

Bandon Community Hospital



THE IRISH
HOSPICE
FOUNDATION

Una Cronin

A Journey of Change Building a community dedicated to continuous quality improvement in EOLC in residential care centres

Background

- 22 Bedded Care of the older Person Community Hospital
 - 16- long stay beds
 - 5 respite beds
 - 1 Palliative care bed
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- End of life care
 - 3 RIP's since January 2016
 - Limited experience for some staff in end of Life care

Journey of change commenced February 2016

Challenges

No consistency in end of life care

Not sure what was needed for end of life care

Fear of not being prepared for the symptoms of end of life care

Staff felt unsupported in end of life care decisions

Lack of boundaries between families

Poor communication between all team members

Developing a Vision

- Individual and group reflections on components of good End-of-Life (EOL) care, personally and professionally.
- Goal- Reflections were the foundation for creating Bandon Community Hospital vision for EOL.
- Discuss end of life care, death and dying for residents with or without cognitive impairment
- Identify both what is done well and what you may like to develop

First step

- All staff members were asked to describe end of life care at present using the model (STOP-START-CONTINUE-CHANGE)
- Stop- not being prepared, lack of privacy, waiting to late to move to single room, support for all.
- Start- planning and education, all residents would get the same end of life care, confidence in our decisions, reporting even minor changes
- Continue- excellent care, empathy, good communication, time to talk, kindness, laughs and tears, memorial service
- Change- change of room, reflection and debrief, end of life care box

Start

- End of life discussion on admission of any new resident and respite patient by simply asking
- “Have you any concerns if you became unwell? What are your wishes with regard to your care?”
- It starts the discussion and can be developed as the nurse builds a relationship with the resident
- Education for all nursing staff on T34 syringe driver
- Encouraging all staff to report even minor changes
- Updated end of life care policy

Continue

- Excellent person centred care of the resident and family
- Communicating with family
- Privacy for the family
- Respect the family wishes
- Allow the family time, time to talk, laughter and tears
- Traditions- guard of honour for the resident leaving the facility
- Memorial service for deceased residents for families and staff

Change

- End of life- box
- Room- dark and gloomy
- No space for family to have privacy
- Separate tea/coffee facilities for families
- Introduce debrief post RIP
- Feedback learning from debrief reviews
- Be prepared for symptom management at final stage of end of life care

Staff were asked to bring everything that was needed at end of life care and place it in a box so it was accessible when needed.



Ceol review

Compassionate End of Life (CEOL) review to reflect and learn thereby enhancing end of life care for all residents

- **Eight domains of Good CEOL**
- Communication and Care Planning
- Physical environment
- Preferred place of care
- Pain and symptom management
- Supporting relatives and friends
- Supporting other residents
- Moment of death and after
- Teamwork

CEOL reviews

- 4 CEOL reviews to date
- Staff feel it's an opportunity to acknowledge what went well.
- What we can do better
- Changes have been introduced from each Ceol review
- Pro active End-of-Life care rather than reactive care
- Staff education- empowered staff
- Continue to deliver person centred care

Feedback from the Journey of change

- Staff have more confidence in communicating sooner to residents and families about end of life decisions
- Supported by tool kit for end of life care
- Staff worked as a team and every member of the team had something to offer,
- Staff felt more supported
- Achieved confidence to discuss end of life care, death and dying for residents with or without cognitive impairment