Implementing Intentional Rounding into a Hospice Inpatient Unit

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Background: Intentional Rounding (the structured process whereby nurses carry out regular checks of patients using a standardised protocol to address issues of positioning, pain and personal needs) was introduced to NHS Hospitals in 2012 in response to the Francis Report (Francis, 2013). There are limited published examples of the benefits of implementing this in hospices. Pendleside Hospice wanted to explore the value of IR on its Inpatient Unit (IPU). It was clear that patients at high risk of falls and skin damage were being observed attentively but with limited evidence of how frequently this occurred. A quick and clear observation record was required.

Aims: To ensure high quality, accurate records. To explore the use of Intentional Rounding (IR) in improving patient care.

Method: The project followed the PDSA model with staff involvement throughout. The IR chart from the local NHS Trust was adapted for the hospice setting. The chart was trialled with feedback from nursing staff and regular amendments until they felt it was clear and easy to complete. The rationale for implementation was communicated with regular support to the team. Champions were identified early. The renamed ‘Falls Prevention and Skin Check Chart’ was incorporated into usual practice and aligned with hospice policies.

Results: There is now clearer documentation to support incident investigations which in turn supports more individualised care plans for patients. Staff can easily see when patient cares are due. Reported falls are being examined to understand if the chart has contributed to a reduction in rates.

Conclusion: Implementation of an adapted IR chart has improved evidence of care and enhanced management support. The use of the PDSA model has ensured a team approach and staff have embraced the change.

Reducing Pressure Injuries within a Hospice Inpatient Unit

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Background: Over 700,000 patients are affected by pressure injuries in the UK every year (Wood, Brown, Bartley, et al. BMJ Open Qual. 2019 Aug 20;8(3):e000409), and it is estimated that the incidence of pressure injuries within palliative care is 11.7% (Ferris, Price, Harding. Palliat Med. 2019; 33 (7): 770–782). There is evidence that education can reduce the incidence of new pressure injuries (Kim, Park, Kim. Adv Skin Wound Care. 2020;33(3):1–11), but improvements may only be temporary without cultural change (Yan, Dandan, Xiangli. Int Wound J. 2022; 19(2): 262–271). In 2014, we carried out training with all registered nurses and health care assistants, and encouraged all staff to be involved with pressure injury prevention and treatment. Over the following year, there was a significant reduction in the number of pressure injuries that developed in the hospice. This project, initiated in 2014, has continued over the past eight years, and with the results monitored regularly.

Aims: To ensure that the initial reduction in pressure injuries was maintained, and identify the interventions required to make these improvements permanent. To demonstrate that involving health care assistants (HCAs) in all aspects of wound care is beneficial to patients, carers, and other health professionals, and that these improvements could be maintained over the longer-term.

Method: Annual mandatory training days and induction days, focusing on preventative care and early signs of skin breakdown. Strong engagement with team in discussion of new products and pilot trials. Emphasis on using prophylactic dressings. Tissue viability leads spend time every week working with staff. Feedback and reflection about the results.

Falls Early Warning Score (FEWS) Chart: The Implementation of a Falls Observational Tool and Its Clinical Effectiveness of Reducing Falls in a Palliative Care Setting

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Background: Falls management and prevention is a top priority in all healthcare settings (National Institute for Health and Care Excellence, 2019). Research suggests that some nursing staff lack confidence when making clinical decisions regarding the appropriate level of falls supervision. Observational assessment tools exist to support the assessment of patients in acute hospital trusts (Richardson, Dawson, Henderson, et al. Age Ageing. 2019; 48(S2): ii1–ii10), but currently no falls observational tools exist for hospice settings.

Aims: To develop an observational falls assessment tool, to support nurses’ clinical decision making, for use in a hospice setting.