

FoNS Improvement Insights

Developing, Implementing and Evaluating a Therapeutic Clinic in a Hospice Day Care Centre

Project team: Karen Guest, Day Care Services Manager; Samantha Coombes, Staff Nurse; Nicola Robinson, Health Care Assistant

Duration of project: December 2012 – December 2013

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Project background

Countess Mountbatten House is a National Health Service specialist palliative care unit. Part of its provision is the Hazel Centre, which offers day care. Prior to this project, the day care was run on a 'social' model, where patients attended weekly, did not appear to be discharged and did not have any clinical input into their care. Following the Palliative Care Funding Review (Hughes-Hallett, 2011) 'social' day care programmes were no longer funded so there was a need to establish a different kind of day care structure at the hospice.

Aim and objectives of the project

The aim of the project was to design, implement and evaluate a six week Therapeutic Clinic programme for patients at the end of life at the Hazel Centre. To achieve this aim, the following objectives were identified. To:

- Undertake a baseline review of the current service
- Design and then implement the Therapeutic Clinic programme
- Evaluate the programme using patient and staff questionnaires, feedback using 'emotion' words and the distress thermometer

Key activities and outcomes of the project

Baseline review of current service

In order to understand the existing service, the newly established steering group asked the project leader to undertake a baseline review of the service. The project leader observed the way the service operated and how patients were referred into the service and the activities that were undertaken with them. This review showed that there was no discharge policy in place and some of the patients had been attending weekly for over five years.

• Design of the new programme

The findings from the baseline review along with information from the project leader's visits to and conversations with service leaders from other day care services was fed back to the steering group, who decided to design a six-week programme that would be presented by members of the multi-disciplinary team. The overall aim of the new Therapeutic Clinic programme was to offer patients the opportunity to learn how to live with cancer and to enable them, as much as possible, to manage life with a life limiting illness using the knowledge and skills gained by attending the programme.

• The Therapeutic Clinic programme

The first clinic programme ran for six weeks from December 2012. Evaluation by the presenting professionals was on-going and the

programme was amended for each subsequent cohort. Changes included the introduction of a 'getting to know you' exercise at the beginning of the first session; patient questionnaires being given out on the 2nd, 4th and 6th session from the 3rd cohort onwards; the addition of a review page to the distress thermometer tool; and the change in name for the advance care planning sessions to 'Making choices for your future'.

• Patient questionnaires

A total of 19 questionnaires were given to patients attending the first four Therapeutic Clinic programmes and 18 were returned (95%). Patient answers were themed by the project leader and nine main themes were identified. These were then further condensed to reveal the core theme which was 'information gathering'.

· Gaining feedback using 'emotion' words

At the end of each programme, the project team gained feedback from patients and family members about the content and their experience of the programme using an adapted emotional touchpoint approach. During the last session, the project leader asked participants to choose up to three 'emotion' words from a set of 48 to express how they felt. Feedback was shared and was very positive. The data from the questionnaires and interviews showed that the participants gained information from the educational sessions that made a difference to their lives and how they managed their physical and psychological symptoms.

• Staff questionnaires

Questionnaires were sent out to all the healthcare professionals who had presented parts of the programme after the first and last programme. Responses were summarised by the project leader under the headings of the professional groups. They reported successes and difficulties and amendments were made to the programme accordingly.

• Distress thermometer

The 'distress thermometer' is a holistic assessment tool for physical and psychological symptoms and ability to cope with everyday tasks. After the first cohort, the tool was used to assess if there was any change in the assessment scores over the period of the six week programme. Some improvements were noted.

Implications for practice:

- Psychological and practical support is valuable to and valued by patients at the end of life
- The emotional touchpoints approach can be amended to suit other evaluation needs
- An informal cycle of observation, evaluation and amendment/improvement may be better than trying for perfection first time

A full project report including references can be accessed from: http://www.fons.org/library/report-details.aspx?nstid=59904

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