**LEVEL 2 – Enhanced: Improving Communication, Shared Planning & Compassionate Care.**

Building on Level 1 Connecting with and supporting care home practice

Creating shared, improved practice

Practice + Care Home shared understanding of processes

Compassion

Planned Care

Communication and Involvement

Admission Living well Anticipatory Care + Support + Wellbeing OOH + Emergency Care Dying/Death Bereavement

What Matters Most To Person & Their Family/ Advocate?

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| **LEVEL 2 – Enhanced – Improving Communication, Shared Planning and Compassionate Care.** | | | | |
| **The General Practice commits to meet the Standard by** | **Self-Assessment** | **Responsible Team Member** | **Completion** | **Notes** |
| 1. **MDT - Shared learning** | * 1. If not already, invite Care Home representative to regularly attend MDT / ward round |  |  |  |
| 1. **RCGP MDT template** | * 1. Regularly reflect on outcomes for delivering care to care home population, monitored by collecting items on MDT template.   For example, % of residents with ACP, % of residents timely recognition of dying. |  |  |  |
| * 1. Plan potential change ideas that may help result in improvements in care offered by the practice and MDT to care home residents e.g. What proportion of admissions were in line with the Advance Care Plan? If not, why not, what processes can be put into place to follow ‘what matters most’ to the resident/family? |
| * 1. **Collect feedback** from a small number of residents, family members and staff to understand their experience of care related to your specific change ideas |
| 1. **Learning from Deaths - reflections** | * 1. Review MDT template – Level 2 section – MDT ‘After Death Reflections’ e.g. * Each month in MDT reflect on one - two deaths with attention to both **expected and unexpected** deaths to see what could be improved   Possible questions:   1. **What could the MDT have put in place to have made it easier for this to go better** e.g. clarity of ‘what matters most to the resident, including treatment options’ or communication among HCPs of reasons for clinical decisions made? 2. What **communication and involvement** had there been about that situation i.e. what matters most if the resident deteriorated/ was dying between the GP/care home, between the GP/NOK or family and how could this have been more effective? |  |  |  |
| 1. **Learning from Emergency/ Out of Hours Care - reflections** | * 1. Review MDT template – Level 2 section – MDT ‘**Emergency/ Out of Hours Care – reflections** e.g. * Each month in MDT reflect on one - two 111/999/rapid response team/ ambulance calls with attention to respecting ‘what matters most discussions’ to the resident to see what could be improved   Possible questions:   1. **What could the MDT have put in place to have made it easier for this to go better** e.g. clarity of ‘what matters most to the resident, including treatment options’ or communication among HCPs of reasons for clinical decisions made? 2. What **communication and involvement** had there been about that situation i.e. ‘what matters most to the resident’ if they deteriorated/ were dying between the GP/care home, between the GP/NOK or family and how could this have been more effective? |  |  |  |
| 1. **Shared MDT Learning** | * 1. Regularly pull out repeated or critical learning themes from MDT template and reflections and brainstorm change ideas   2. Test your change ideas with PDSA improvement cycles |  |  |  |
| 1. **Test your change ideas with PDSA cycles** | * 1. Share your change ideas with MDT and care home staff, residents and families |  |  |  |
| * 1. Plan and test your changes with PDSA cycles. |
| * 1. Monitor to make sure the change results in an improvement. Adopt, adapt or stop depending on results.   Embed positive changes into routine practice with appropriate monitoring to continue to support improvement |