable, treat any pain or other symptoms, and care for them in their care home.	
- If your relative/ friend was not eating or drinking because they were now very unwell, what do you think your relative/ friend would wish to happen?
 

a) Send them to hospital for investigations and treatment such as drips, and treatment given into a vein.	
b) Try to contact a family member to help us decide whether to call an ambulance and send them to hospital.	
c) Keep them comfortable, treat any pain or other symptoms, and care for them in their care home.	

If we think that a resident has a major fracture we would usually send them to hospital for treatment, as that's the best way to relieve their pain.

Is there anything else about your relative/ friend it is important for us to know about?

If you **DO NOT** wish this information to be shared with emergency services, tick here:

Resident's name:..... Your phone number:..... Date:.....

Your name:..... Do you hold Power of Attorney or Welfare Guardianship for your relative: Yes/ No

Thank you for your help. If you have any questions, please ask the staff or contact me at the surgery. We will be happy to discuss this with you.

Dr:.....

## What next?

- We have revised the ACQ based on the project findings and developed information leaflets for residents, their relatives/ close friends and care home staff.
- We are conducting a patient-public consultation with a range of key informants and care home staff to ensure the revised documents are clear, well-constructed and able to meet the needs of everyone involved in shared decision-making about the anticipatory care plans of care home residents.
- The study is informing improvements in anticipatory care planning in other care settings locally and nationally

## Acknowledgements

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