Acute Hospitals
and
Palliative Care / End of Life / Bereavement Care

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Context for Acute Hospitals

- All levels of Palliative Care occur within hospitals
- Wide spectrum of specialities in one place
- All ends of the age spectrum in hospital
- Provision of palliative and end of life care necessitates high levels of integration between hospital and community services
- Total number of deaths and associated admissions for palliative care / end of life care
Context for Acute Hospitals 2

- Palliative Care Programme
- End of Life Care
- Bereavement Care
- All Ireland Institutes “Lets talk” feedback
- Large number of networks across country (HFH, consultants, senior nurses, outreach nurses)
- Palliative Care Framework
- Office of the Ombudsman – A Good Death
- Portlaoise Report - Florence Nightingale Trust
- Relevant research showing benefits
Context for Acute Hospitals 3

• Hospital Group CEOs appointed and HG mgmt teams being put in place

• Currently, a set of national & local plans which identifies the scope, objectives, resource requirements, workstreams, tasks, deliverables, timelines and interdependencies for HG development

• Re-organisation and networking benefits (short and longer term)

• Standards driven performance with appropriate measures which target more than just access
Development of Hospital Plans

- Hospital Plan
  - Palliative Care
  - End of Life Care
  - Bereavement Care

- Supported process to develop integrated plans

- Integrated
  - Addressing the relevant areas
  - How adds to overall quality of care

- Mid June timeline for submission of plans
### Proposed Areas Covered

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<th>Strategic leadership</th>
<th>360 Look at palliative care, end of life care and bereavement care</th>
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<tr>
<td>• Palliative care team</td>
<td>• Standards for Safer Better Healthcare</td>
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<td>• Strategic guidance</td>
<td>• The Hospice Friendly Hospitals Programme</td>
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<td>• Palliative and End-of-Life Care Coordinators</td>
<td>• Pal Care / End-of-Life Care Governance Structure</td>
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<td>• Quality Improvement initiatives</td>
<td>• Quality Standards for End of Life Care in Hospitals</td>
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<td>• The Physical Environment.</td>
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<td>• The Design &amp; Dignity Guidelines</td>
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<td>• Hospital Bereavement Services</td>
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<th>Palliative Care Development</th>
<th>Patient Empowerment</th>
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<td>• Needs Assessment Guidance</td>
<td>• Patient apps</td>
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<td>• Referral to specialist palliative care (SPC)</td>
<td>• Patient Experience</td>
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<td>• Rapid Discharge Guidance</td>
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<td>• Clinical Guidelines</td>
<td>• Competence Framework</td>
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<td>• Staff Development Programmes Final Journeys, Dealing with Bad News etc.</td>
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<td>Theme</td>
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| Needs Assessment Guidance*                | Has your hospital a systematic approach to identifying the palliative care needs of patients? Has your hospital nominated two individuals to act as Palliative Care Needs Assessment Champions | [http://www.hse.ie/eng/about/Who/clinical/natclinprog/palliativecareprogramme/Resources/needs%20assessmen
t%20guidance.html](http://www.hse.ie/eng/about/Who/clinical/natclinprog/palliativecareprogramme/Resources/needs%20assessmen
t%20guidance.html) |
| Referral to specialist palliative care (SPC) | Has your hospital a structured and standardised approach to referring patients to SPC services?         | [Weblink](#)                                             |
| Rapid Discharge Guidance                  | Has your hospital implemented the protocol for the rapid discharging of patients who wish to die at home? | [Weblink](#)                                             |
| Clinical Guidelines                       | Clinical Guidelines – Please note that two guidelines will be released by the National Clinical Effectiveness Committee and the Palliative Care Programme during 2015 on the Pharmacological Management of Cancer Pain and the Management of Constipation in the Palliative Care Setting. | [weblink](#)                                             |
Acute Hospital Approach

- Collaborative Approach
  - Palliative Care Clinical Programme
  - Primary Care partners
  - Irish Hospice Foundation
  - Hospital Group CEOs

- Client group involvement

- No prescribed template but semi-structured approach

- Sharing learning and identifying innovations

- Engagement with Hospital Groups CEOs following first phase of plans
Bereavement Care

• HIQA Galway Report

• Maternity Specific Bereavement Care Standards

• Ombudsman – A Good Death

• Other Bereavement Supports (National and Local)
Proposed interlinkages with other HSE policies

- Open disclosure
- Incident Management (patient interaction component)
- Palliative Care Competency Framework (developed by Palliative Care Clinical Programme)
- IHF / Hospice Friendly Hospital Programmes
- Communicating news of a possible disability diagnosis to parents (partnership with National Federation of Disability)
- Breaking other bad news
- Patient involvement programmes (e.g. CUH)
Summary

• Identified this an important area of focus

• Engage hospitals in a supportive planning process

• Engage Hospital Group CEOs to identify current gaps and discuss strategic leadership for medium term

• Establish collaborative approach to developing plans with our key partners

• Bring together the different relevant strands during implementation