

Freedom of Information Request: FOI 0272

I would like to request the below information in relation to site QEHB.

The Trust has 'Comfort observations' functionality within PICS for patients who it is not appropriate to continue observations which may cause unnecessary discomfort. Please provide the following information relating to this:

1. Trust guidance or associated documentation relating to this functionality

Guidance associated with Comfort Observations has been developed across a range of formats which include utilising the Trust intranet, Practice Development updates and screen savers as shown below.

<http://uhbhome/comfort-observations-cos.htm>

The screenshot shows the intranet page for 'Comfort observations (COs)'. At the top, there are navigation links for 'Home', 'Departments', 'Systems', 'Tools', 'Equality and diversity', 'Downloads', 'Social and personal', and 'News'. A search bar is visible on the right. The main content area is titled 'Comfort observations (COs)' and contains the following text:

Home > Departments > Palliative Care > Comfort observations (COs)

Comfort observations (COs)

Comfort observations (COs) may be appropriate in patients who are thought by the MDT to be in their last days of life.

This decision should be made in consultation with the wider MDT involved with the care of the patient – and ideally with the patient and those closest to them if possible

The priorities of care for this patient now include reducing unnecessary physical discomfort such as mechanical BP monitoring.

It is recommended that twice daily observations such as pulse and respiratory rate should continue to be carried out and recorded.

In some patients there may be value in assessing and recording oxygen saturations (e.g. if low oxygen saturations are thought to be contributing to agitation).

Assessment of pain and other symptoms such as nausea should also be carried out and recorded.

Ideally, please also explain to the patient and those close to them the reasons behind initiating comfort care observations.

Please consider giving the patient and family a Comfort Care Pack (available from Bereavement) as well as snacks, toiletries and a complimentary exit care park pass the pack includes a leaflet 'Information for you when your loved one is dying' which helps explain the change in focus of care to comfort and support at the end of a patient's life.

For patients who stabilise or improve after COs have been initiated please consider whether the use of COs should be reviewed. If patients are to be discharged home, please review if CO would be applicable if re-admitted to the trust.

Advice on the use of comfort observations can be obtained by contacting the specialist Palliative Care Team.

See also

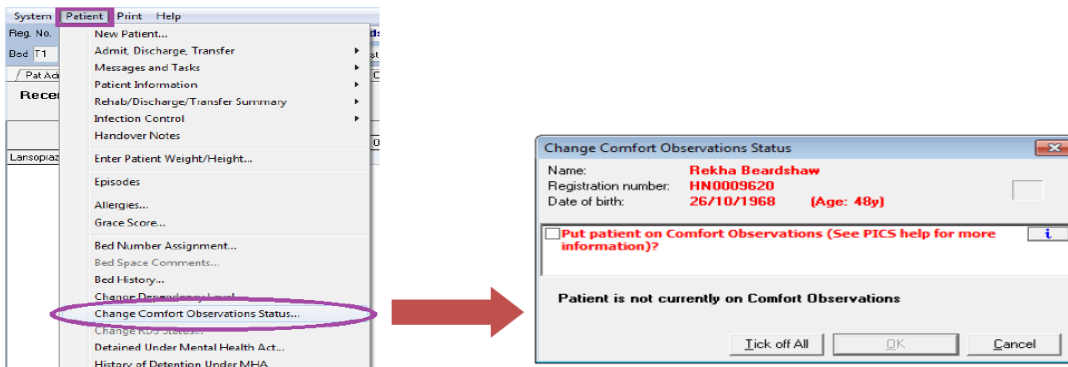
→ [Contact Palliative Care](#)

A yellow sticky note is pinned to the left side of the page with the text: "Event Calendar. If you have an event you would like to share, post it! View the event calendar."

<http://pics-web/ReleaseNotes/170226.pdf>- PICS training update

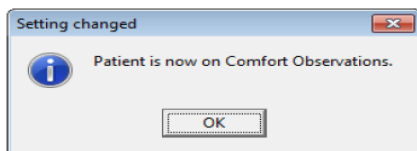
Initiating Comfort Observations (CO) in PICS

Comfort Observations can be set from the main 'Patient' drop down menu, by experienced members of the nursing and medical team, following discussions with the MDT, patient and family.



More information can be obtained via the information tab.

The text will change accordingly, depending on whether you are setting (or removing) Comfort Observations. Confirm any messages and click 'OK'. Once signed off, another small pop-up will appear as below, asking you to confirm.



A new icon will be displayed in both the patient's record and the Active Patient List indicating that the patient is now on Comfort Observations.

Please note: When an active patient has CO set on their record, if they are discharged (with the CO still active) and later admitted again, a notification email will be sent to the Palliative Care Team.

Practice Development Team



Practice Updates

April 2017

Comfort Observations (replaces 'Supportive Care Icon')

Approximately one third of all patients in hospital today will unfortunately not survive beyond the next 12 months. In a number of these patients it is not appropriate to continue observations which might cause unnecessary discomfort, particularly if there is no active change in management as a result of these observations. The decision to change to Comfort Observations should be made in consultation with the wider multidisciplinary team. Ideally, the reasons behind initiating comfort care observations should also be explained to the patient and those close to them. It is equally important that an account of these discussions is recorded in the medical notes.

Comfort Observations (CO)

- It is recommended that twice daily observations such as respiratory rate and pulse should continue to be carried out
- There may be value in recording oxygen saturations, if low saturations are thought to be contributing to agitation
- Mechanical BP recording and weighing patients may cause unnecessary discomfort and should be stopped.
- This is a time to reconsider whether medications, blood gases, blood tests and imaging are now necessary. Please discuss with the medical team to review stopping.
- The key symptoms that patients suffer toward the end of life are pain, breathlessness, increased respiratory secretions, agitation, nausea and vomiting. Regular assessment of these should be a priority and be treated.
- The anticipatory drug bundle for symptom control end of life care drugs can be activated on PICS. Please refer to the Palliative care page for extra guidance on symptom control <http://uhbhome/palliative-care-guidelines.htm>

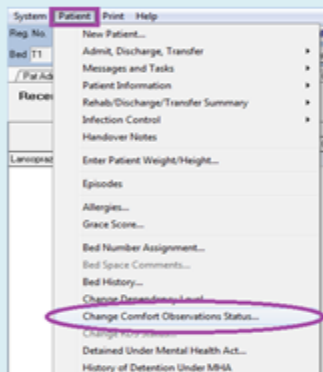
Please consider giving the patient and family a Comfort Care Pack available from Bereavement or the Clinical Site Team out of hours; which includes the leaflet 'Information for you when your loved one is dying' explaining the change in focus of care to comfort and support at the end of a patient's life.

The 'Committing to the priorities of care' window sign is a symbol to indicate to members of the ward team that extra care and comfort should be offered to these families as well as open visiting.

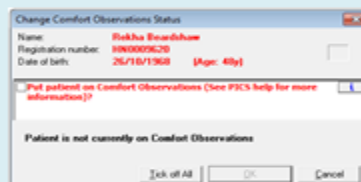


'Comfort Observations' (CO)

Comfort observations can be set up from the main 'Patient' drop-down menu by experienced members of the nursing and medical team following discussion with the MDT, patient and family.

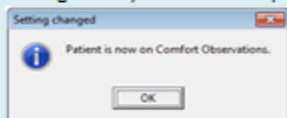


Selecting this option, the following message is displayed. For more information use the information tab



The text will change accordingly, depending on whether you are setting (or removing) Comfort Observations. Confirm any messages and click 'OK'.

Once signed off, another small pop-up will appear, as below, asking you to confirm the action.



A new icon will now be displayed in both the patient's record and the Active Patient List indicating that the patient is now on 'Comfort Observations'.

Please Note: When an active patient has Comfort Observations set on their record, if they are discharged (with COs still active) and at a later point admitted again, a notification email will be sent to the palliative care team.

For further information please refer to Comfort Observation page on the Trust's Palliative Care Website <http://uhbhome/palliative-care.htm>

For any queries or further information contact:
Specialist Palliative Care team: ext. 14548
CNS End of Life - Fiona Dakin - 07554330880

2. A clear overview of the function and purpose of 'comfort observations'

Approximately one third of all patients in hospital today will unfortunately not survive beyond the next twelve months.

There will also be a significant number of patients in hospital for whom it is not appropriate to continue observations which might cause unnecessary discomfort, particularly if there is no active change in management as a result of such observations.

Comfort observations (COs) may be appropriate for patients who are considered by the multidisciplinary team (MDT) to be in their last days of life.

The decision to change to comfort observations should be made in consultation with the wider MDT involved with the care of the patient. Ideally, the reasons behind initiating comfort care observations should be explained to the patient and those close to them

The priorities of care for this patient now include reducing unnecessary physical discomfort such as mechanical blood pressure monitoring.

It is recommended that twice daily observations such as pulse and respiratory rate should continue to be carried out and recorded.

With some patients there may be value in assessing and recording oxygen saturations (e.g. if low oxygen saturations are thought to be contributing to agitation).

Assessment of pain and other symptoms such as nausea should also be carried out and recorded.

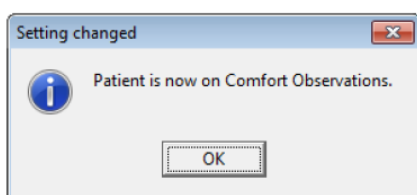
For patients who stabilise or improve after comfort observations have been initiated, it is recommended that the use of comfort observations should be reviewed. If patients are to be discharged home then the decision should be made, as to whether comfort observations would be applicable if the patient was to be readmitted to hospital.


When a patient has Comfort Observations set on their record, if they are discharged (with COs still active) and at a later date readmitted, a notification email is sent to the Palliative Care Team.

3. Which staff groups can use this functionality e.g. band 5, 6, 7 nurse or doctor or if it is unrestricted

The initiation of the icon is restricted to registered nurses with post registration training and medical staff. This is following the MDT discussion and decision agreed by a Consultant or Specialist Registrar.

3. The icon associated with use of this functionality

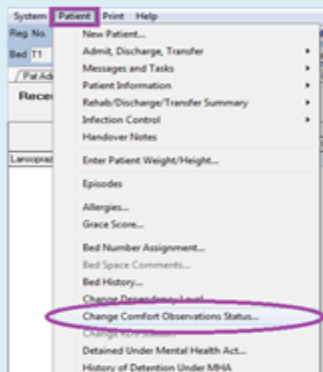


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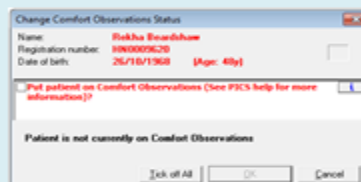
4. When this functionality is selected what is the associated workflow that is presented to the operator (see below for demonstration of workflow)

'Comfort Observations' (CO)

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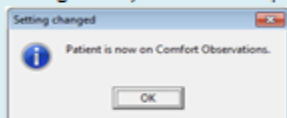


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5. How the trust monitors and reports usage of this function

The Clinical Nurse Specialist for End of Life Care in conjunction with the Supportive and Specialist Palliative Care team has undertaken a number of audits reviewing the use of Comfort Observations. This has helped to direct the focus of training and education and the promotion of resources available to support dying patients and their families.