Establishing a Culture of Improvement in a Scottish Hospice

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- The Scottish Government's 2020 Vision for healthcare in Scotland is to provide safe, high quality care, whatever the setting. National quality improvement programmes have been developed to deliver these ambitions, resulting in a surge of improvement activity across NHS Scotland.
- However, the spread of improvement methodologies through the Scottish hospice sector has been considerably less dramatic. Indeed, there appears to be relatively little uptake of quality improvement as a specific model for achieving quality and effectiveness, in spite of its adoption elsewhere.
- In partnership with the University of West of Scotland, Ardgowan Hospice has committed itself to utilising the model for improvement in order to continuously address the safety, effectiveness and person-centredness of its services.
- A Continuous Improvement Team was created to facilitate improvement projects, in conjunction with the creation of two new posts within the organisation to support data management and improvement activity. Key areas identified for improvement were internal and external referral pathways to hospice services, establishing and embedding the "what matters to you" model, a quality of sleep study and the introduction of outcome measures, including the Integrated Palliative Outcome Scale (IPOS).

MODEL FOR IMPROVEMENT

Project 1: Improving Internal and External Referral Pathways to Hospice Services

- The first phase of this project involves identifying the factors influencing referral patterns and referral-to-bed time for patients waiting for admission to the hospice.
- The patient referral pathway has been process mapped to identify areas for improvement.
- Data around time from referral to service start date are currently being analysed to understand the potential causes of delayed admissions.
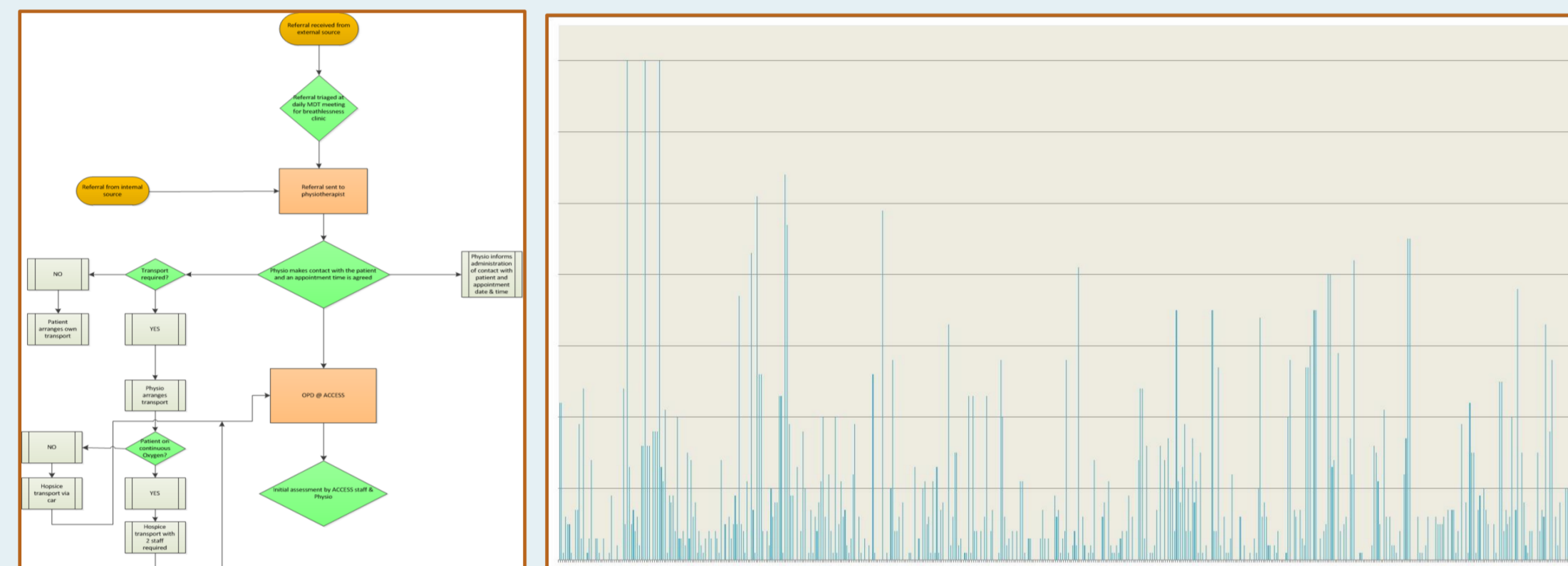
Project 2: Introduction of Outcome Measures

- Ardgowan Hospice joined the Outcome Assessment and Complexity Collaborative (OACC) led by the Cicely Saunders Institute in May 2015.
- Through this collaboration, Ardgowan Hospice is being supported to implement a suite of outcome measures, designed to quantify any changes in health and wellbeing caused by hospice care or other hospice interventions.
- By doing so, this project aims to ensure that care provided by the hospice is person-centred, safe and effective.
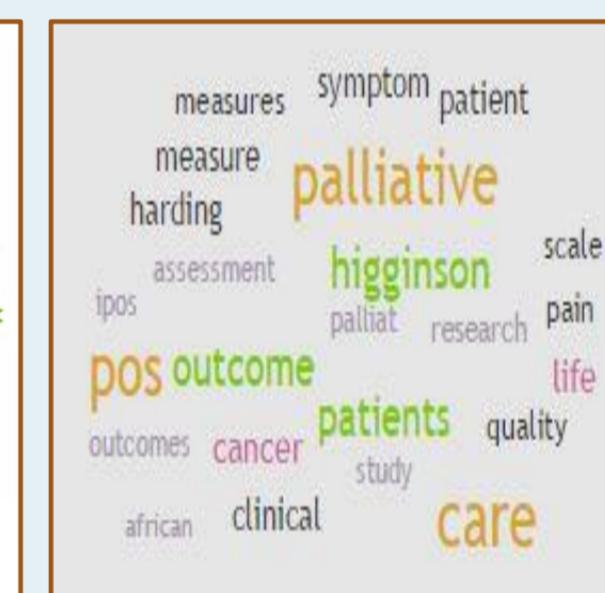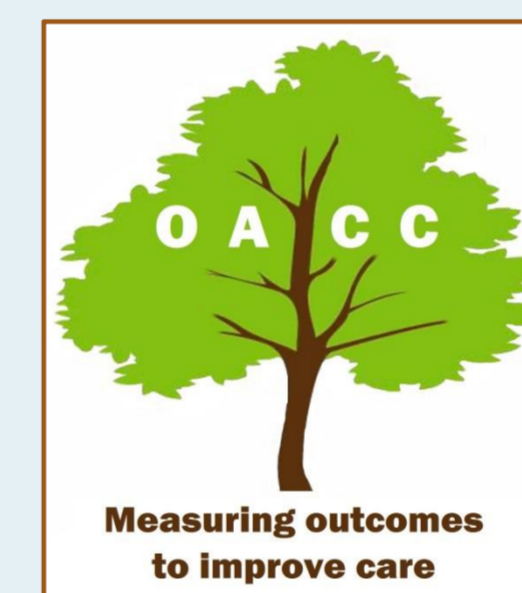
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Plan | Do | Act | Study

Project 3: Improving Quality of Sleep in the Inpatient Unit

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(Slept badly) (Slept well)
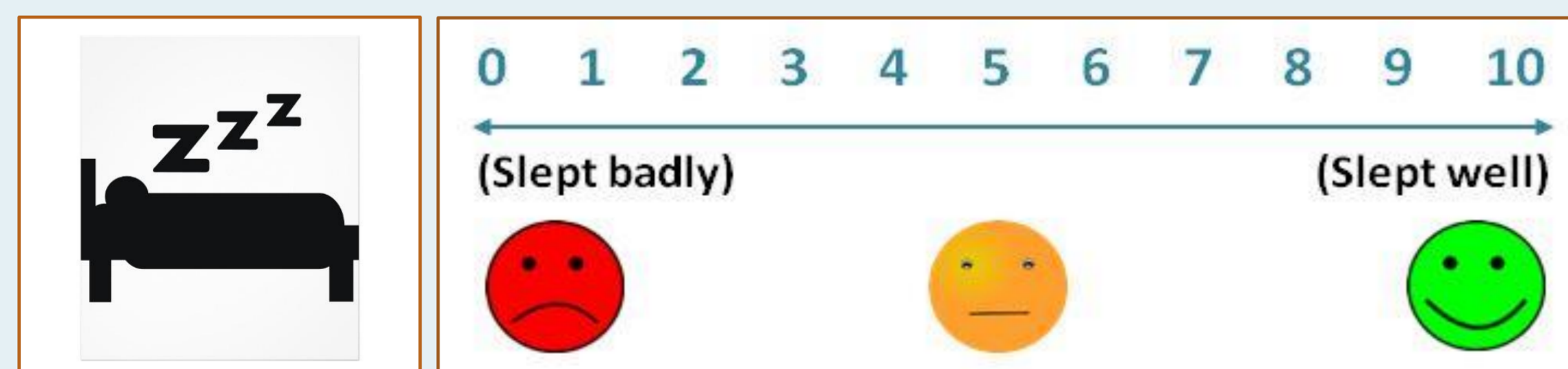
- While most of us recognise that sleep is important for our health and well-being, we have, since 1960, decreased our average sleeping time on a week night from 8.5 to 6.5 hours.
- The importance of sleep is amplified in a palliative care setting where patients are already coming to terms with a life-limiting illness; getting a good night's sleep may help them to cope with and ameliorate the strains and stresses of their illness.
- This project will identify causes of poor sleep in the inpatient unit through patient and staff feedback. Small scale improvements will then be implemented to achieve demonstrable improvements in the quality of sleep experienced.

Project 4: "What matters to you?" A Person-Centred Approach
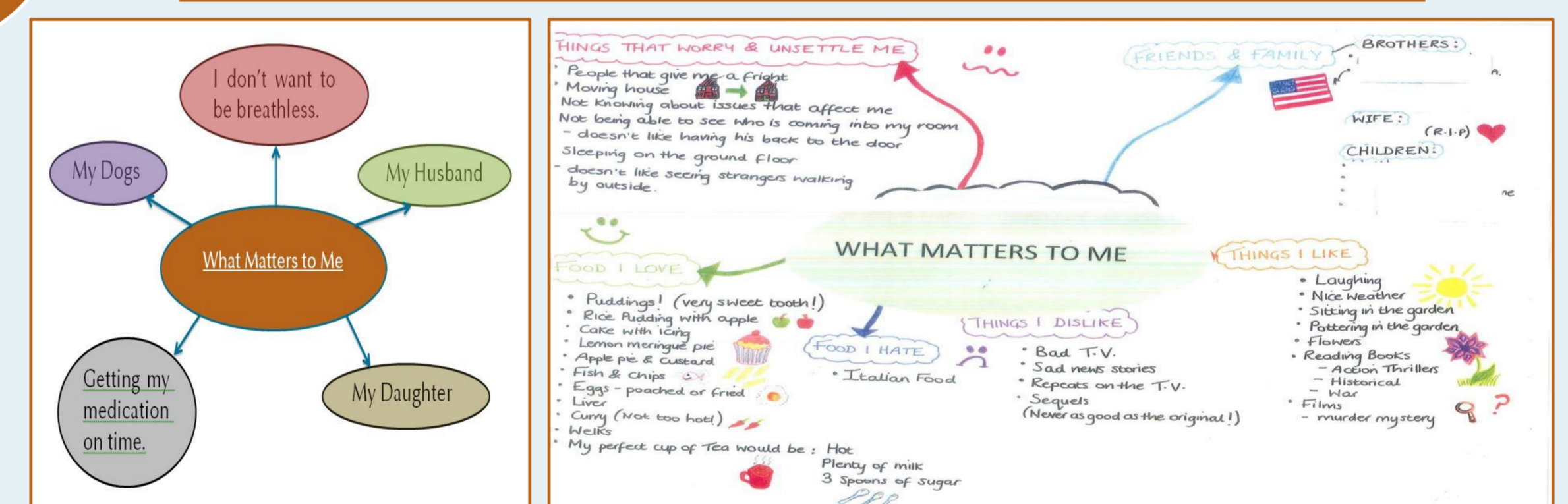
- Based on the approach of the Person-Centred Health and Care Collaborative, Ardgowan Hospice is listening to the experiences of people who use the hospice and their carers to improve the services they receive.
- A variety of methods are being used to collect people's experiences including case studies, mind maps, "you said we did" boards and questionnaires. These will be used to inform future improvement projects.

MODEL FOR IMPROVEMENT

References
Scottish Government (2013) Route Map to the 2020 Vision for Health and Social Care. Available at: http://www.gov.scot/Topics/Health/Policy/Quality-Strategy/routemap2020vision Accessed on 15/9/15.
Witt, J., de Wolf-Linder, S., Dawkins, M., Daveson, B.A., Higginson, I.J. and Murtagh, F.E.M. (2014) Introducing the Outcome Assessment and Complexity Collaborative (OACC) Suite of Measures. A Brief Introduction – Version 2. London. The OACC Project Team.
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