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Palliative Care Needs Rounds: Implementation Pack

How to run Needs Rounds in the UK

October 2023

FUNDED BY
NIHR | National Institute
for Health Research

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1. Introduction to the implementation guide

Welcome to this guide to help you use Needs Rounds in your service.

This guidance is developed alongside a video which can be found by clicking this link: [Palliative Care Needs Rounds in the UK - YouTube](#) to help you use *Palliative Care Needs Rounds*.



This implementation package also contains a facilitation guide, which draws together the values and considerations which will help you successfully implement Needs Rounds. This implementation guide is based on research conducted in 2020-2022, which investigated how Needs Rounds could be best implemented in a UK context.

2. What are Palliative Care Needs Rounds?

Needs Rounds have three parts.

1. **An hour-long triage meeting.** This is run with a palliative care specialist (often a nurse from the local hospice), and care home staff (nurses, care assistant, facility managers and other staff). The meeting focuses on several residents who are at risk of dying without a plan in place. Their psychosocial, spiritual, and physical needs are discussed in the Needs Round. A checklist (included in this package on page 11) is used to guide the meeting, discussions and actions.



2. **Direct clinical work.** At times it can be useful for the specialist palliative care clinician to meet residents, to assess their symptoms and help decide what the best next step might be. They will draw from their expertise in hospice care, and this can supplement any clinical assessments conducted by the care home or GP.

3. **Case conference, multidisciplinary team meetings, or family meetings.**

These meetings can be attended by relevant parties, such as: specialist palliative care clinician, resident, GP, and care home staff. The purpose is often focused on:

advance/anticipatory care planning, or sharing information with the family.



3. Why use Needs Rounds?

The purpose of Needs Rounds approach is to help prepare for each resident's last months and days of life. It can also provide a space for care home staff to learn from a specialist, as *Needs Rounds* includes education and learning, based around the residents being discussed.

This picture shows the key parts of running *Needs Rounds*. The *Needs Rounds* approach can:

1. build care home staff confidence and help anticipatory planning for resident's last months of life, deterioration, and death.
2. help strengthen relationships between care homes and hospices. It can also help build trust between different organisations.
3. provide protected time to collaborate and to increase high quality resident-centred care.
4. ensure residents can die in their preferred place, by drawing on the different but complimentary skills that care home staff and hospice staff have.
5. help families feel more confident in the care provided.



What Needs Rounds offer

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Confidence and knowledge

Needs Rounds help build on care home staff existing knowledge and skills. This is particularly helpful when there is high staff turnover, as Needs Rounds offer tailored learning, for example on symptoms or deterioration. Discussing the residents in the Needs Round can increase care home staff's confidence. It can also build the knowledge of specialist palliative care staff. The improved confidence and knowledge can help the care home and palliative care staff to provide better care to residents.



Reflective questions for care home staff:

- What are your staff strengths with knowledge about residents and care?
- What do you wish you had more understanding about how medications or other treatments or practices work, and why?
- Do you think you could help others understand more about what you do when you care for residents?



Reflective questions for specialist palliative care staff:

- How will working with care home staff extend your knowledge of frailty?
- What information and education could you weave into interactions with care home staff to support their continuing professional development?
- How can working with care home residents help improve support to other patients you see for specialist palliative care?

Place of care

Needs Rounds can help with advance/anticipatory care plans. By offering a regular time to talk about current and future needs of residents, care home staff and palliative care staff can identify what is likely to happen to the resident in future. This means that decisions can be taken before a crisis happens. It also means that the resident's wishes can inform the decisions made about their future. Importantly, the advance planning means that there are conversations about *where* care happens including whether the resident would want to be admitted to hospital. Planning reassures families about the quality of care being provided.



Reflective questions for care home staff:

1. Do you know the wishes of your residents, about where they would want to receive care if they deteriorated? Would they want to be transferred to hospital?

2. Have there been times when you've needed out-of-hours help from the GP or hospital?



Reflective questions for specialist palliative care staff:

1. What routine practices do you use in specialist palliative care to support decision-making in advance/anticipatory conversations?
2. What strategies do you use for other patient groups to help them be looked after at home, rather than in hospital?

Working together

Needs Rounds use communication and collaboration between organisations, to improve trust and joint working. Working together means using the different knowledge, skills and expertise in care homes and hospices. This is particularly helpful when care homes struggle with hiring enough staff, and dealing with the negative views of care homes in the press. Working together leads to better relationships between organisations and better resident care.



Reflective questions for care home staff:

1. What difference would it make to your service, to have better working relationship with the GP practice?
2. How could the knowledge, expertise and practices from other organisations compliment your own?
3. Am I aware of any positive feedback I can share with additional organisations in order to support the work that they do?



Reflective questions for specialist palliative care staff:

1. How would working with care homes support more equitable access to specialist palliative care?
2. How can joint working support the care home workforce with their difficult work?
3. How can working with care homes support better dying, death and bereavement for care home residents?

Better quality of life and death

Needs Rounds aim to help people live well until they die. And for their deaths to be as peaceful as possible. Through the Needs Rounds approach, residents' holistic needs are discussed and planned for – meaning that their physical symptoms are managed, their emotional wellbeing is prioritised, and their relationships are understood and supported. Monthly meetings provide a structure for this. They can also be helped with direct clinical work from the hospice staff, and with meetings with other professionals and the family.



Reflective questions for care home staff:

1. How does the care home you work for identify and discuss the non-medical requirements (spiritual, social and emotional) of residents.
2. Are there residents who are *not* close to death whose symptoms or behaviours you feel like are important to discuss?
3. Whose expertise do you consult in order to help manage residents' symptoms?



Reflective questions for specialist palliative care staff:

1. How can your service help provide holistic bio-psycho-social-spiritual care to residents?
2. What symptom management strategies do you have that care home staff may not routinely think of or be able to access?

Supporting families

Needs Rounds provide time and space to reflect and plan how to support families, for example how to work together to plan for residents' future needs. Care home staff sometimes have considerable skills in this, but Needs Rounds can help build skills and confidence in having difficult conversations with families. Families can therefore feel better involved, informed and confident in the care their relative receives.



Reflective questions for care home staff:

1. Have there been times when family members disagree about their relative's care? Or times when staff disagree with family members?
2. Has it ever been hard to explain to a relative how the resident's health might change over the coming months, days or hours?

3. Has there ever been a situation with a family that left you feeling uncertain or that you wanted to discuss with others?



Reflective questions for specialist palliative care staff:

1. How might you bring routine family meetings into the care home, to benefit residents, relatives and staff?
2. What are the key agenda items for a family meeting?
3. How do you work with families where there is a disagreement or tension about treatment choices?

4. What is the evidence for Needs Rounds?

Needs Rounds have been running since 2014 in Australia. Using all three parts of the Needs Rounds approach:



1

Reduced how long care home residents spent in hospital⁴



2

Improved the chances of residents dying in their preferred place¹



3

Helped staff to normalise dying and death as part of their work³



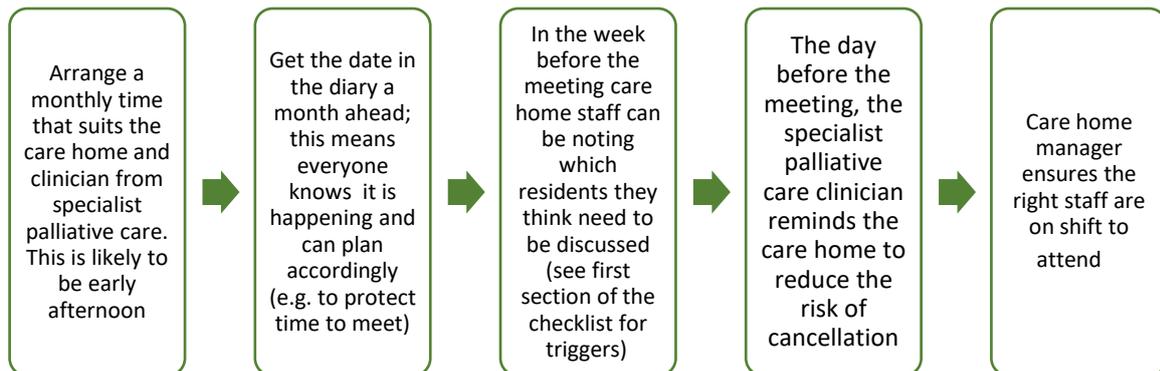
4

Another study developed the Needs Rounds Checklist (see page 11) which guides the content and flow of each meeting.²

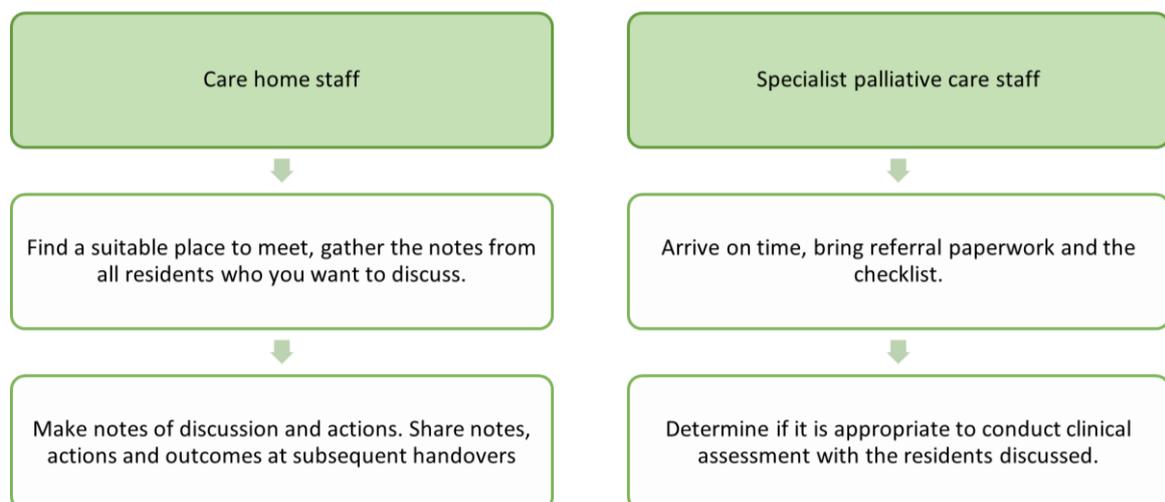
Needs Rounds can run effectively online when it is not possible or desirable to conduct them in-person.⁵

5. How to run a Needs Rounds meeting

Planning ahead



On the day



- **All:** use the checklist to go through residents who meet the trigger criteria.
- **All:** start on time and finish on time (60 minutes)

Who is involved in Needs Rounds?

Who attends varies depending on your local setting. You would certainly need someone from the care home and someone from specialist palliative care.

Care home staff: The more staff from the care home who attend the Needs Rounds meeting the better, to make use of the learning woven into the meetings. This could include care assistants (including key workers of the residents due to be discussed), nurses, managers, team leaders, activities coordinators or kitchen staff.

Specialist palliative care staff: An experienced palliative care clinician should attend. They should have sufficient expertise and background to provide education and guidance to the care home staff on a range of conditions and symptoms. They should be able to confidently talk about deterioration and death, and strategies for supporting families, and discussing concerns with other practitioners such as the GP, pharmacist or other services.

Primary care: depending on your setting, you may wish to involve someone from the local primary care service. If one of the primary care team have scheduled visits (e.g. monthly meetings with a practice nurse) then the Needs Rounds meeting could be run as part of that.

6. Needs Rounds Checklist

Triggers to discuss resident at needs rounds

One or more of:

1. You would not be surprised if the resident died in the next six months
2. Physical or cognitive decline or exacerbation of symptoms in the last month
3. No plans in place for last six months of life/no advance care plan
4. Conflict within the family around treatment and care options
5. Transferred to our facility for end of life care

1. Reviews

- Have all actions been implemented?
- Have any new symptoms or concerns emerged?
- Give positive feedback on actions that the staff managed well
- Decide if the resident should be kept on the specialist palliative care list, for on-going review

2. New Referrals

- What are the resident's diagnoses and co-morbidities?
- What are their palliative care needs (including physical, psychosocial and spiritual symptoms)?
- What are staff current concerns around treatment or goals of care?
- Who supports the resident outside the facility (e.g. family/friends)?
- Provide case-based education (e.g. recognising deterioration and dying, bowel management, pain assessment, talking to GPs)

Actions

- Medication review (e.g. change meds, anticipatory meds)?
- Organise surrogate decision maker?
- Develop an advance care plan?
- Organise a case conference?
- External referrals (e.g. pastoral care, dementia support services, wound care)?
- Refer to specialist palliative care?

Forbat, L., et al. (2018) Improving specialist palliative care in residential care for older people: a checklist to guide practice. *BMJ Supportive and Palliative Care*. 8(3): 347-353.

References

- 1 M. D. Chapman, N. Johnston, C. Lovell, L. Forbat, and W. M. Liu, 'Avoiding Costly Hospitalisation at End of Life: Findings from a Specialist Palliative Care Pilot in Residential Care for Older Adults', *BMJ Supportive & Palliative Care*, 8 (2018), 102-09.
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- 3 N. Johnston, C. Lovell, W. M. Liu, M. D. Chapman, and L. Forbat, 'Normalising and Planning for Death in Residential Care: Findings from a Qualitative Focus Group Study of a Specialist Palliative Care Intervention', *BMJ Supportive & Palliative Care*, 9 (2019).
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- 5 J. Samara, W-M. Liu, W. Kroon, B. Harvie, R. Hingeley, and N. Johnston, 'Telehealth Palliative Care Needs Rounds During a Pandemic', *The Journal for Nurse Practitioners*, 17 (2021), 335-38.