AMBER CARE BUNDLE

A GUIDE TO IMPLEMENTATION

IMPROVING THE QUALITY OF CARE FOR PATIENTS WHOSE RECOVERY IS UNCERTAIN

NSW GOVERNMENT

CLINICAL EXCELLENCE COMMISSION

Table of contents

Version History

Version 1	Adapted from UK version November 2013	Bernadette King
Version 2	Updated December 2014	Bernadette King
Version 2.1	Updated August 2015/October 2016	Bernadette King
Version 3	Review / update	Bernadette King

Introduction

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.

This implementation guide aims to provide local health districts (LHDs) and health care facility staff with easy to use tools and resources to assist in implementing the AMBER care bundle. It should be used when developing your implementation plan and during the implementation process. It is highly recommended that key implementation staff in health care facilities also read all material prior to commencement of the AMBER care bundle Program.

The guide includes some of the UK Guy's and St Thomas resource documents that have been localised, as well as new materials that have been developed from information and findings gained through the NSW pilot program. As the AMBER care bundle is implemented throughout NSW, new tools and resources will be developed in response to clinician feedback and program needs

By following the steps in this guide, the AMBER care bundle can become an important tool in improving patient's end of life care and management in your facility.

What is the AMBER care bundle?

Assessment **M**anagement **B**est Practice **E**ngagement of patients and carers for patients whose **R**ecovery is uncertain

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.

There are four components to the approach:

1. Talking to the patients and their family to let them know that the health care 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.

Patients whose recovery is uncertain

© Guy's and St Thomas' NHS Foundation Trust, UK. 2013
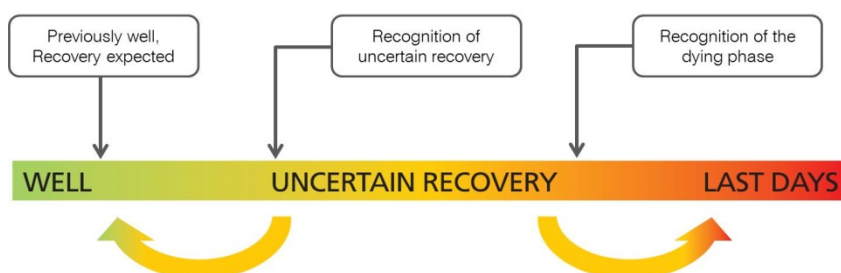
Implementing the AMBER care bundle

Why introduce the AMBER Bundle?

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. 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. The expected outcomes include:

- 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

- patients being treated with greater dignity and respect.

How does the AMBER care bundle support patients, their families and carers and hospital staff?

The AMBER care bundle:

- Provides a tool to help clinicians identify people for whom recovery is uncertain and who may have end of life care needs

- Simplifies key interventions to support best practice

- Supports staff to start conversations about possible outcomes, including dying and death

- Gives patients and carers and others close to them time the opportunity to be involved in decision making about their care and preferences for treatment, place of care and dying and to prepare for possible death.

The patient's condition is then monitored closely and reviewed at least daily to record any changes (medical or patient preferences) and address any concerns they or their family have.

Patients receive care supported by the AMBER care bundle. This care includes:

- reviewing the patient's treatment plan or medical plan; and

- involving patients in decisions around their care.

They remain suitable for the care bundle while their recovery is uncertain. They are not 'on' the care bundle.

> The AMBER care bundle is a bottom-up change i.e. the organisation / facility / clinical unit own the process and the CEC supports with resources and advice

Laying the foundation work for implementation

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

The underpinning methodology is based on the model for improvement and "plan do study act" cycles of change with the associated approaches to help answer the question: "Are the changes I am making an improvement?" Before you commence implementing the AMBER care bundle it is essential to your success to have the following elements in place.

1. **Agreeing there is a problem worth solving**

   Is end of life planning an area that needs improvement in your facility/clinical unit? If so what do you want to achieve by introducing the AMBER care bundle?

   ACTION:
   - Review data sources such as M&M findings, complaints, RCAs, MET call data and provide clinical staff with results that may demonstrate there is an opportunity for improvement.

2. **Facility sponsor nominated and support processes established**

   Establish an Executive Sponsor who is part of the hospital executive and in a position to provide organisational support of the program.

3. **A nominated ward to commence program**

   Choose the initial wards based on having engaged medical and nursing staff and there is an identified need to implement the care bundle in their ward.

4. **A prepared ward:**

   Prior to commencing establish a medical lead and nursing lead; develop education requirements; clinician engagement plan; and define the roles and responsibilities of all multi-disciplinary team members

   ACTION:
   - Define team roles and responsibilities for medical, nursing and allied health staff

   - Establish which doctors will be involved: do all Doctors in the unit want to have their patients supported by the AMBER care bundle?

   - Ensure all senior medical staff are engaged in mentoring registrars and residents in having difficult conversations with patients and their families

5. **Governance and data collection plan**

   Monitor, report and evaluate the AMBER care bundle implementation to ensure clinical practice and processes are effective.

   ACTION:
   - At Unit/Ward: Integrate with existing M&M/clinical review meetings.

   - At Facility: Reporting can be integrated with existing MET data reporting / Health Care Quality Committee reporting oversight.

   - At Local Health District: Oversight for monitoring and reporting requirements from facilities should be established through LHD committee such as the End of Life committee or peak Health Care Quality Committee

Roles of key staff

Implementing and sustaining the AMBER care bundle requires an investment of time, resources and commitment at all levels of the organisation and at all stages of implementation.

To streamline the implementation of the AMBER care bundle, each LHD and health care facility will need to identify and appoint key position holders with operational responsibility for implementation of the Program. Taking the time to define team roles and responsibilities enables you to identify all tasks, list all roles, resolve overlaps, and fix gaps. Suggested roles and responsibilities are detailed below.

Project Governance

LHD Chief Executive

Responsibility for governance of LHD initiatives to improve end of life care and management of patients

LHD Clinical Governance

Incorporate end of life and AMBER care bundle monitoring via the LHD peak quality and safety committee, Clinical Council and other relevant LHD meetings.

Establish governance structure for the LHD including integration with existing deteriorating patient initiatives and risk management frameworks

Support facility Executive sponsors by advising on AMBER care bundle implementation, monitoring and reporting

Facility Executive Sponsor

Establish governance structure including integration with existing deteriorating patient initiatives and risk management frameworks

Establish an advisory/implementation committee/group – consider incorporation with an existing committee/group

Assist and support clinical leads by endorsing the AMBER care bundle as a vital initiative which is part of the end of life program.

Core project team

Medical and Nursing Clinical Leads

- Work with Executive Sponsor in development of local implementation plan for the AMBER care bundle
- Promote and drive the AMBER care bundle in the ward/unit
- Coordinate awareness and education sessions for the AMBER care bundle
- Coordinate data collection
- Provide on-going feedback and progress reports to the facility executive sponsor.

Extended Team Members

These members can provide expertise and guidance regarding specific functions and/ or responsibilities at regular or on an ad hoc basis e.g. the palliative care team

Self-Assessment

Roles and Responsibilities / Leadership				
	Yes	Somewhat	No	Don't know
Senior management is supportive and involved in the implementation of the AMBER care bundle				
A clinical champion has been identified and involved in the implementation of the AMBER care bundle				
• medical				
• nursing				
• allied health				
There is an executive sponsor for the implementation of AMBER care bundle				
Roles and responsibilities are clearly defined for clinicians involved in the program				

- If there is a 'no' or 'don't know' response to any of the questions direct action is required
- If a 'somewhat' response is chosen further action is required.
- If a 'yes' response is chosen no further action is required.

The role of the Multidisciplinary team

The success of caring for patients being supported by the AMBER care bundle depends on how the multidisciplinary team works.

Benefits of a Multidisciplinary Team Approach

- Enhances teamwork and communication
- Improves care by increasing coordination of services, especially for complex problems i.e. time efficient
- It encourages team development in the following areas:
  - o Shared Mental Model (all team members know the plan for the patient)
  - o Situational Awareness (all team members know "what is going on around them")
  - o Mutual Support and respect (all team members are supportive of each other and learn to respect each other's comments)

- The opportunity is explicitly provided to focus on and clarify progress, medication, escalation and other issues with all team members[1]

Self-Assessment

Role of Multidisciplinary Team				
	Yes	Somewhat	No	Don't know
Patient care planning is currently addressed in multidisciplinary rounds				
Who participates?				
• medical staff				
• nursing staff				
• allied health staff				
Members of the health care team know their roles and responsibilities as related to developing patient goals of care				
There is an agreed process in place for identifying patients appropriate for support by the AMBER care bundle				
There is an agreed process in place for the medical consultant to be notified that a potential AMBER care bundle patient has been admitted				

- If there is a 'no' or 'don't know' response to any of the questions direct action is required
- If a 'somewhat' response is chosen further action is required.
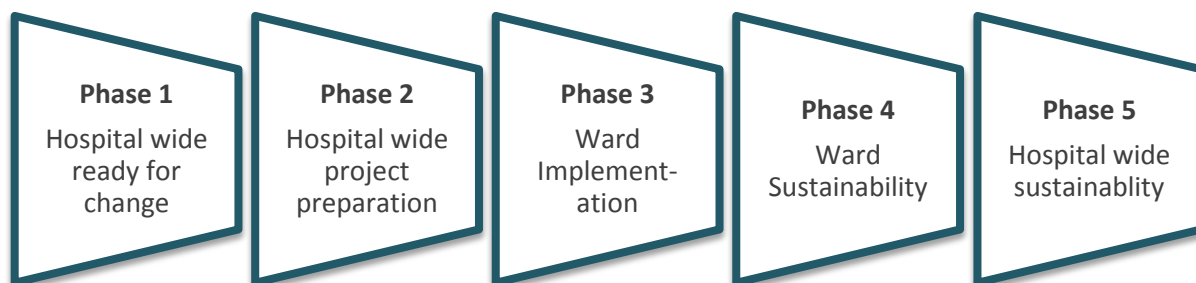- If a 'yes' response is chosen no further action is required.

A list of suggested strategies divided into corresponding sections has been provided at each stage of program implementation. Project teams are encouraged to select or develop local strategies to address any identified weaknesses or gaps.

---

[1] Adapted from CEC *In Safe Hands* program

Developing the implementation plan

An implementation plan is required to facilitate a robust process for rollout and sustainability of the AMBER care bundle.

There is a five-phase process for the implementation of the AMBER care bundle. While each steps strategy need to be completed for implementation success, the approach is not linear and there is an interchange between all the phases. This includes ensuring that the initial engagement to support the AMBER care bundle is sustained and assessment and planning continues throughout implementation.

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Hospital wide ready for change	Hospital wide project preparation	Ward Implement-ation	Ward Sustainability	Hospital wide sustainablity

The first two phases focus on ensuring that there is hospital wide engagement and preparation for the project. The learning from the UK and the NSW pilot sites highlights that it is essential that a hospital is prepared and ready for implementing the AMBER care bundle.

The tables on the following pages provide a number of tips and tools to support each strategy.

Phase 1: Hospital ready for change

It can be useful to generate local evidence of need for the bundle – this can include audit of last 10-15 deaths in the facility, review clinical incidents and complaints. This data can provide local illustration of where the AMBER care bundle could have made a difference to patients with uncertain recovery care co-ordination and planning. As the AMBER care bundle has a very strong emphasis on involving patients and their carers as appropriate, this may tie up with other agendas in the hospital.

Strategies / components	Tips, Support, Resources and Tools	Timeframe
Gain agreement that there is a problem worth solving • Is end of life planning an area of care that needs improvement in your facility/clinical unit? • If so what do you want to achieve by introducing the AMBER care bundle?	Review data sources such as M&M findings, complaints, RCAs, MET call data. Undertake heat map exercise to identify those wards that have the highest proportion of patients with end of life care needs and use results to inform approach to implementation of the AMBER care bundle and engaging medical, nursing and allied health staff in the wards. Gain agreement from executive and clinicians that the AMBER care bundle can address the identified issue	Allow several weeks to gain support and engagement from all the key team members
Chief Executive sign off and Senior leaders demonstrate their support	The CEC End of Life team are available to provide support to local leadership of the program throughout all stages of development and implementation	Allow several weeks to gain support and engagement from key team members
Influential medical and nursing staff recognise there is a need to improve care for patients whose recovery is uncertain	Identify a medical and nursing leader • co-leadership and management of the program provides direction and models a high standard of clinical care across disciplines	Allow several weeks to gain support and engagement from key team members
Link in with like units who have already implemented the AMBER care bundle or compatible projects such as In Safe Hands	Access units that have implemented AMBER care bundle as mentors for units in planning stage units that have implemented the ISH program may be suitable to commence the AMBER care bundle	Allow 2 – 4 weeks
A governance framework and communication strategy for implementation of the program is established	Integrate governance for the AMBER care bundle with existing structures for EOL e.g. District or facility End of Life Committee The governance framework will include a reporting schedule and a plan for ensuring that communication with all team members occurs regularly	

Resources available to support Phase 1

• AMBER care bundle – Information for clinicians

• Introductory presentation

• Measurement and minimum Dataset guidance

• Baseline Audit Data Collection tool – Excel spreadsheet

• Data Collection and Reporting requirements - PPP

Phase 2: Hospital wide project preparation

This phase is all about practical project preparation. One of the most important tasks is to establish an Executive Sponsor who is part of the hospital executive and is in a position to provide organisational support for development and implementation of the program. It is essential to identify key members of the leadership team and engage them in the program. A project team should be established with both medical and nursing clinical leads.

Strategies / components	Tips, Support, Resources and Tools	Timeframe
Establish an Executive Sponsor who is part of the hospital executive and in a position to provide organisational support for development and implementation of the program	The CEC End of Life team are available to provide support to local leadership of the program throughout all stages of development and implementation	Up to 6 weeks **This is essential for success**
Established governance framework & communication strategy for implementation of the program	District or facility End of Life Committee to provide oversight for AMBER care bundle	
Engage & identify key members of the leadership team • A clinical lead is identified to lead the program by example at a clinical level • Other key team members may include Senior Nursing and Medical staff, Social Worker • Generate interest among all health care team members	The leadership team should be inclusive and involve any team members who are interested and motivated to engage in the activities required to implement the program within the clinical unit The team members will vary depending on the unit structure, patient population and clinical needs The Palliative Care team should be aware of the program and be involved in project implementation	
Begin your implementation on the wards which have the highest proportion of patients with end of life care needs before moving onto other wards. Plan a potential order of implementation and approach to implementation depending upon the ward (for example a ward that provides end of life care infrequently may need a different approach to one where this is more common).	Ensure that an engaged ward has sufficient end of life care activity if they are one of first wards to pilot or implement the AMBER care bundle Connect this information to other improvement activities that the ward may be involved.	

Resources available to support Phase 2

• Pre implementation Checklist

• AMBER care bundle implementation guide

• AMBER care bundle implementation plan – template

• Lesson plan for introducing the AMBER care bundle

• Getting started – PPP

Phase 3: Ward / team implementation

This phase is about introducing AMBER care bundle to ward or clinical team. Assessment of the current unit environment is essential to clearly establish the desired outcomes and goals of the program. Assessment should investigate current unit culture, existing communication and team work practices and safety and quality concerns. The roles and responsibilities of the team, as related to developing patient goals of care are established.

Staff training and development focuses on how to identify appropriate patients and communication skills. An interdisciplinary training approach ensures all team members receive the same message and work together as a team to meet the goals of supporting patients with the AMBER care bundle

Strategies / components	Tips, Support, Resources and Tools	Timeframe
Assess current unit environment to clearly establish the desired outcomes and goals of the program • Assessment should investigate current unit culture, existing communication and team work practices and safety and quality concerns	Review clinical incidents/audit can to identify safety and quality concerns around end of life care. Consider such things as: • roles and responsibilities of team in developing patient goals of care • How will you first identify that a newly admitted patient is in the target population for this project A clear plan will help to identify evaluation points later and establish a method for reporting, evaluation and keeping on track	
Provide staff education on how to identify appropriate patients and communication skills An interdisciplinary training approach ensures all team members receive the same message and work together as a team to meet the goals of supporting patients with the AMBER care bundle evaluate training outcomes on both nursing and medical staff	**Education** Nursing staff: minimum 80% have undertaken a basic level of education on how to use the AMBER care bundle Medical staff: one senior medical meeting (min requirement) / junior doctors induction / education sessions Use generic presentation and educator's guide to support training for interdisciplinary teams. **Evaluation** Staff are able to independently identify & manage patients using the AMBER care bundle	Up to 6 weeks Formal evaluation annually

Resources available to support Phase 3

• Facilitating AMBER care bundle introduction guide

• How to conduct initial team meeting

• AMBER care bundle introduction workshop – PPP

• AMBER care bundle – getting started – PPP

• AMBER care bundle – Information for clinicians

• AMBER care bundle – Information for patient and families

Phase 4: Making it stick - ward sustainability

This phase also focuses on the clinical teams or wards and preparing them to commence the AMBER care bundle. Most hospitals have a focus on ward by ward implementation and the speed of implementation depends upon the level of support for the AMBER care bundle, culture and leadership and confidence and skills of the ward (in particular relating to communication skills).

Generally speaking, start with a ward that is supportive of the AMBER care bundle and it is anticipated that there will be sufficient patients who are suitable for the care bundle to be able to demonstrate impact.

Strategies / components	Tips, Support, Resources and Tools	Timeframe
Establish a start date for the AMBER care bundle Ensure all key members of the leadership team are available during the implementation phase to provide support, leadership and encouragement Schedule regular team meetings and debrief sessions to enable reflection and adaptation of processes as required	The End of Life program team are available to provide support and guidance during implementation of the program Provide real time feedback and encouragement to staff that recognises good work and improve overall team performance	Allow 2 – 3 months for the structured process to become embedded into practice
Identify evaluation strategies and undertake baseline measurement This may include baseline data analysis, staff and patient satisfaction surveys, incident rates specifically related to end of life care and management	A minimum monthly data set • No. of AMBER care bundles initiated • 4 parts of AMBER care bundle tool completed • length of time patient supported by the AMBER care bundle Any issues with completing the AMBER care bundle A patient or staff story illustrating the impact of the AMBER care bundle Use IIMs and local audit data to evaluate any issues around end of life care and management Identify local unit level information relating to numbers of clinical review and medical emergency calls through the Between the Flags program to identify changes in the number of patients with acute clinical deterioration	Can be undertaken simultaneously to preparation and customisation Allow 3 – 4 weeks for baseline evaluation particularly if patient experience is surveyed

Resources available to support Phase 4

• MJA Clinical Practice Guidelines for EOL conversations

• Supportive and Palliative Care Indicators Tool (SPICT)

• Minimum Dataset guidance

• Monthly data collection – Excel spreadsheet

• Data collection and reporting requirements - PPP

• Sustainability self-assessment tool

Phase 5: Making it stick - hospital sustainability

The fifth phase focuses on hospital wide sustainability. It is linked with phase 4 and the two initial phases. There are two approaches to sustainability. The first aspect is to focus on the practical i.e. to plan for the exit of any additional resources put into the implementation at the outset. The sustainability tool developed by the NHS Institute for Innovation and Improvement will also help you to spot areas of weakness and how to incorporate the AMBER care bundle into the daily practice and habits of wards. The program resources also highlight aspects of sustainability – a careful exit from the wards, establishing and supporting local champions and ensuring there is a constant overview of the quality of care.

The second aspect is around strategic infrastructure and overview. Ensuring the implementation is supported by an organisational strategic plan including end of life care plan, strategic education and development plan and ongoing monitoring and overview. The ability to have hospital wide sustainable measurement and overview systems often need organisational level support. Having a formal process for the evaluation of the program is essential to provide evidence of the programs effect in improving end of life processes and also to identify any unintended consequences of the program.

Strategies / components	Tips, Support, Resources and Tools	Timeframe
Establish formal evaluation points e.g. Baseline, 3 months, 6 months 12 months Review and revise strategies based on team feedback and evaluation to ensure optimum outcomes are achieved	It is reasonable to measure staff and patient satisfaction after 3 months It will take up to 12 months to establish sustained change in clinical data	On going

Resources available to support Phase 5

- Sustainability self-assessment tool

- Spread and sustainability guide – CEC

NSW
GOVERNMENT

CLINICAL
EXCELLENCE
COMMISSION