

PURPLE PROJECT

Dr Kate Tredgett





PURPLE Bundle

PATIENTS WITH UNCERTAIN RECOVERY, PLANNING, LIAISING, ENGAGING

PURPLE – What

- ▶ Bundle to support the delivery of care
 - ▶ Principles similar to the Amber Care Bundle
- ▶ To help identify patients who are at risk of dying during this admission / 'sick enough to die' but for whom there is uncertainty and for whom active treatment remains appropriate
 - ▶ - Is the patient deteriorating despite active medical therapy?
 - ▶ - Is reversibility potentially limited?
 - ▶ - Are they at significant risk of dying during the admission or soon after discharge?
- ▶ Currently being used on Ryeworth, Guiting, Gallery Ward 1, 3A and being rolled out on AMU and in Oncology





Edwin

Palliative care nurse



and we don't know if it will work.

PURPLE - Why

Part of Trust EOL
improvement plan and
NACEL action plan



High quality communication

"At the end of my father's life, although sudden but not unexpected, the communication and compassion I received from the ward staff was exemplary"

"Communication at Cheltenham was exceptional and could not be faulted, before and after he died"

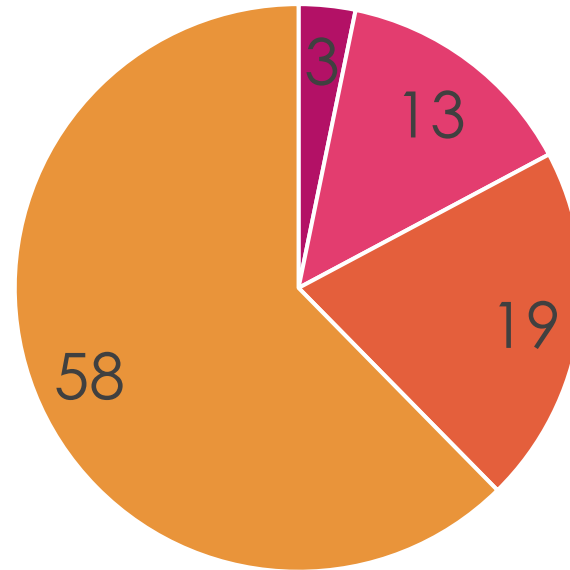


And keeping families updated

I appreciated that all the staff were open with factual (all be it hard) information, that enabled me to understand what might happen and to make the right decisions

Communication issues

- 816 invitations
- 195 responses
- 136 qualitative



- Delays to end of life discussions
- Not informed patient might die



Clarity of communication around uncertainty

'I think it could have been made clearer earlier (from the first day) that "seriously ill" meant "might die"'

'We were not given any indication of how much time she had.'

'I felt that I was not made aware of the serious nature of my mums condition till it was too late.'

Clarity of communication around dying

'Was not made aware that the person was in their final days of life, if we had been then we would have made alternative plans'

'Never explained to the wife that husband was end of life'

'No one explained why we were given unlimited access we made the assumption she was passing away'



Tools to Support the Delivery of Care

Time →

CARER



PATIENT



Last days of life documents
SWAN model of care



Based in diagram from the National End of life Care Strategy 2008

* Last days documentation on EPR

PURPLE – How 1st assessment

- ▶ As an MDT identify patients
- ▶ Include assessment as part of daily ward round
 - ▶ Use acronym expansion
 - ▶ Required actions – 1st assessment:
 - ▶ 1) Is the Respect form completed with clear ceiling of action?
 - ▶ 2) Document discussion below regarding uncertainty of outcome with patient, relevant carers and wider MDT
 - ▶ 3) 'Just-in-case' meds prescribed
 - ▶ 4) Is Palliative Care referral required because of specialist need?

PURPLE – How Review

DAILY PURPLE REVIEW

- ▶ Is the outcome still uncertain? If no stop using PURPLE
- ▶ Document key changes to the management plan and ceiling of care?
- ▶ Has the plan been revisited and discussed with the patient and relevant carers?

PURPLE – How At identification of dying

Commence care supported by the Last Days of Life EPR documentation and SWAN model of care



PURPLE – How At Discharge

- ▶ Have plans for re-admission been discussed with patient and relevant carers and documented on Respect form?
- ▶ Have primary care services been informed of the plan/prognosis, including ReSPECT if appropriate and listing for gold standards framework?
- ▶ Are just in case meds and a white drug chart needed
- ▶ Is there a requirement for community palliative care involvement and if so has a referral been

Ryeworth Experience

- ▶ Whole MDT engagement is important
- ▶ Positive feedback from our M&M
- ▶ Earlier discussion helps
 - ▶ Patient and Families focus on what is important to them
 - ▶ Help clinicians focus on the next steps
 - ▶ Helps out of hours doctors understand treatment plans & ceilings of care



Any Questions?

K.TREDGETT@NHS.NET

GHN-TR.ADVANCEDCOMMUNICATIONSKILLSTRAINING@NHS.NET