

Person Centred Care at the End of Life:

Developing a care plan for End of Life Care in a hospice setting

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Why?

Recognising dying, and caring for people at end of life, is often challenging, uncertain and emotive for all involved¹. Striving to 'get it right' when you only have one chance is a fundamental attribute of professionals².

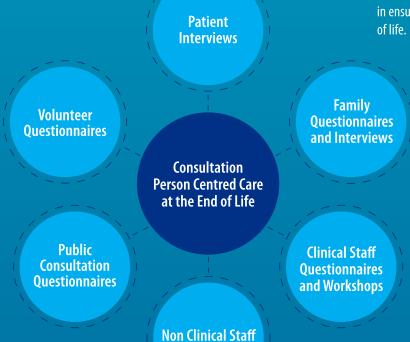
Having successfully used the Liverpool Care Pathway (LCP) to guide the care offered to dying people and their families, St Columba's Hospice appreciated the importance of taking a considered approach in moving forward after the LCP planned phase out in 2014¹.

Who?

In line with our participation strategy 'Side by Side'³ many people were consulted on what was important to them at the end of life. The thoughts and experiences of all who participated were fundamental to the development of our Person Centred Care at the End of Life Document.

What matters?

- care being person centred
- · being informed
- being comfortable
- being safe
- having wishes known and respected
- families being supportedsensitive communication



Questionnaires

How?

A multidisciplinary working group analysed the information gathered in the consultation and critically reviewed the literature 4.5.6.7.8.9.10.11.

Openness from colleagues across Lothian to share their work and review the work of St Columba's Hospice was invaluable.

Facilitated workshops with key clinical staff informed the content and layout of document ensuring it dovetailed with existing Hospice documentation.

Early versions of the document were tested in practice, adaptations made and further testing completed. Guidelines and supporting materials were developed.

Education for all clinical staff based around discussion of advance care planning leading to end of life care was delivered by a multidisciplinary representation of the working group. Minor adaptations were made following the education sessions.

Our "Person Centred Care at the End of Life" Care Plan was implemented in December 2014.

An initial review 6 weeks post implementation was carried out and again adaptations made to support its use in practice. It continues to be embedded in practice, with changes made as we learn more about its use.

What next?

A formal planned full evaluation one year post implementation. Listening to feedback from our patients, families, staff and volunteers is vital in ensuring we continue to deliver excellent person centred care at the end of life.

References

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