

The surprisingly positive outcomes following the COVID-19 response within Day Hospice.

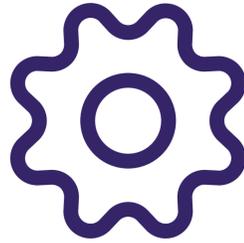


Lots of ideas but no time to try them!

As a service prior to the COVID-19 pandemic, we had been holding regular Quality Improvement meetings to allow us time to discuss potential service developments and plan how we could implement them.

We visited other hospices, noted different models and acknowledged the potential benefits of trialing them within our own organisation.

As a service we struggled to “make space” within the service provision to trial the new pilots as it meant having to discontinue an element of the service to enable time for the pilots.



Pilots included

Telephone support to monitor symptoms and support people’s emotional needs.

A virtual service offering opportunity to access other hospice services, activities, horticultural therapy, education, information and peer support via Microsoft Teams.

A community hub offering opportunity for a return to face-to-face contact in a non-clinical environment, aimed at people earlier in diagnosis.

An MDT outpatient clinic enabling access to all hospice services as required in one appointment visit following a telephone nursing assessment.

These pilots are currently being evaluated and results pending.



A challenging but positive experience.

Despite the many challenges of the COVID-19 pandemic, on reflection, the last 18 months have offered time and space to focus on Quality Improvement within Day Services.

Outcomes:

- The opportunity to reflect and re-evaluate service aims.
- A flexible, empowered, and confident team
- Developing an accessible, user led specialist palliative care service using a quality improvement approach.
- Robust evaluations in place to measure the impact of pilot services

Staff quotes:

“My confidence was knocked when the pandemic hit, I was worried about what would happen to Day Hospice, my patients and essentially, my job. Having the opportunity to develop and pilot different models and services has helped me to feel more autonomous and confident in my role”.

V Doxey, Registered Nurse, working in the Day Services team at Ashgate Hospice.

“It was daunting at first, when we started the process of gathering feedback, I was unsure of what we would be able to offer. I was particularly worried about the new skills that would be required and whether I would be able to adapt and learn as needed, the thought of trialing virtual services scared me. I must admit I have since developed lots of new IT skills and my confidence has grown in this area, I’m not Bill Gates but I am learning something new each week. The fact that I have been able to continue supporting my patients this way throughout the pandemic has been brilliant and I feel proud of that. Vision and leadership enabled us to develop the service and I feel positive about the future of Day Services and the improvement of hospice care.”

S Blair, Healthcare Assistant, working in the Day Services team at Ashgate Hospice.



The enforced break in our usual service due to COVID-19 offered the opportunity for a re-think.

The enforced break in our usual service enabled the team to plan and implement a feedback process for service users, their loved ones and health professionals.

The team aimed to contact all service users via telephone to complete a short survey asking them how they felt about the service and how it could be improved to meet people’s needs during the pandemic.

Health professionals that had previously referred patients were sent a survey via email to obtain feedback on why they referred into Day Services and what benefits they feel the service offers to people living with life limiting illness.



Outcome

Obtaining feedback enabled the team to develop service pilots based on user preference to trial alternative ways of offering support to people within Day Services.