7 steps to anticipatory care planning for care home residents and their families during COVID-19

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Introduction

- Anticipatory Care Plans (ACP) are an effective tool for reducing avoidable admissions from care homes.
- Having ACPs during COVID-19 has been more important than ever. GPs were tasked with ensuring there were ACPs for care home residents.
- Evolving evidence and guidance, plus exclusion of relatives from care homes has made creating ACPs more difficult than ever.
- The *7 Steps to ACP in Care Homes* has proved that care home staff can have these conversations when trained and supported to do so.

7 Steps to ACP in Care Homes

ACP conversations between care home staff and residents (or relatives if they lack capacity) happen soon after arrival in the care home.

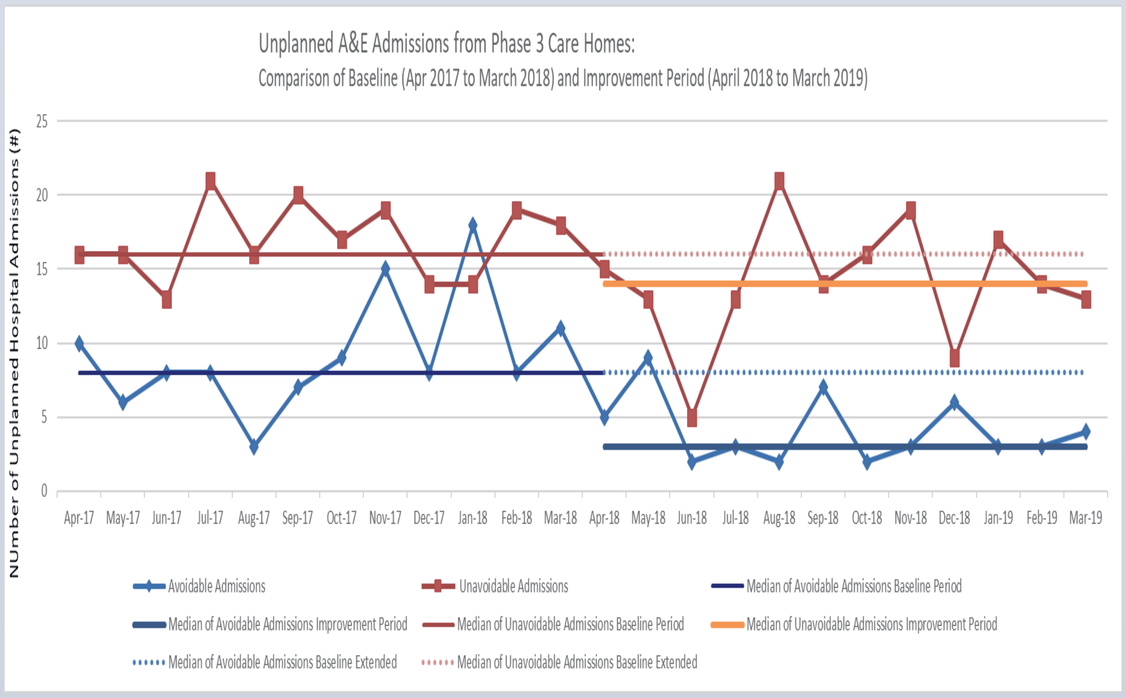
A one-page form records functional status, DNACPR status, capacity for decisions (AWI), Power of Attorney (POA) and next of kin details.

A second questionnaire asks the resident (or relative) to say how they would like to be cared for in the event of 1) a sudden collapse or stroke, 2) an infection not responding to antibiotics, 3) an inability to eat and drink adequately due to advanced illness.

Previous work had identified these clinical situations as the commonest causes of avoidable admission from a care home.

The information from these forms is recorded in an electronic Key Information Summary (KIS) by the GP practice and shared with GP out-of-hours service, ambulance control and secondary care. The KIS also includes a medical history and drug history. A copy is printed off, discussed with care home staff and added to the resident's notes.

Does it work?



Feedback

It's been really important in providing us with confidence to speak about what people's wishes are if they become really unwell. ***Care home ACP champion***

ACP principles now feel part of the culture of the care home. Communication with our practice has been excellent and ACP questions for families have greatly improved quality. ***GP***

"Now we are able to say to the Out of Hours Service that the family and the resident wish to remain in the care home, do not want to go to hospital...we feel we got the power." ***Care home staff***

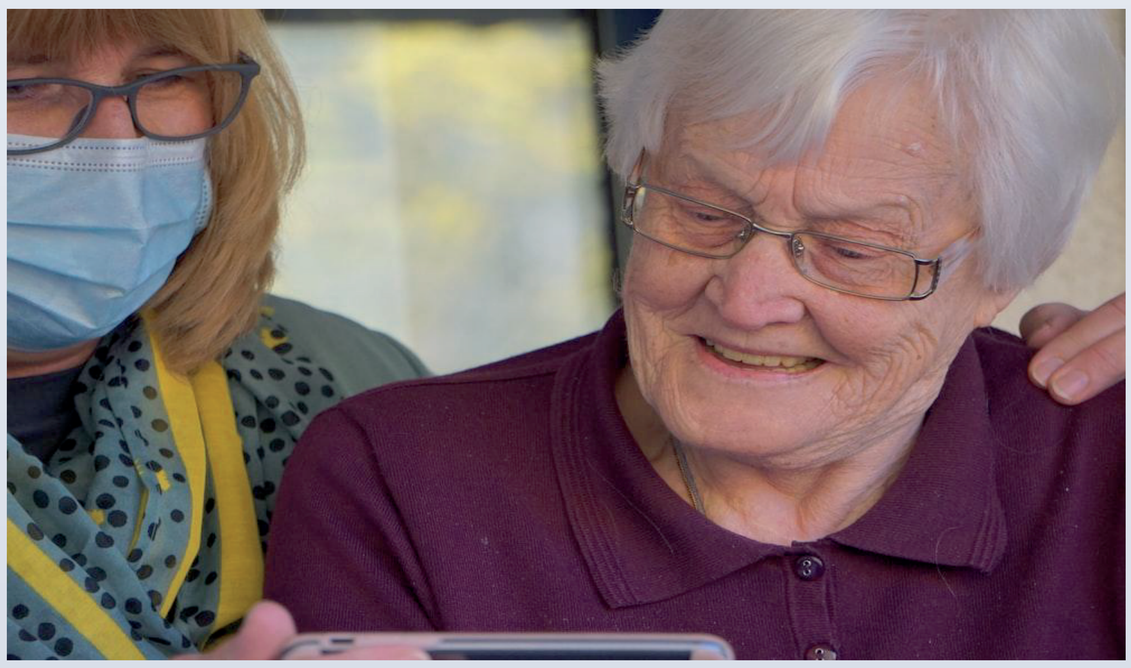
https://ihub.scot./improvement-programmes/living-well-in-the communities/anticipatory-care-planning/edinburgh-health-and-social-care-partnership-acp-resources

Impact of COVID-19

Examples of poor ACP conversations that left residents and relatives feeling abandoned made national headlines. Many instances of things going wrong were thought to be due to hurried and poorly structured conversations. There was often failure to reach a shared understanding of the current situation and outlook, or explore resident's priorities.

Scotland developed a nationally coordinated response to challenges of ACP in care homes utilising RED-MAP to improve ACP conversations.

RED-MAP is a 6-step approach to conversations about planning care, deteriorating health and dying that was developed in Scotland and with clinicians in the UK and internationally. It is now used in all care settings.



Talking about Care Planning with RED–MAP	
Ready	Can we talk about your health and care? Has anything changed? Who should be involved?
Expect	What do you **know**? Is there anything you want to **ask / tell** me? What do you think **might happen**?
Diagnosis	What we **know** is... We **don't know**... We are **not sure** about... Do you have questions or worries we can talk about?
Matters	What is **important** to you and your family? How **would you like** to be cared for? Any things you **don't want**? What **would she say** about this situation, if we could ask her?
Actions	What we **can do** to help is... Options we have are.... This **does not work** when... /**will not help** because....
Plan	Let's **plan ahead** for when/if.... We can make a care plan for you so everyone knows what to do.

Actions

1. Revisions of the *7 Steps to ACP in Care Homes* have incorporated the concepts of RED-MAP, then shared with care homes in Edinburgh, and are available nationally on the Healthcare Improvement Scotland website.
2. ACP guide for professionals working in care homes was agreed.
3. A RED-MAP guide to talking with people about care planning using the ReSPECT process has been created for staff in care homes and other settings.

Conclusion

- The *7 Steps to ACP in Care Homes* enables care home staff and GPs to work together to create high quality ACPs that are effective in reducing inappropriate A&E attendance and hospital admission.
- Incorporating RED-MAP into *7 Steps* and other tools has enhanced the quality of ACP conversations during Covid.

RED-MAP (https://www.ec4h.org.uk/covid-19-effective-communication-for-professionals/)

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