



FoNS Improvement Insights

Establishing a Nurse Led Respite Ward within a Hospice

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Duration of project: November 2010 – August 2011

Keywords: Collaborative team working, hospice culture, nurse led ward, palliative care, patient/staff narratives, shared vision, values clarification

Project background

Respite care is an important aspect of palliative care to support carers, who are relied upon to enable patients to stay at home, as their preferred place of care and/or death. Priority for hospice bed availability is often given to patients requiring in-patient care for symptom control and terminal care, and current local respite facilities are often limited to nursing homes, that offer few beds and limited provision of specialist therapeutic care. Recent work by the hospice with commissioners, local diversity groups and referral agencies suggested that current local respite facilities were lacking. National policy initiatives and growth in the number of patients with non-cancer related conditions are also expected to increase the need for planned respite care. These factors led the project team to address this identified gap in the hospice service.

Aim and objectives of the project

The project aimed to introduce a nurse led respite ward for people living with progressive and life threatening/limiting conditions and their carers in North East London. The purpose was to provide planned respite care for patients allowing their regular carers to have a break. It was thought that this support would enable patients to avoid crisis hospital admissions and realise their wish to remain at home. To achieve these aims the objectives of the project were to:

- Engage with key stakeholders to plan the implementation of the nurse led respite ward
- Carry out planned activities as identified by the key stakeholders
- Evaluate the nurse led respite ward, with particular attention to patient and carer choice, self-management opportunities and the maximising of functionality and independence to enable people to remain at home

Key activities and outcomes from the project

A number of approaches were used to support the intended outcomes that included the following:

- Consultation with existing staff and recruitment of new staff to run the ward
- Introductory team building workshops to engage nursing

staff in the visioning of the new initiative and address learning and development needs

- Weekly meeting with the works department to develop the environmental and building considerations of the new ward
- An examination of current and new referrals into the new respite ward
- Addressing administration issues to enable an efficient and effective admission process

The nurse led respite ward has been operational since April 2011 and there is evidence it is meeting its original aims but evaluation is an on-going process. The ward philosophy is considered to be breaking new ground and will form part of the hospice's strategic plan to best suit the needs of the local community within a newly emerging health care service.

A number of approaches have been used to evaluate the new service, including patient quality of life outcome measures, bed occupancy levels, patient (n=2) and staff narratives (n=7). Focus groups are planned for the annual review of the service in the future, to include referrer and carer feedback.

Rose – a patient who has used the respite service commented:

'I get in a panic when I think about coming in and about going home. Once I'm in I love it. I know I will be safe, warm and fed. I live with my husband and my daughter works. At home I only really see him. I have a carer on a Monday and Friday. If I'm upstairs at home and I can't get downstairs I only see him. I have a laugh in here. I feel an excitement about coming in. I dread the thought of going to home'.

Implications for practice:

- Adapting to change in an established hospice organisation meant enabling staff to have 'thinking' time out of practice to take ownership of the project
- Collaborative and multi-professional working was made possible by planning, co-ordination and facilitation
- As a leader of a new initiative it was important to understand the barriers to change and how transition can be enabled
- Using the knowledge and skills of the therapists was important to enable nurses who were generally inexperienced at assessing and setting goals in a respite context

A full project report including references can be accessed from: <http://fons.org/library/reportdetails.aspx?nstd=18129>

This project was supported by the FoNS Patients First Programme in partnership with The Burdett Trust for Nursing.