

## CONFERENCE ABSTRACT

### Our Wish for End of Life Care- A collaborative approach to Improving End of Life Care.

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**Background:** Beaumont Hospital has a high level of activity surrounding end-of-life care. The hospital has introduced many initiatives to implement the Quality Standards for End of Life Care in Acute Hospitals. As part of a review, the End of Life Care Committee decided to engage with staff to determine what supports them to deliver good quality end of life care (EoLC), and to identify any additional initiatives required to support staff in this work.

#### **Aims & Objectives:**

To celebrate good practices and improvements in EOLC to date.

To share the experience of bereaved relatives with staff members.

To understand what supports staff to deliver compassionate person centred end of life care and what are the factors that act as barriers.

To inform the EoLC Committee work plan.

**Methodology:** A workshop event was determined to be the most appropriate mechanism to achieve the goals outlined and a number of communication approaches were taken to ensure staff from as many different departments and disciplines as possible attended. A total of 52 staff attended the event representing 11 different occupational groups. The event was designed to facilitate participants to connect with compassion and feeling. It began by showing 'A Wish' a short animated video about the End of Life care in Acute hospitals. This was followed by actors presenting dramatised accounts of the real EoLC experiences of six bereaved families. These stories demonstrated the positive impact of the quality improvement initiatives already in place, and highlighted the negative impact of some poor practices. The participants were invited to reflect on their reaction to the material by writing one word on an A4 page.

Three questions were posed to the participants. 1).What supports you to deliver compassionate EoLC? 2).What factors prevent this from happening? 3). What else could support the delivery of compassionate EoLC? The conversation at each table was facilitated by experienced facilitators. Each group recorded their answers on flip chart paper and the

groups were invited to feedback the conversation at their table to the main group. Analysis of the words, flip chart pages and facilitator notes revealed the themes outlined below.

**Results & Discussion:** The Physical Environment: limited availability of single rooms for patients and private spaces impacts on EoLC. The cost of car parking is a problem for families. Resources such as the End of Life Symbol, canvas property bags and resource folders are valued by staff.

**The Work Environment:** Strong role models and appropriate staffing combined with good team work involving all staff grades is essential for good EoLC.

**Staff Supports:** Personal experience and access to specialist knowledge, e.g. Palliative Care, Chaplaincy, Mortuary staff, Social Work and the Bereavement Service supports good EoLC.

**Education & Training:** Staff are empowered by education and training. There is a need for in-depth education on EoLC issues, in addition to the programmes already available.

Communication within teams and between staff and patients and their families is essential. There is a need for communication skills training.

**Patient/ Family Engagement:** We need to engage with patients and families about end of life care and seek feedback in a structured way.

**Conclusions:** The event raised awareness of the EoLC programme and provided a rich source of information for the EoLC Committee. The findings endorsed the Hospitals approach to improving the quality of EoLC while also highlighting areas requiring further work.

**Implications:** The information gained, together with the Quality Standards for End of Life Care have informed EoLC Committee work plans .

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**Keywords:** end of life; collaboration; bereaved relatives; workshop; person-centred care

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