A STUDY TO INVESTIGATE PARENTAL SATISFACTION WITH THE ALLOCATION OF RESPITE BY A CHILDREN’S HOSPICE

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This study explored the opinion and understanding of parents whose children received respite care from a children’s hospice as to how it is allocated to their child and their satisfaction with what they receive.

Caring for a child with a life-limiting illness has a profound impact on every dimension of family life. Providing appropriate respite care is of vital importance in helping parents cope with the constant demands of caring for these children.

The research adopted a mixed methods approach. The study invited all parents to contribute to the research by completing a questionnaire and participating in semi-structured interviews. The combination of the data collection methods gave rise to six broad themes. Analysis of the data received contributed to the knowledge required to make changes and improvements to practice.

The results showed parents liked the perceived informality of the current method used to allocate respite care, preferring it to a more formal assessment. Parents valued the relationship that developed with the hospice, felt fairly treated and expressed degrees of satisfaction with the respite care their child received. However, there was a lack of knowledge about the allocation of respite care. The interviews highlighted the complexity of the relationship parents have with the hospice which could prevent them from articulating concerns.

Knowledge gained from the research and critical reflection on practice has meant changes have been made to the allocation of respite care. The children’s hospice must constantly question the effectiveness of the model used to allocate respite care. It should be equitable, consistent, transparent and objective, whilst recognising the uniqueness of each family. A clarity of information provided will allow an understanding of the care the hospice can provide alongside the organisational constraints that are integral to the allocation process.

IMPLEMENTING A TISSUE INJURY PREVENTION AND MANAGEMENT TOOL IN A CHILDREN’S HOSPICE

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Aim The National Institute for Health and Care Excellence recommend that a skin assessment is carried out for all neonates, children and young people at risk of developing a pressure ulcer.

The Braden Scale for Predicting Pressure Ulcer Risk, is a tool developed for the purpose of helping health professionals, especially nurses, assess a patient’s risk of developing a pressure ulcer, with the Braden Q Scale being reviewed as an appropriate tool in children’s nursing (Noonan, Quigley & Curley, 2011).

‘The Pink Pack’ a tool, based on the Braden Q and Braden Scales, was developed for use in the children’s hospice to ensure that all children and young people were assessed and care was implemented to prevent or manage tissue injury.

Methods The tool was implemented as a compulsory part of children’s and young people’s care plans following staff awareness training and staff room reminders. An audit was carried out to assess the usage of the tool for children and young people admitted to the children’s hospice within a three-month period. Notes were selected at random.

Results (or, in the case of on-going studies, progress to date or interim findings). An interim audit was conducted to assess the adoption and accurate completion of the tool. 22 care plans were reviewed, 100% had the Braden scale score sheet completed, 55% had this completed on admission, 55% had a treatment plan completed, 90% had an appropriate action plan, 33% of children requiring a turning chart had one, the evaluation of care was completed on every shift during a child’s admission in 33% of cases.

Conclusion Further training and a repeat audit have been arranged to ensure all children and young people have a Braden scale assessment on admission which will result in an action plan where appropriate and daily evaluation of care.