

Patient Centred Leadership Project



Burdett Nurse leadership Grant

The project introduced a compassionate communities approach, enabling nurses to work with informal patient networks and recognise the skill and knowledge that such networks possess.

Geographic target area

East Cornwall;
Looe, Liskeard, Saltash, Callington, Torpoint and
Launceston.

Project Aims

1. To increase awareness of co-participation and patient centred leadership
2. Improve/enhance Clinical Leadership
3. To increase patient autonomy, advocacy and choice at end of life
4. To increase confidence and death literacy in informal networks.

Project Objectives

To develop a clinical nurse leadership and management skills by implementing a new innovative model of care, using coaching and mentoring methods.

To enable a nurse led crisis team to use an innovative co-participation approach to developing compassionate communities with their patients, to promote patient autonomy, advocacy and choice at end of life.

To identify the skills and development needs of informal patient networks, so they feel supported and empowered to respond to the needs of those within their networks.

Changing Perceptions

- There are people out there who want and are able to help in anyway they can - they have had a strong connection with the individual already although not keen to do personal care – as daunting – Families can be frightened of what this means, what to do - need lots of support
- If communication is good, teams do pull together for the benefit of the patient
- What if the network can do more – especially if help is a long way/hours away i.e. Consider giving drugs

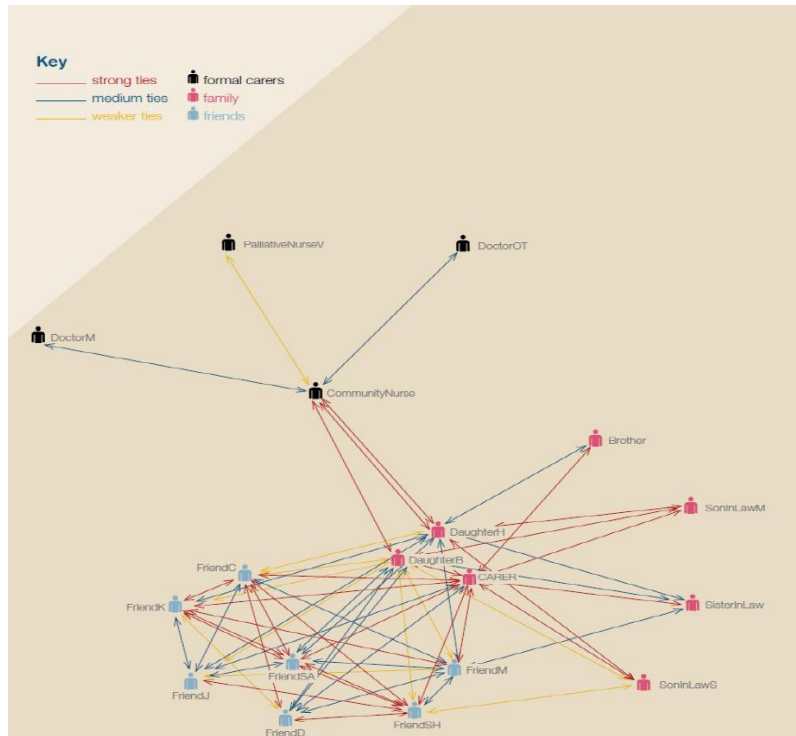


Implementation

- Developed a 2 day course to prepare staff for a new approach to working
- Developed Tools for use in the home
- Changed Confidentiality agreement and consent process
- Established a process to assess carer competence re giving support
- Agreed co-working - sharing medication chart with other community teams

Thinking about relationships

It is hoped that learning for this project could be transferable to the community nurse settings, both within the hospice and the wider health and social care communities.



Co-creating an Ecology of Care?



Professor Debbie Horsfall

WESTERN SYDNEY
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Supportive Networks

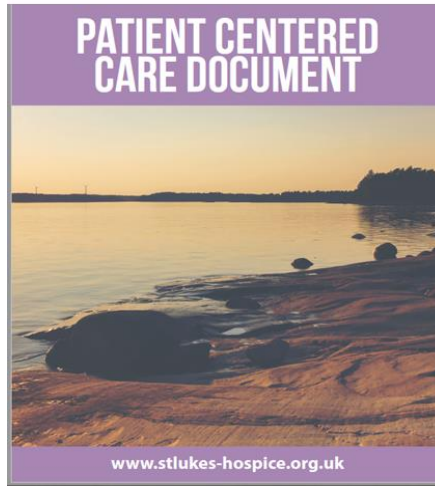


- Families are keen but frightened of what this means, what to do, need lots of support
- If communication is good, teams do pull together for the benefit of the patient - networks have a strong connection with the individual already.
- There are people in the community who want and are able to help in anyway they can but find the prospect of personal care daunting – PA's
- What if the network can do more – especially if help is a long way/hours away i.e. give drugs

Day to Day practice

- Assessment booklet given
- Stress thermometer explained/utilised
- Eco mapping completed
- A Care co-ordinator is identified
- Compassionate community diary given:
 - Useful telephone numbers
 - Rota
 - Delegation chart - skills
 - Medication record chart
 - Record sheet
 - Receipt log

Assessment booklet



- Good day/bad day
- Stress thermometer
- Eco map
- Care co-ordinator details

On a good day...
Tell us how you feel when you're at your best.

<p> Stress</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Communication</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: right;"></p>
<p>Symptoms</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Support</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: right;"></p>

On a bad day...
Tell us how you feel when things aren't going so well.

<p> Stress</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Communication</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: right;"></p>
<p>Symptoms</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Support</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: right;"></p>

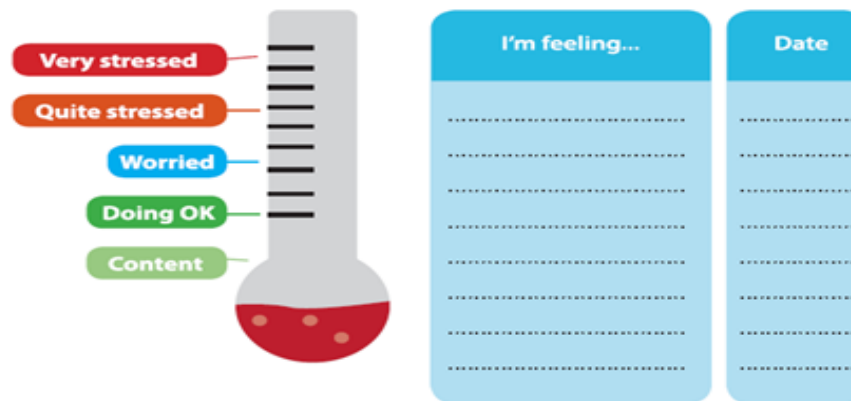
Stress Thermometer

Let's keep track, together.

Sometimes it's good to keep track. This information is for you and our community team nurses, to allow us to continue giving you the level of care you need in what can be a difficult time. Use it to record your feelings, symptoms and your social support group - and help us deliver our specialist care.

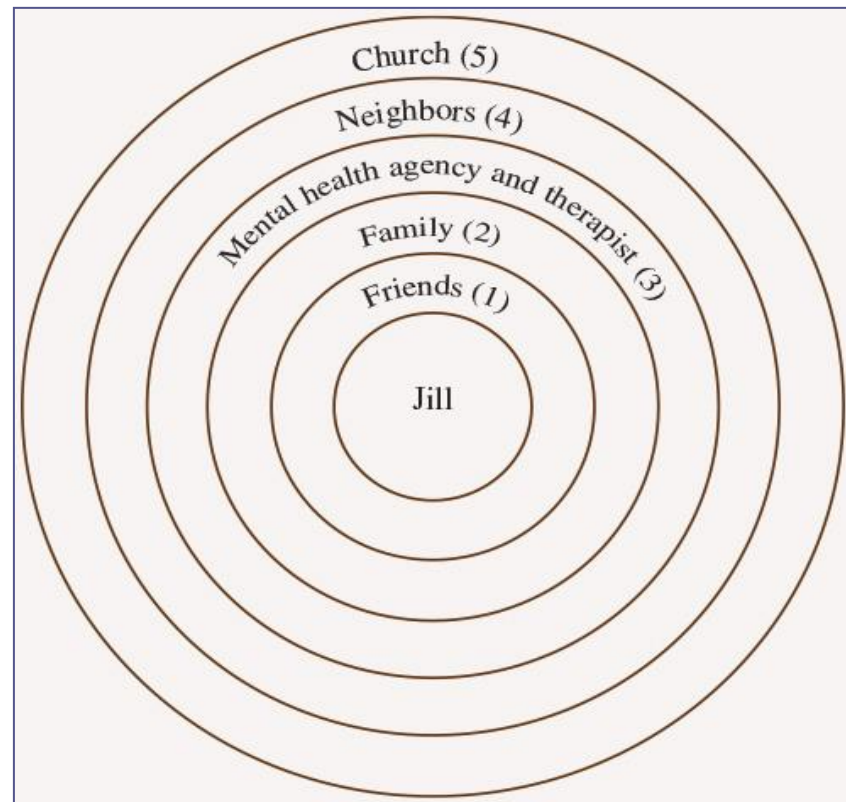
Stressed?

Use the diagram below to let us know how you're feeling, and mark each change with a date.



	I'm feeling...	Date
Very stressed
Quite stressed
Worried
Doing OK
Content

Eco Mapping



Types of help given

FAMILY

- Oral medication
 - Personal Care
 - Moving & handling
 - ???Subcut injection
- I.E analgesia,
antiemetic

NETWORKS

- Meals
- Shopping
- Chemist runs
- Company- just being there

Lessons learned

- Great potential but wrong team – Eco mapping needs to happen early not in crisis
- Needs 3rd Party delegation policy
- Nurses need training and on going coaching to change attitudes, not easy as perceived as losing power and role. Not easy to shift from ‘ I do to you, to I work with you.’
- Sharing Information with networks and ensuring IG compliance – Eco mapping , identifying networks helps with this. End the ‘your not family’ response!!

The Future

- Less paternalistic approaches and more acceptance of risk.
- More supporting patient choice and working in partnership.
- Eco mapping to become part of assessments on referral
- Identifying training and support needs of networks
- Expanding roles for networks, PA and HCA (Could fit well with PHB)

Any Questions?