Our Wish for End of Life Care: A Collaborative Approach to Improving End of Life Care.

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Introduction

End-of-Life-Care (EoLC) is a significant part of the business of Beaumont Hospital with approximately 900 deaths occurring annually. Many initiatives have been introduced to implement the Quality Standards for End of Life Care in Acute Hospitals (Hospice Friendly Hospitals Programme 2010).

As part of a review, the End of Life Care Committee decided to engage with staff to identify future initiatives which would improve the quality of EoLC in the Hospital.

Project Objectives

1. To celebrate improvements in EoLC practices.
2. To share the experiences of bereaved relatives with staff.
3. To understand what factors support staff to deliver compassionate, person-centred care and what factors act as barriers.
4. To inform the EoLC Committee work plan.

Methodology

1. A workshop event with multidisciplinary participation was chosen as the most appropriate mechanism to achieve the project objectives.
2. A communication strategy was developed to promote participation by all staff grades.
3. The event was designed to allow participants to connect with compassion.
4. The venue was set up cafe style and refreshments were served.
5. A reflective atmosphere was created by playing gentle music as staff arrived.
6. ‘A Wish’ a short animated film from the Hospice Friendly Hospitals programme was shown.
7. The real EoLC experiences of six bereaved families was presented by actors.
8. Participants were invited to write a word or phrase in response to the presentations.
9. Three questions were put to the groups.
10. Experienced facilitators moderated group discussion.
11. Discussion at each table was recorded on flip charts and analysed to reveal themes.

Themes from Group Discussion

The Physical Environment

The limited availability of single rooms and private spaces impacts on EoLC. Symbolic Resources e.g. the EoLC Symbol and ward lockers are valued by staff.

The Work Environment

Strong role models and appropriate staffing combined with good team work, involving all grades, is essential for good EoLC.

Patient / Family Engagement

We need to engage with patients and families about EoLC, and seek feedback in a structured way.

Communication

Communication within teams and between staff and patients and families is essential. There is a need for communication skills training.

Staff Supports

Personal experience together with a multidisciplinary approach and availability of specialist knowledge supports good EoLC.

Education & Training

Staff feel empowered by education and training. There is a need for in-depth education on EoLC issues, in addition to Final Journeys.

The Questions

1. What supports you to deliver compassionate EoLC?
2. What prevents this from happening?
3. What else could be done to support delivery of compassionate EoLC?

Conclusion

The event raised staff awareness of their role in EoLC and provided a rich source of information for the EoLC Committee. The findings endorsed Beaumont Hospital’s approach to improving the quality of EoLC while also highlighting areas for further development.

Implications

The information gained, together with the Quality Standards for End of Life Care in Acute Hospitals (Hospice Friendly Hospitals Programme 2010) will inform the EoLC Committee’s quality improvement plan.