Storyboard submission

1) Storyboard Title

Improving efficiencies and addressing the inequalities of palliative care services through cross-boundary working, particularly in nursing homes.

2) Brief Outline of Context

The improvement initiative was embarked on by community Macmillan nurses of the palliative care department, west region, Betsi Cadwaladr University Health Board. (Formally known as North West Wales NHS Trust).

3) Brief Outline of Problem

During review and redesign of the palliative nursing service, it was highlighted among the team that there were gaps in service provision for nursing homes and community hospitals. Here, palliative patients were not being supported by the palliative care team, patients were often admitted to the acute sector in the last hours/days of life (Poolman, 2003). The Healthcare Standards (2005) highlighted the need for “specialist palliative care teams to be sufficiently staffed to allow direct assessment of patients with life-threatening illness in all care settings.” This provided the opportunity for the nursing service to provide an equitable and fair service.

4) Assessment of Problem and Analysis of its Causes

Problem:
Evidence from Poolman (2003) and previous project work relating to nursing homes (Jones, 2004) identified a lack of knowledge on a number of palliative care issues. (E.g. symptom management, communication.) Patients and staff in nursing homes did not have access to the palliative care team for advice and support. Nursing homes were seen as profit making organisations therefore it was perceived that they should be paying for educational input.
Solution:
Following re-design of the palliative care nursing service, the team agreed each community hospital and nursing home will have a designated Macmillan nurse to provide clinical support on an individual patient basis and tailored education sessions for qualified staff and care workers. This included recognising deteriorating and dying patients, empowering staff to communicate effectively with patients, families and healthcare professionals.

5) Strategy for Change

To effectively implement and sustain change, it had to be led from the bottom up. The Macmillan nurses encouraged nursing home staff to participate in identifying areas for improvement and discussing solutions. Stakeholder Analysis and the Voice of the Customer also played a crucial role in helping decide where to focus improvement efforts and to define critical-to-quality requirements. Owen (2003) suggested a process is managed when it has ownership, clear objectives or requirements with a balance of inputs, process and output measures. A Plan Do Study Act cycle was carried out by the Macmillan nurses. This model for improvement was designed for developing, testing and implementing changes, identifying unnecessary delays and steps, providing benefits, not just for patients but also the stakeholders.

6) Measurement of Improvement

The palliative care department now provides clinical input from the multi-professional team, including the consultant.

Macmillan nurses implement and evaluate all their education sessions.

The main educational areas covered are:
Symptom management
Recognising the dying process
Ethical issues
Communication skills
Bereavement support

Tables below demonstrate the number of education/training sessions and attendance rates.

Table 1: Qualified Staff

<table>
<thead>
<tr>
<th></th>
<th>Syringe driver</th>
<th>ICP</th>
<th>Palliative care study day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syringe driver</td>
<td>6  7  11</td>
<td>7  9  13</td>
<td>12 3 1</td>
</tr>
<tr>
<td>Attendees</td>
<td>45 35 68</td>
<td>49 40 63</td>
<td>82 23 11</td>
</tr>
</tbody>
</table>

Total 416
Table 2: Healthcare Assistants

<table>
<thead>
<tr>
<th>Palliative care study days</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sessions</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Attendees</td>
<td>12</td>
<td>34</td>
<td>66</td>
<td>112</td>
</tr>
</tbody>
</table>

Attendees were invited to add comments. Some of the common themes reflected on:

How informative the sessions were:

“I feel I’ve learnt more about the benefits of pain management and associated factors.”
“I have a greater knowledge of symptom management in palliative care.”
“…session on symptom control very useful and excellent handouts.”
“I found all the sessions very informative and beneficial especially the communication skills workshop”

It was reassuring to know that they could contact the Macmillan nurses for advice and support.

“I’m now aware that there is someone I can telephone for advice should I need it.”
“…it is reassuring to know that we can liaise with the Palliative Care Team”.

Healthcare assistants remarked on feeling valued.

“This kind of study day should be available more often for others who could not be here today.”
“…the information I have been given today will help me with my work in giving support to people who need palliative care.”
“…to be able to discuss important issues with people trained in this field who care passionately.”
“…to hear what other people have to say, to find that other carers have the same views and problems as myself. I have gained some useful ideas to resolve some of them.”
"Thank you for a very good study day, I have learnt so much today which I will be able to use in my own workplace and help my work colleagues.”

Anecdotal evidence shows that following education and clinical input, staff are more confident in basic palliative care issues. (E.g. staff recognizing dying patients and liase with GPs to instigate the ICP for the Last Days of Life.) This prevents inappropriate admissions to acute hospital.
7) Effects of Changes

It is now routine practice for members of the palliative care department, (Macmillan nurses, occupational therapist and consultant) to advise and support staff, patients and their families within nursing homes and community hospitals.

8) Lessons Learnt

It has taken 4 years of sustained effort, through regular clinical support and an on-going educational programme.

Although nursing homes are independent profit making organisations, advice was sought regarding not charging for palliative care education, as costs could be a barrier to releasing staff for training.

Patients perceived as not receiving the right care in the right place by the right person at the right time. Through utilising service redesign, quality management and change management tools there has been a change in practice, resulting in patients in all care settings receiving appropriate care.

9) Message for Others

Collaboration occurs over time, as organisations interact through negotiation, development of commitments and execution of those commitments. (Crosby & Bryson, 2010)

Quality should not be a victim of changing times (e.g. the current financial climate) - difficult times are an opportunity to accelerate the pace of change and justification for trying new strategies to improve the quality of care.

Information gathered so far shows service improvement as a rewarding experience for all.

References


Jones, A. & Johnstone, R (2004)”Reflection on Implementing a care pathway for the last days of life in nursing homes in North Wales“. International Journal of Palliative Care Volume 10 Number 10


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