Aim To successfully up-skill the hospice staff and to safely and effectively introduce SystmOne onto the IPU.

Approach used The introduction of SystmOne was seen as a major change for the IPU and hence a change management model was used to support this. The main areas addressed were process mapping, to identify areas where we could work more effectively and staff training. Staff training was of paramount importance as 26% of the IPU staff had no basic IT skills. This was given to those staff before embarking upon the SystmOne training.

The ward staff were all involved in the development of new IPU documentation and the review of nursing care plans.

The change has been anchored by the alteration in ward routine, staff job descriptions and the change in hospice policies.

Outcomes

- Improved communication between departments and external organisations who use SystmOne
- Reduced amount of time spent completing documentation
- Improved documentation standards
- Reduction in patients being asked the same questions on several occasions
- More than one person/department being able to access the patient notes at any one time
- Elimination of time spent searching for patient notes
- Enhanced management of out of hours phone calls thereby improving clinical safety
- Improved audit and monitoring

Application to hospice practice We were one of the first IPU's to 'go-live' with Systmone and the improvements have been wide-reaching for both patients and staff.

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P83 APPLYING NHS PRODUCTIVE SERIES MODEL TO HOSPICE CARE – RELEASING TIME TO CARE

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Introduction Productive Ward and Productive Community are a series of modules designed to deliver sustainable service improvement, and are well established in the NHS. We decided to adopt the model, fund the education and development and apply it to:

- Hospice Inpatient Unit
- Hospice Day Care provision
- Hospice Community Palliative Care team
- Hospice Lymphodema Service

Aims To use the series across the organisation to improve efficiency and consider processes in a systematic way using a tested methodology. This will lead to reduction in time wasted, duplication, frustrations etc and the aim is that the time saved can be re-invested in direct patient care. This involves a culture shift within the organisation to adopt new ways of working and is unique within the Hospice movement. The aim is to embed new improved ways of working across the organisation and to empower staff from the "ground up".

Methods

- External training delivered
- Steering group established
- Launch in different teams and establishment of champions
- Work streams to deliver 2 modules in first year :
    - **Knowing How We Are Doing** – public display of information e.g.: response times, no of referrals, falls, staffing levels/ sickness rates/ caseload averages/RAG rating etc.
    - **Well Organised Working Environment /Ward–** review of referral process and pathway, evaluating stock levels and standardisation of store cupboards/ clinician's bags etc.

Evaluation The Productive Series model encourages:

- Continuous evaluation and feedback to teams.
- Ownership of changes, sustaining improvement and embedding practice
- Empowering of staff across bands and settings to deliver the organisation's vision and release time to care.

Further information to follow regarding roll out, changes adopted and impact evaluated by October 2013

P84 QUALITY MONITORING IN A HOSPICE

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Background/context Hospices are expected to quantify the quality of care and demonstrate outcome improvements[1,2]. There has been a change in emphasis from system and process to outcome[1-4]. However, little hospice-specific guidance is available[1-6].

The DMH produces quarterly quality monitoring (QM) reports and is seeing useful intelligence.

Aim

- To produce hospice-specific intelligence
- To evidence that the hospice remains low risk.

Approach used QM is part of the hospice's well-established clinical governance function. Reports use monthly (& rolling annual) data with published statistics (Office of National Statistics; National End of Life Care Intelligence Network).

Electronic patient-notes enable data collation in a way that was impossible with paper notes.

Hospice-specific outcome indicators have been developed to evidence compliance with outcome measures given in the NICE 2011 quality statements[2] and the essential standards of quality and safety[4].

Outcomes The hospice has robust evidence of the following:

- Number (%) and diagnosis of patients receiving care
- Primary care aim
- Equity of access
- Impact of the 24/7 advice line
- Percentage of hospice
    - deaths of patients offered an ACP
    - patients achieving their preferred place of care.
- Percentage of in-patients
    - on the LCP at the time of their death.
    - assessed for risks associated with moving and handling.
    - experiencing minor/serious injury.
    - assessed for tissue viability within 6 hours of admission.