Conclusions

Availability of families to have important discussions. We strongly recommend further consultation with key stakeholders (HCPs, patients and families) should consider important contextual factors, for example, pressurised workloads with little elasticity to take on new roles, and the need for this intervention and the usability of the intervention inclusion criteria, simple documentation and daily engagement with patients/families was seen to be dependent on:

- The time available to HCPs
- The availability of family members to be on the ward
- The willingness of nurses, health care assistants and other front-line ward staff to communicate with patients/family
- HCPs perception that further discussion about ‘uncertainty’ could cause distress to the patient or family

"It became more embedded in our daily board round discussion about highlighting those patients and making a priority that we’re having those conversations” (Ward Manager – intervention ward)

Background & Aim

Clinical uncertainty towards the end of life can be distressing for patients and families and can lead to poor patient outcomes. The AMBER care bundle (AMBER) is a complex intervention aimed at improving the quality of care for patients who are deteriorating, near the end of life, and whose situations are clinically uncertain. The Medical Research Council (MRC) acknowledges the importance of process evaluations of complex interventions to identify active components, causal mechanisms and the contextual factors which influence intervention implementation and outcomes of care.¹

This study aimed to identify (i) the active ingredients of AMBER and (ii) the contextual factors and mechanisms of action which contribute to intended intervention outcomes in the context of a feasibility cluster RCT.

Methods

A process evaluation was nested within a feasibility cluster RCT at four district general hospitals in England. Focus groups were conducted with healthcare professionals (HCPs), semi-structured interviews with patients and relatives and non-participant observations of multidisciplinary team meetings (MDTs). Data were analysed using the Framework approach.

Results

In total, four focus groups (46 HCPs), 15 non-participant observations and 24 interviews (8 patients, 15 relatives, 1 patient/relative dyad) were conducted. Four active ingredients of AMBER were identified; presented below.

Engagement with patients and families became routinised into daily clinical practice of staff on the intervention wards. During MDT discussions, staff mentioned contacting the family to discuss preferred place of care and treatment options. The ability to engage and subsequently reengage with patients and families was seen to be dependent on:

- The time available to HCPs
- The availability of family members to be on the ward
- The willingness of nurses, health care assistants and other front-line ward staff to communicate with patients/family
- HCPs perception that further discussion about ‘uncertainty’ could cause distress to the patient or family

"It became more embedded in our daily board round discussion about highlighting those patients and making a priority that we’re having those conversations” (Ward Manager – intervention ward)

Conclusions

Using multiple methods, a process evaluation of the AMBER care bundle at the feasibility stage provided a unique opportunity to understand its key components and implementation within the local setting before proceeding to a definitive trial. The results highlight a need for this intervention and the usability of the intervention inclusion criteria, simple documentation and daily engagement with patients/family to progress patient care. However, further development was highlighted. The developers of the AMBER care bundle should consider important contextual factors, for example, pressurised workloads with little elasticity to take on new roles, and the availability of families to have important discussions. We strongly recommend further consultation with key stakeholders (HCPs, patients and families) to assist in optimising the intervention for future implementation.