DRIVING CHANGE IN HOSPICE CARE – REFLECTING ON THE SUCCESSES AND THE SCARS

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Aim A hospice in South East London has been engaged in a major programme of change to support its new strategic priorities. This presentation will provide an overview of the change management programme.

Methods The hospice recruited a senior manager to work as service development and transformation lead. Her focus was on change that would allow the hospice to reach more people using an increasingly finite resource of people and money.

Results Over the last two years the post-holder has been engaged in projects focused on:
- establishing the new Single Point of Contact
- designing and utilising a case management approach to guide the allocation of our resources (staff, skills and services)
- improving clinical decision making and related communications between professionals
- introducing a new electronic patient records system
- redesigning clinical administration services to better support clinical professionals.

Working closely with the different clinical directors she has adopted an approach broadly reflective of the PDSA cycle to design and implement change. The work has been overseen by a change board. Much of the change planned has been implemented relatively quickly and results are impressive. However, some resistance exists within the workforce, the impact on staff has been significant and further work is required to embed the changes and ensure new ways of working are sustained.

Conclusion Major change is possible within a hospice context, but it is challenging to implement. Dedicated and senior leadership is required to do this successfully; whilst careful attention to engaging staff in building a vision for something different prior to requiring them to change behaviours is a vital step.

ASPIRING TO BE THE BEST WE CAN BE – A HOSPICE JOURNEY

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Most specialist palliative care units have clinical policies to support best practice. In addition multiple resources are available to clinical staff as books, clinical guidelines and apps. Our experience at Willowbrook Hospice was that staff would refer to guidelines and formats they were most familiar with even if newer versions were available. Equally comprehensive policies were not referred to because staff could not recall how to find them or when found the pertinent information was not easily accessible.

This represents a risk to patients and the organisation.

This poster describes the work that the medical and nursing teams carried out to develop hospice specific ‘quick reference guidelines’ for important policies and procedures that distilled the information into an accessible form, usually flow charts. Examples are - hypercalcaemia management, commencing ketamine, recognition and management of delirium and sepsis.