

AMBER CARE BUNDLE

A GUIDE FOR FACILITATING PROGRAM INTRODUCTION



CLINICAL
EXCELLENCE
COMMISSION

Education Session Guide and Structure

This document outlines the content to be covered in the introductory presentation and provides guidelines on resources required and local adaptation

N.B. The importance of laying the foundation and developing a comprehensive education and implementation plan for the AMBER care bundle cannot be stressed enough. The simplicity of the AMBER care bundle masks the complexity of change

Adjust the presentation to location setting:

- Where possible share individual stories and experiences
- Use local data / results
- Refer to your LHD/Facility approach including who is the Clinical Lead
- Insert local protocol, where applicable include protocol for escalation beyond the facility

Preparation

Learning and teaching are central to the implementation of the AMBER care bundle. It is recommended that before you attempt facilitating you develop a full understanding of the AMBER care bundle yourself and the benefits and challenges. Test using the tool yourself with a patient in your clinical area who may have an uncertain recovery. Use and apply the AMBER care bundle clinical guidelines and familiarise yourself with the AMBER care bundle teaching prompts. Reflect on your learning:

- How will the AMBER care bundle become part of everyday practice?
- What are the benefits? For patients? For carers? For staff?
- What systems need to be in place?
- Who needs to be involved?

Engagement

The AMBER care bundle is only as good as the teams using it which requires engagement with ward staff. Your initial use of the bundle will give you the understanding and confidence to describe the AMBER care bundle, the benefits and challenges. Using the standard presentation and examples of case studies:

- Meet with the ward manager, nurse educators, any key clinical nurse specialists, and include the ward clerks
- Identify medical staff and introduce concepts of the AMBER care bundle. Ensure medical staff are happy for the AMBER care bundle to be used on their patients.

- Introduce AMBER care bundle to other members of the multi-disciplinary team including the social worker.
- Identify where documentation will be stored and agree roles and responsibilities for monitoring and overview.

It can also be useful to ensure that you are aware of other training and development plans that will be supportive of implementing the AMBER care bundle and its sustained effective use. This includes multidisciplinary ward rounds, safety huddles or other patient safety developments.

Evaluation

Make sure you formally evaluate the education session to enable continued improvement and measures of meeting staff needs. It will depend upon the staff groups, however, at a minimum should include:

- Five random staff when asked can explain when & how the AMBER care bundle should be used
- Staff are able to/feel confident to independently identify & manage patients using the AMBER care bundle.

Remember night and weekend staff in your implementation planning.

The learner will understand:

- Your role, what support you offer and how you can be contacted.
- The purpose of the AMBER care bundle and how many wards are currently using it.
- The stages and components of the care bundle.
- How they can implement it in practice

Resources - What do I need?

- PPP – Introduction to the AMBER care bundle
- Resource folder, containing copies of the AMBER care bundle, ACT stickers, useful contacts and the difficult conversations flow chart or leaflet.
- A patient story of poor end of life care planning
- An example scenario of a patient who has been managed using the AMBER care bundle. Who identified patient? What happened? What worked well? What could have been better? How did the AMBER care bundle benefit patient, relatives and staff.
- Any local instructions to help either the ward monitor progress in implementing the AMBER care bundle or how you plan or the hospitals plan to monitor the quality of care.
- Feedback form

You will need to make sure that the learners know how you can be contacted and how much support you can offer. Some coordinators will be able to offer ward based support, role modelling how to use the AMBER care bundle; others may only be able to offer formal teaching sessions and telephone support.

It may be useful at this point to highlight other wards / teams who may be able to offer support. This is partially useful out of hours. These may include:

- Other AMBER care bundle wards
- Palliative care team
- Critical care outreach teams
- Practice development nurses e.g. nurse educator, specialist, consultant

Slide	Main Content	Core elements to be addressed	Resources
1	Title slide	Introducing the AMBER care bundle How it works	
2	Aim of session	This workshop is directed at all clinicians who care for patients approaching the end of life and outlines the essential elements of the care bundle for the recognition and management planning of the patient with uncertain recovery. This session will concentrate on making the case for change, introducing the tool and how it can support you as well as touch on the role and responsibilities of the team	
3 & 4	How we Die in NSW – the case for change	Half of all deaths occur in public hospitals and increasingly the way these patients are cared for is under review. The cost and utilisation of patients in the last year of life is high – the ACI report give statewide data - all LHDs were given their data from this report so contact clinical governance unit to access your results so they can be added to presentation - add data collected through organisation / facility death screening, e.g. timing of expected deaths resuscitation plan documentation; readmissions <30 days who die who had no EOL planning done in previous admission - look at BTF data for response rates / outcomes	

Slide	Main Content	Core elements to be addressed	Resources
		<p><i>If your facility / district has any tools / programs around caring for dying patients mention here, especially how the AMBER care bundle will supplement / support work with what is already in place</i></p> <p><i>Contact LHD / facility Specialist Palliative Care Service for information</i></p>	
5	Patient Story	<p><i>Use story from own experience / RCA / Complaint</i></p> <p>Can be positive or a case where earlier recognition and planning could have improved care</p> <p><i>Use video provided / from CEC site</i></p>	
6	What is a care bundle	<p>Provide explanation around bundles.</p> <p>A care bundle helps you to:</p> <ul style="list-style-type: none"> - Systematise best practice. - Typically have four or five components and can be rapidly answered yes/no. - Have an emphasis on improving team work and improving communication. - provide examples of other bundles e.g. ventilator acquired pneumonia (VAP), sepsis - provide outcomes of use of other bundles in the facility / organisation <p><i>Important message: if all aspects of the bundle are not implemented, it will not lead to consistent, good outcomes and change</i></p>	
7 & 8	The AMBER care bundle	<p>It is useful to have the ward's AMBER care bundle's resource folder at hand for the session. Ensure staff are aware where the resource folder is kept.</p> <p>The AMBER Care Bundle is a clinical care bundle developed at the Guy's and St Thomas' NHS Foundation Trust in the United Kingdom and localised for use in NSW facilities by the Clinical Excellence Commission.</p>	

Slide	Main Content	Core elements to be addressed	Resources
		<p>The AMBER care bundle provides a systematic approach for the multi-disciplinary team to follow when clinicians are uncertain whether a patient may recover and are concerned that they may only have a few months to live. It encourages clinicians, patients and families to continue with treatment, if they wish, in the hope of a recovery, whilst talking openly about preferences and wishes, and putting plans in place for end of life.</p> <p>There are four components to the approach:</p> <ol style="list-style-type: none"> 1. Talking to the patients and their family to let them know that the healthcare team has concerns about their condition, and to discuss their preferences and wishes 2. Confirming the current medical plan 3. Deciding together how the patient will be cared for should their condition get 4. Agreeing the plan with all the clinical team responsible for the patient's care as well as the patient and family. <p>Early identification of people who may have end of life care needs is the foundation of excellent end of life care. If early identification does not take place then appropriate planning, transfer, interventions and communication with the person and their family cannot take place.</p> <p>The AMBER care bundle is a quality improvement initiative and aims to improve the recognition of uncertain recovery and timely development of management plans that may include end of life wishes in acute hospitals in NSW.</p> <p>The expected outcomes include:</p> <ul style="list-style-type: none"> - improved decision making around end of life management - greater clarity around preferences and plans about how these can be met - a positive impact on multi-disciplinary team communication and working - increased nurses' confidence about when to approach medical colleagues to discuss treatment plans 	

Slide	Main Content	Core elements to be addressed	Resources
		<ul style="list-style-type: none"> - patients being treated with greater dignity and respect. <p>Patients remain suitable for the care bundle while their recovery is uncertain. They are not 'on' the care bundle.</p>	
9, 10 & 11	Stage 1: Identifying the patient	<p>Any member of the clinical team may raise a concern but the multi-disciplinary team should together identify patients suitable for the AMBER care bundle.</p> <ul style="list-style-type: none"> - Although identification can take place throughout the day, typically it occurs during morning hand over/huddle or during a consultant ward round. <p>Identification questions – yes to both</p> <ul style="list-style-type: none"> - Is the patient deteriorating, clinically unstable, and with limited reversibility? and - Is the patient at risk of dying during this episode of care despite treatment? <p>Stress that staff member who raise the concern should be prepared to explain their rationale in a clear and succinct way. If alerting communication tools are in use in the ward for patient safety issues (e.g. “SBAR – Situation, Background, Assessment and Recommendation”) it will be useful to link these to raising a concern that a patient’s potential for recovery is uncertain.</p> <p>As the care bundle helps teams manage uncertainty, don't delay initiating the care bundle if you feel a patient meets the criteria. If there is a feeling of wanting to "wait and see", this suggests uncertainty and the care bundle is likely to be suitable.</p> <p>Triggers</p> <p>It is essential to identify the dying patient in order to allow them and their family/carers to reorient their priorities, achieve their goals, and so that appropriate last days of life care can be provided. There are various patterns of death trajectory at the end of life, however, with the exception of precipitous, unexpected fatal events (e.g., massive haemorrhage), certain signs tend to be present when patients are actively dying that</p>	

Slide	Main Content	Core elements to be addressed	Resources
		<p>are applicable to a variety of conditions.</p> <ul style="list-style-type: none"> - Review the patient’s admission notes - History (co morbidities); - recent admissions; - physical examination; - medications <p>There are some prognostic tools that provide prompts to identify people at risk of deteriorating and dying from one or more advanced conditions for example the Gold Standards Framework Prognostic Indicator “surprise question” and the Supportive and Palliative Care Indicators Tool (SPICTM) http://www.spict.org.uk/the-spict/ but ultimately it is up to the multi-disciplinary team to make a thorough assessment of the patient and be in agreement that reversible causes for the current condition have been</p>	
12	<p>Stage 2: Day 1 interventions</p>	<p>The AMBER care bundle has four key interventions for patients whose potential for recovery is uncertain with clear timeline for response.</p> <p>As it is a multi-disciplinary tool, it involves doctors, nurses and the whole team working together. It is important that a patient’s capacity to be involved in decision making is considered throughout. Be prepared to talk through examples where patients do and don’t have capacity.</p> <p>It is a medical responsibility to ensure that the first three components occur within timescales; it is a nursing responsibility to ensure the last component occurs within timescales.</p> <p><i>The timelines help to empower staff that have a concern about a patient and provide a sense of urgency to put the plan in place.</i></p> <p>The care bundle includes decisions about whether attempted cardiopulmonary resuscitation and escalation of care to critical care would be clinically justified, but does not exclude these treatments. Some patients receiving care supported by the AMBER care bundle may be suitable for attempted</p>	

Slide	Main Content	Core elements to be addressed	Resources
		<p>cardiopulmonary resuscitation and full escalation of treatment.</p> <p>It is useful to have CPR status documented on the bundle under medical plan & preferred place of care (PPC) under patient/carer discussion, i.e. where the patient wants to be cared for and where they would like to die.</p> <p>If the activities are not completed within the timescale then it needs to be documented why not and how this is going to be addressed.</p> <p>With regard to having difficult conversations reinforce that it is not the nurse completing the bundle that is responsible for having these but it is the nurse's role to ensure that the discussion takes place with the appropriate professional leading it and that the conversation is documented, (including who was present, discussion of medical plan, uncertain recovery, preferred place of care, & any concerns or wishes).</p> <p>The completed care bundle needs to be placed in the patient's notes in chronological order, i.e. the day the bundle completed.</p> <p>Place the AMBER "A" on the "Patient Journey" board.</p>	
13	Meeting the family	<p>Patient and carer conversations need to take place at the patient's & carers' pace, (again mental capacity should be taken into account but also cultural and language issues).</p> <p>If some individuals do not wish to have conversations or understand their condition then this should be taken into account and clearly documented, e.g. "patient and carer did not wish to receive any information about the potential of their recovery being uncertain".</p> <p>Generally it is best practice to ensure patients are aware that they are receiving care supported by the care bundle and there is a leaflet for patients to help with this.</p> <p>Ideally the conversation should be led by a senior doctor – Consultant or senior Registrar/Fellow – and senior nurse – Nursing Unit Manager, CNC or CNS.</p> <p>Discuss medical condition and proposed management plan</p> <p>Acknowledge patients 'uncertain' recovery and what will be</p>	

Slide	Main Content	Core elements to be addressed	Resources
		<p>done by the team and what (if any) time limited trial of therapy will be implemented</p> <p>Identify what the patient / family see as a good outcome</p> <p>Agree on management plan, escalation plan and follow up plan</p> <p>Assess concerns, including potential family interpersonal problems</p> <p>Initiate AMBER care bundle</p> <p><i>There should be a mechanism to review and monitor the local system through mortality and morbidity reviews, death reviews, RCAs/ and reliability audits.</i></p> <p><i>This information allows for targeted training on specific topics/emerging issues while also setting up the local governance to investigate strategies for building high reliability teams and encouraging a culture centred on safety for dying patients</i></p>	
14	Documentation	<p>An emerging theme within RCAs / complaints is the lack of documentation around end of life management planning and discussion with the patient / family / carer.</p> <p>Stress how important it is to have everything clearly and succinctly documented in the notes on the day the bundle is completed. If the information can be found elsewhere in the patient notes, then staff should clearly write on the bundle where the information can be found.</p> <p>For example, the “comments” column does not need the medical plan written in it, but does need a note on where to find the plan if this is not obvious.</p> <p>It is important that the documentation for management include at least the following components:</p> <ul style="list-style-type: none"> - Involvement of the Attending Medical Officer – consultation over the phone, ward round - Diagnosis (Provisional and/or differential) - Clear management plans - Schedule for re-assessments and observation frequency 	

Slide	Main Content	Core elements to be addressed	Resources
		<ul style="list-style-type: none"> - The patient and/or family / carer understanding of the patient's condition and the goals of care - The patient's preference for place of death - Indicators of symptom/pain control, psychosocial and spiritual support (including family care) addressed 	
15 & 16	<p>Stage 3:</p> <p>Daily review / monitoring</p>	<p>ACT is a simple way to follow up patients on a daily basis and to ensure that communication takes place daily between the patient/ family and the nursing staff. While a patient's potential for recovery remains uncertain, both they and their carers (as appropriate) should expect to receive daily contact by nursing and/or medical staff.</p> <p>Can be done by either nursing or medical staff or as part to the multidisciplinary round</p> <p>Clarify any concerns with all members of health care team</p> <p>Visit the patient</p> <ul style="list-style-type: none"> - Review treatment plan - Discuss patient/family concerns - Discuss preferred place of death (if appropriate) <p>Document findings, discussions with patient / family and any changes to care plan</p> <p>Completion is the responsibility of the patient's nurse. It need to be answered fully, that is, "T" is not just to be answered "Yes" or "No", there need to some elaboration.</p>	
17	<p>Stage 4:</p> <p>Ceasing the AMBER care bundle</p>	<p>Some patients respond to active treatment and recover, whilst others do not. Therefore, once a patient is identified as suitable for the AMBER care bundle, they will continue to be suitable until they either recover, a last days of life plan is started or they die. If a patient is discharged from hospital, the relevant clinical information and preferences should be communicated to the GP, district nurse and other members of the community team.</p> <p>The AMBER care bundle may be stopped if a patient fits one of the following criteria:</p>	

Slide	Main Content	Core elements to be addressed	Resources
		<ul style="list-style-type: none"> - The patient’s condition improves such that he/ she no longer fits the criteria - The patient is discharged from hospital to own home, care home, or another hospital which is not using the AMBER care bundle - The patient deteriorates and is started on a last days of life plan - The patient dies <p>Staff should ensure the following takes place:</p> <ul style="list-style-type: none"> - Record the reason why the AMBER care bundle has stopped in the patients notes and discontinue it on the Electronic Medical Record. - Remove the AMBER “A” magnet from the Patient Journey board <p>Ensure that key information is communicated to the GP and with all colleagues in the community caring for this patient.</p> <p><i>There should be a mechanism to review and monitor the local system through mortality and morbidity reviews, death reviews, RCAs/ and reliability audits.</i></p> <p><i>This information allows for targeted training on specific topics/emerging issues while also setting up the local governance to investigate strategies for building high reliability teams and encouraging a culture centred on safety for dying patients</i></p>	
18	The role of the MDT & AMBER care bundle	<p>What sort of skills and knowledge do different staff groups need?</p> <p>It depends upon the staff group, but the following may be useful prompts to check understanding</p> <p>Recognising patients whose potential for recovery is uncertain</p> <ol style="list-style-type: none"> 1. Being able to raise a concern and succinctly articulating the rationale for raising the concern (e.g. communication skills similar to those developed in patient safety such as SBAR 'Situation Background Assessment Recommendation' or similar); being able to listen and respond to concerns 	

Slide	Main Content	Core elements to be addressed	Resources
		<p>raised by others.</p> <ol style="list-style-type: none"> 2. Understanding the purpose and components of the care bundle 3. Understanding their role 4. Good communication skills – e.g. breaking significant news, talking and listening to patients ± families 5. Recognising and appropriately managing distress <p>What is required from a ward perspective?</p> <ol style="list-style-type: none"> 1. Ensure that ward processes and procedures are adapted in a practical way to support the four stages of the AMBER care bundle 2. Ensure staff feel able to raise a concern and there is a general good understanding about the care bundle 3. Ensure there are sufficient numbers of staff who are capable of leading conversations with patients ± carers to breaking significant news 4. Ensure there is good support for staff undertaking the conversations eg Doctor always accompanied by nurse or allied health support person, opportunity for debrief with senior clinician 5. Ensure there are good general communication skills in the ward i.e. ensure staff feel able to recognise and manage distress 	
19	The role of other clinical teams	<p>Specialist Palliative Care Teams may prompt ward based teams to consider if patients are suitable for the AMBER care bundle. If the patient has complex palliative care needs as well as meeting the criteria for AMBER care bundle, then the Specialist Palliative Care (SPC) team will be part of the multi-disciplinary team using the approach to care. SPC teams should role model the use of the tool which may include ‘difficult conversations’ and some teams incorporate the AMBER care bundle in their role around clinical teaching.</p>	

Slide	Main Content	Core elements to be addressed	Resources
		<p>Critical Care Outreach / Medical Emergency teams may prompt ward based teams to consider the AMBER care bundle when called out. They may also be involved in developing escalation plans and setting ceilings of treatment with ward based team and in consultation with patient ± carers. This may include developing plans around what regular observations are required and response if the patient deteriorates further. Critical care teams may use the AMBER care bundle when patients are ‘stepped down’ from critical care to ward based care if the patients recovery is uncertain. Critical Care Outreach teams and or those involved in clinical teaching should also incorporate the AMBER care bundle in clinical education.</p> <p>Allied Health Professionals may prompt the clinical team to consider the AMBER care bundle and also may support suitable patient’s care with the AMBER care bundle.</p> <p>The experience of the AMBER Network indicates that SPC and Critical Care Outreach teams need to actively support the use of the approach in the ward to enable sustainability. They can facilitate identification, reinforce the approach and / or act as role models. Critical Care Outreach may be of particular importance to wards that have low numbers of patients whose recovery is uncertain.</p>	
20 & 21	Summary	<ul style="list-style-type: none"> - The toolkit provides a variety of tools – use only those that are appropriate for your patient’s needs - It is what we are already/should be doing for our patients and their families i.e. best practice - Empowers and promotes confidence in nursing staff and junior doctors to be their patients’ advocates - Means the patient/family/carer is heard and has control - Enhances MDT working - Should give staff no extra work, if anything it should save staff time 	

Notes



CLINICAL
EXCELLENCE
COMMISSION

Clinical Excellence Commission
Locked Bag 8
Haymarket NSW 1240
p. +61 2 9269 5500
e. CEC-SPC@health.nsw.gov.au
w. www.cec.health.nsw.gov.au