



**St Ann's Hospice**

*every day makes a difference*

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# Starting to transform hospice culture by introducing a rehabilitative approach

## Background and Aims:

The overall aim of the project was for St Ann's Hospice to formally adopt the Rehabilitative Palliative Care approach and embed it into strategy and daily practice in order to deliver truly world class palliative and end-of-life care.

A proposal was successfully submitted to our lead CCG to undertake this project as a two-year CQUIN, to introduce the Rehabilitative Palliative Care standards.

The Rehabilitative Palliative Care approach is based on national best practice guidelines (Hospice UK Commission into the Future of Hospice Care 2013), and is part of a national move towards a rehabilitative approach to palliative care. It is a quality measure that will lead to service improvement and allow for better use of resources.

## Methods:

A quality improvement approach was taken, which incorporated organisational engagement at all levels, and the identification of key internal and external stakeholders. Various small tests of change were completed using PDSA cycles.

## Examples:

- Following a baseline survey of staff knowledge, confidence, and skill in goal-setting with patients, a series of different training sessions informed by the results was developed. Positive feedback has been received for these.
- The Clinical Admin Team, supported by the Rehab Team Leader, led a change idea to support inpatients with achieving what matters to them during their admission. They developed a series of questions and prompts for inpatients to consider their choices, e.g. bringing their own clothes if they want to continue getting dressed.

## Results:

- Our alignment with the standards improved over a two-year period.
- Successful introduction of goal-setting into patient care by all clinical staff, enabling the patient to focus on what matters to them.
- Creation of educational resources to support this rehabilitative approach.
- Patients being empowered to maintain their daily routines whilst an inpatient.
- A reduction in average length of stay.
- Clinical staff moving from being fixers to facilitators.
- Use of more enabling language across the organisation and in external communications, challenging hospice stereotypes.
- Positive feedback about the approach from patients and families.

**“The patient-centred focus of the goal-setting was evident from the outset and reassured us both that he was in the right place at the right time”** Patient's Family Member



## Conclusions/implications for work:

- Clear benefits seen and the approach will continue to be embedded into all areas of clinical practice.
- To share learning with other GM hospices.
- Further refine goal-setting alongside increasing skills of staff.