

Community palliative care: integrating staff experiences to develop a new patient care model

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Background

Palliative care services should be available 24/7 (DH 2008, NICE 2004), and adequate medical and psychosocial support provided 24 hours a day make it realistic for up to 50% of patients who wish to, to die at home (Rosenquist 1999).

To address the service needs in our locality, a new Community Care Model was introduced at the hospice, based upon a team approach providing assessment, advice and support. The operational hours of the service were extended to provide a 24 hour, 7-day a week service. The change process used an inclusive approach, based on Kotter's model (2008).

The new model provides a care pathway which follows the patient's identified intervention level rather than being service directed.

Aim

To integrate staff feedback into the process of implementing a new Community Care Model using a reflective and iterative approach.

Method adopted

Regular feedback sessions were held with members of the multi-disciplinary team. Sessions were held before, during and after service transition, and were tape recorded.

Topic areas discussed in the sessions included:

- drivers for change
- contextual reflections on electronic patient data trends
- issues around providing a 24 hour, 7-day service
- potential and actual impact on patient care
- professional working patterns

Conclusions

Integrating staff feedback into service development as an iterative process resulted in an adaptive and inclusive change process.

Staff felt involved in the process of implementation, and some became active change agents.

The new model is seen as responsive to the needs of our local population, providing 24/7 specialist palliative care support and advice.

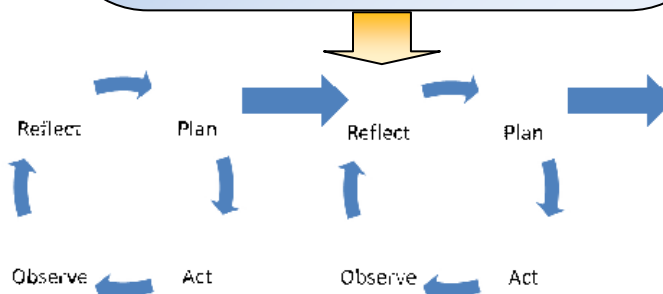


Illustration of reflective iterative process adopted.

Staff experience and feedback

Pre-model Implementation

- The previous style of working was often autonomous and individualised. Introducing a team approach was seen as essential to facilitate implementing an extended 7-day service. Some staff were understandably apprehensive of changing customary working practice, particularly regarding established relationships with primary care professionals.

Post-model Implementation

- Changes to the structure of team meetings, and introduction of systematic case reviews, contributed to the provision of personalised care packages for the individual patient.
- Staff increasingly focused on patient outcomes rather than concerns of time-honoured working practice.
- Modifications to the model were rapidly appraised and implemented, e.g.:
 - intervention levels redefined and incorporated into the multi-disciplinary patient review
 - new style of patient letters generated following multi-disciplinary case discussion

The Community Care Model and team approach enhanced working relationships between the hospice and primary care professionals. Continuity of care for patients was enhanced, with hospice staff facilitating complex liaisons between multiple care agencies.

References; DOH, *End of Life Care Strategy: promoting high quality care for all adults at the end of life*, D.o. Health, Editor. 2008, DH: London. DOH, *Building on the Best, responsiveness and equity in the NHS*, D.o. Health, Editor. 2003, DH: London. Kotter J. In Campbell R.J. (2008) Change Management in Health care. NICE, *Improving supportive and palliative care for Adults with cancer: Research evidence. 2004. National Institute for Clinical Excellence.* Rosenquist A., Bergman K., Strang P. (1999) Optimizing hospital-based home care for dying cancer patients: a population based study. *Palliative Medicine*, 13 (5); pp 393-397.