EMBEDDING DIGNITY INTO PRACTICE

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Introduction The national commitments framework focussed on six key themes. Within these we decided to work on one ‘maximising comfort and wellbeing’ through the lens of dignity. We undertook a scoping exercise where we reviewed ten different patient notes to look at what we understand dignity to be and how this may be translated for patients, relatives, friends and carers. We identified that there were six tenets which relate to a person’s feeling of dignity in the inpatient unit:

- Pain and symptom control;
- Loved ones cared for;
- Pragmatic concerns taken care of e.g. housing;
- Place of care established – often in line with preferred place of death;
- Control – being able to exercise choices made;
- Respect for choices made.

We identified that these six tenets working in tandem enabled a person to consider that they have dignity at the end of their life. Based on the identification of these six tenets we drew together a project.

Objectives

- value the uniqueness of every individual;
- uphold the responsibility to shape care around each individual;
- value communicating with individuals that are meaningful to them;
- recognise and respect how an individual’s dignity may be affected when supported with their personal care;
- recognise that that an individual’s surroundings and environment are important to their sense of dignity;
- value workplace cultures that actively promote the dignity of everybody;
- recognise the need to challenge care that may reduce the dignity of the individual.

Current workplans

- Adapting our care plans;
- To disseminate training on Transactional Analysis;
- To create a policy/procedure around challenging dignity which would allow care plans to be challenged where they do not feed into the established six tenets identified above.

A HOSPICE-WIDE PROJECT TO DEVELOP AND SUPPORT MULTI-PROFESSIONAL PARTICIPATION IN CLINICAL AUDIT

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Background Clinical audit within the organisation was perceived as piecemeal and lacking focus: staff lacked motivation and/or confidence to carry out audits. A new programme was devised to inspire and enthuse staff to examine areas of interest, encourage ownership of improvement activities, build staff skills in audit, and to boost multi-professional team working.

A project was established, involving clinical, managerial and other staff, focusing on a particular area (discharge). The project aimed to achieve:

- Greater staff involvement in clinical audit;
- A training programme to improve staff knowledge of and interest in clinical audit, and address the organisation’s audit priorities;
- Identification of other priorities for quality improvement projects;