Improving Person Centred Practice in a Hospice Setting

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Background

Person-centred practice is increasingly being adopted within health care and aims to facilitate true partnership working between service users and health professionals.[1] There is an increasing body of evidence that Person Centred Practice can improve health outcomes, the quality of care, and patient experience.[2] However, Person-centeredness can only happen if there is a person-centred culture in place that enables staff to experience person-centeredness and work in a person-centred way.[3]

Aims

Marie Curie as an organisation has committed to the development of Person Centred cultures throughout their caring services. In 2016 the Hospice in Liverpool embarked on this journey using McCance and McCormack, Person Centred Frame work for Practice.[4]

Process

One of the key principles of Practice is Development is "*Collaboration, inclusion and participation".* A multidisciplinary steering group was therefore established with staff representing every role within the hospice both clinical and non clinical. Led by the Practice Development facilitator they have represented staff throughout the hospice ensuring this work has been based on their voices and not led by management team.

Using Graffiti boards placed throughout the hospice staff were asked to contribute to their vision of Person Centred Care. The Steering group themed and analysed the data from this to develop a Person Centred Vision for the hospice which was shared and accepted by all:

Our Hospice will be a place where every person is equally valued and respected; every person is listened to with compassion and support in order to facilitate meaningful relationships and empower them to reach their full potential.

This collaborative vision formed the basis of evaluative work which aimed to benchmark our culture in relation to the vision. Led by the Practice Development facilitator members of the steering group carried out this baseline evaluation. A variety of tools were used including observational work, gaining Patients, families and staff "stories" and collection of data relating to staff turnover, sickness rates, incidents and surveys. Upon completion the data was analysed by the steering group.

Practice Development in action—exploring culture

Findings

Although Patients and Carers overwhelmingly felt their care was Person Centred in its approach they were able to give us clear pointers as to what we could do to improve. Organisation of care was not always Person focused and we needed to shift from doing things because "that is the way we have always done it here " Themes emerging from the analysis of data unsurprisingly indicated we had indeed some work to do to shift our culture to meet the vision we were striving for.

Way Forward

Based on the analysed data, the Multidisciplinary steering group developed an action plan, presently in its implementation stage. Short task and finish groups focus on more tangible aspects revealed whilst groups already established, such as our MDT group, started to explore how they could make the process more person-centred and have now devised a new model currently being trialled and evaluated in the hospice. The literature supports one of our key findings which is that integral to the development of Person Centred Practice is the interplay of meaningful relationships between staff, patients and families. This is complex and using the principles of practice development we are addressing this through action learning sets, focussing on our core values and beliefs, team working with respect, kindness and compassion.

Conclusion

This project shows work towards a person centred culture led by a group of staff of all disciplines and levels of experience. Enabling staff at all levels to work in a more person-centred way will not only enable them to flourish in their roles but to significantly impact on patient experience and the quality of care we deliver. For sustainability this work is now embedded within hospice governance.

References

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