hospice UK

Fresh eyes approach

A walkthrough to improve people's experience of care in the last months of life in acute hospitals

Family and carers' perspectives

Acknowledgements

People in Partnership Group (expert lay persons): Lesley Goodburn, Roberta Lovick and Amber Morgan.

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NHS Improvement: Dr Vincent Connolly, Fran Davies, Sherree Fagge.

Award winning programme

We were delighted that our 'fresh eyes' programme won the Environment of Care award at the Patient Experience Network National Awards: https://m.youtube.com/watch?v=ghgsUoLoewU

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Introduction

The End of Life Care Hospital Improvement Programme (ELCHIP) and its predecessor programme in England aimed to improve care for patients who may be in their last months of life and their families/carers, with a particular focus on acute hospital emergency admissions.

This report summarises our learning from our 'fresh eyes' walkthroughs of 12 acute hospital trusts, a key component of the programme's approach to consider the patient, family and/or carers' experiences by walking through a potential journey. Other reports cover the wider methodology and associated learning[1,2,3,4].

Caring for people who are dying, and supporting those dealing with death and experiencing bereavement is an everyday occurrence in acute hospitals; we have only one chance to get this right[5]. With around 46% of all deaths in England[6] occurring in hospital every year and with many more people receiving care in hospitals in their final months of life, it is important that hospitals provide good quality, compassionate care for patients and those important to them.

The 'fresh eyes' walkthrough method

The method provides a focused review of a potential family or carer's journey through an acute hospital by a small expert team from Hospice UK. The team comprised an expert lay-member with lived experience of death of a family member within an acute hospital, and professionals with a background in end of life care and quality improvement across the whole system (many of whom also have lived experience). Drawing upon professional and personal perspectives, the team deliberately use their senses of sight, hearing, smell and feelings to offer 'fresh eyes'.

The method is an adaptation of the 'Fifteen steps challenge: quality from a patient's perspective' focuses on seeing care through a patient or carer's eyes, and exploring their first impressions of a ward or service in a healthcare setting. The team members consider their first impressions of the ward / service from the perspective of a service user, recording how it appears, looks, sounds, smells etc. The outcomes aims to inform improvement actions at a ward/service and organisational level, linking into other relevant initiatives[7]. Hospice UK co-designed the adaptations with experts by experience to ensure appropriate adjustment for use within the sensitive area of end of life care. The team were informed by evidence and experience from the 'Enhancing the Healing Environment' programme[8,9].

The team begin the walkthrough from the hospital car park, through the Emergency Department (ED), an acute assessment ward, a general ward, mortuary and bereavement services. They talk and listen to front-line staff views as appropriate; this could involve trying to understand usual practice (for example how a deceased person travels from the ward to the mortuary service). The team are supported by nominated staff from the hospital in this part of the walkthrough. The visit includes an unsupported component through public areas such as restaurant facilities, chapels, faith and spiritual spaces using available signage for the visiting team to self-navigate. The method includes both objective and subjective perspectives, with feedback indicating where there were differences in views. Generally, the aim is to provide an environment with neutral artwork, colour, and smells and so on. Therefore, a division of opinions can be helpful in indicating areas which may need further attention.

An independent evaluation[4] showed the approach was effective and added value due to the:

- expertise and independence of the Hospice UK team
- participation of hospital staff in the walkthrough
- careful planning with the acute hospital team allowing everyone to be prepared and maximise the potential benefits
- provision of same-day high-level feedback to the hospital trust
- receipt of a written report within three weeks of the walkthrough highlighting what the team liked and areas the trust may wish to consider for improvement
- support for the expert lay-members in the event that the walkthrough may trigger distressing emotions / memories.

The hospital trust teams were encouraged to use photographs as well as measurement to monitor and celebrate their progress, as illustrated on the following pages. In this example, the team responsible for the improvements used the hospital trust's magazine to communicate more widely about the project.

From this…

To this…

A relatives' room in ED before / after a 'fresh eyes' walkthrough.

Oversized items of furniture that were difficult to get in and out of were replaced. The room is now more accessible and appears more spacious. The overall space feels appropriate with a neutral colour scheme.

Catherine at Wirral

"As a result of the walkthrough it made me think about what patients and families see. I am much more aware of the physical environment and its effect on people when they are at their most vulnerable."

Louise at Brighton

"It was great to get some positive feedback about how polite, helpful and honest the staff that you came into contact were. It was even better to be able to share this with the staff who were pleased that people noticed."

Themes from the visits

Many of the observations from the walkthroughs identified excellent practices and peaceful supportive facilities. There were examples of 'healing environments'[8], helpful information leaflets, careful consideration of faith and broad spiritual needs, good signage and consideration for children and paediatric needs. The 'fresh eyes' walkthrough provided an opportunity to celebrate and highlight good practice.

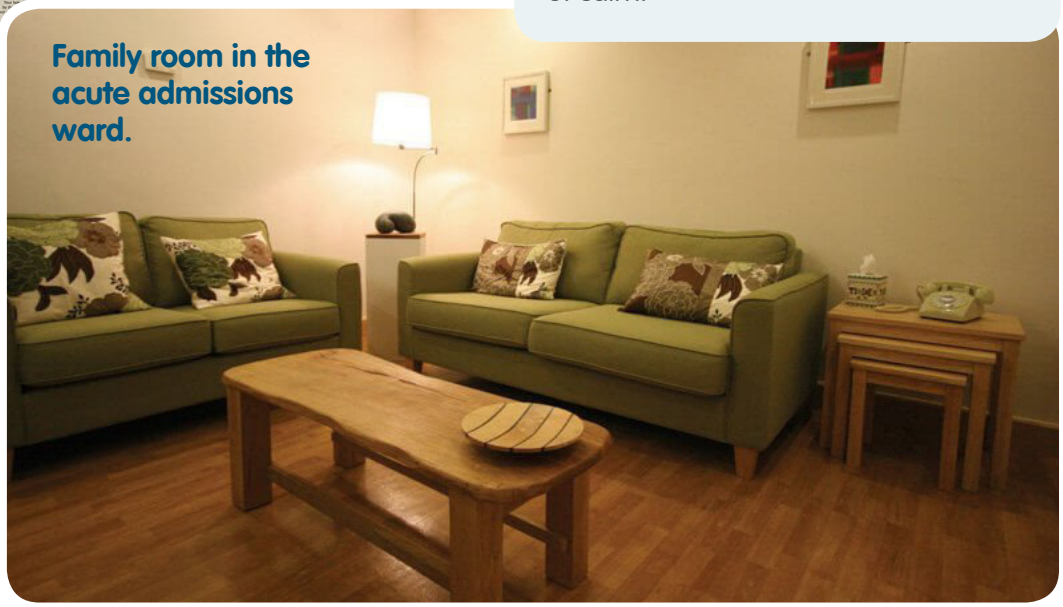
The pictures and quotes below illustrate examples of the good practice we saw and heard.

Examples of good practice

A multi-faith room communicating its role.

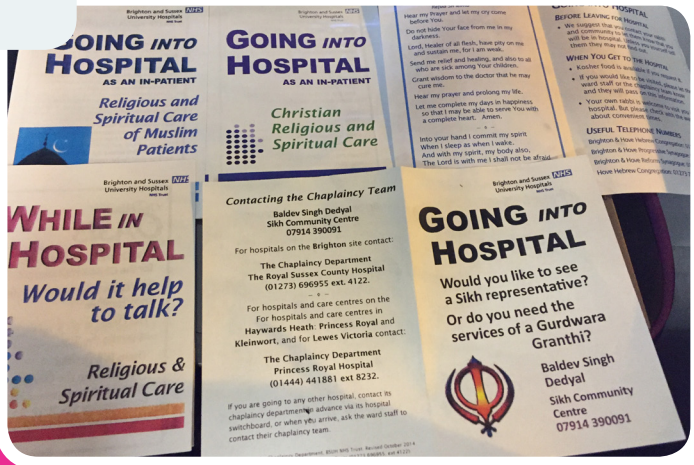
Comfortable chairs and resting areas in long corridors. Mobility assistance being available if needed. Pockets of calm.

Family room in the acute admissions ward.



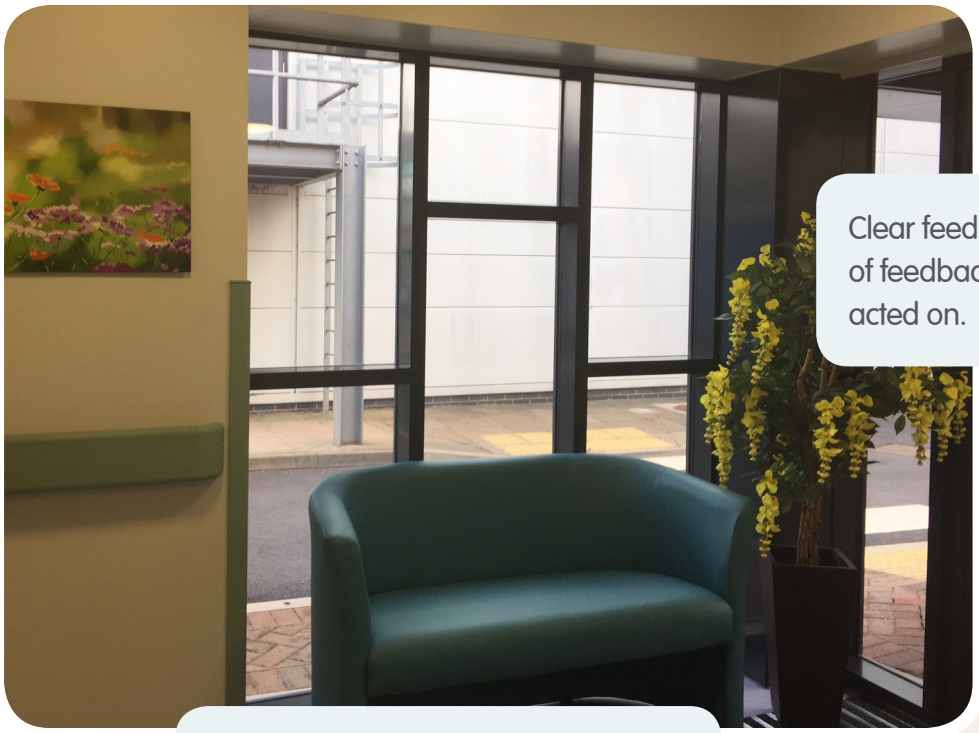
Kind and friendly staff asking, "Can I help?" when you are trying to find your way.

Leaflets for different faiths and spiritual needs for patients and families preparing to go in and whilst in hospital.



Knowledgeable and compassionate staff in ED, wards, bereavement and mortuary areas – staff were able to answer our questions in way that conveys compassion and ensures dignity for the patient and support for relatives and carers.

Memory tree in a hospital ward.

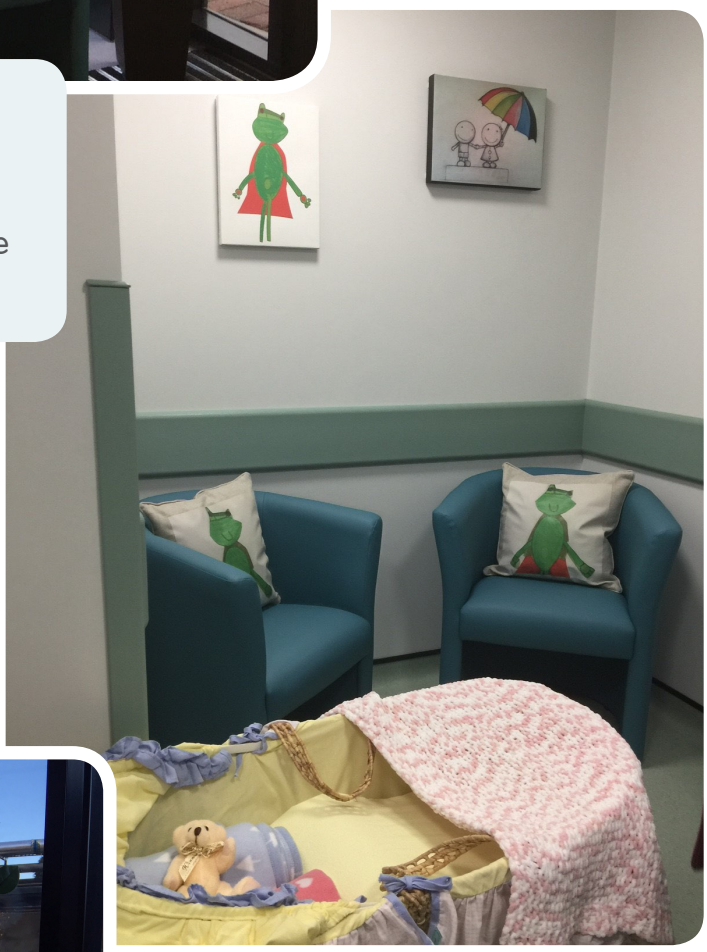


Waiting area in the mortuary services ….

Clear feedback loops, and a sense of feedback being listened to and acted on.

…and a dedicated visiting space for bereaved parents in the same hospital.

A visiting room next to ED where a bereaved person can visit their loved one after a sudden death immediately and in privacy with free tea and coffee.



A garden that people who are bereaved can visit next to mortuary visiting area.

Areas for improvement

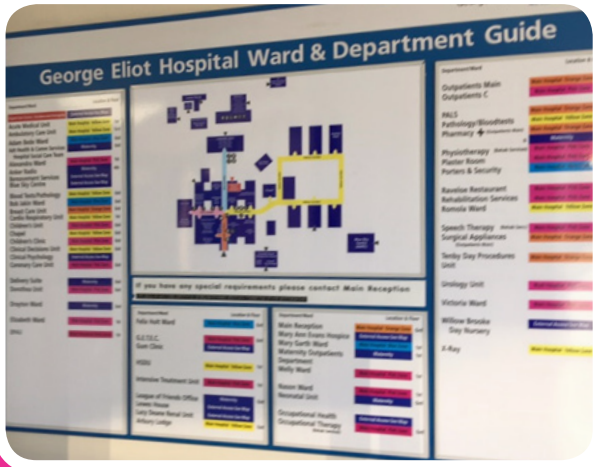
The ‘fresh eyes’ walkthrough identified a range of issues from those that were small and easy to address to bigger problems which may require investment and / or cultural change.

The walkthrough often revealed unloved, often simple to fix areas – for example, on the way to bereavement / mortuary / faith and spiritual spaces: dirty windows, clutter, out of date / unconsidered notice boards and poor signage. Facilitated by ‘fresh eyes’ staff working at the hospital who could see the potential impact this could have on relatives and carers, some issues were simple enough that they could be fixed within hours of the Hospice UK visit.

Generally, at least some staff knew the bigger issues. In these instances, the visit helped to raise the profile for necessary change and / or investment. Examples of these included the mortuary visiting areas, waiting areas for bereavement suites and the environment of corridors on the way to bereavement suites. Other examples included chapels being expected to meet the needs of all, and not meeting the needs of anyone well with poor and / or outdated internal design and “making do” rather than careful consideration.

Many hospital trusts said it was relatively easy to fund improvements to mortuary visiting areas and bereavement suites through charitable sources. Our experience suggests that it is also important for hospital trusts to plan and oversee the maintenance of standards after the developments and stocking relevant disposables (e.g. tissues, drinks).

The corridor to both mortuary services and bereavement suites. Main reception services told the visiting team they felt bad that they needed to use the label ‘mortuary’ to direct people to the bereavement suite to pick up cause of death certificate. The corridor felt bleak and cold.



An example of confusing signage. Difficulties in finding your way around may be increased when you are distressed.

An 'unloved corner' opposite a bereavement office. The first thing that visitors see when they pick up their loved one's belongings and cause of death certificate.

Washing facilities in a multi-faith area that was in need of refurbishment.

A corner of a chaplaincy area open to the public.

Key actions for hospitals on how to improve end of life care for carers

How you can improve experience

- Consider if your hospital needs a 'fresh eyes' review.
- Ensure that you provide care, support and information with compassion for all visitors and patients.
- Take 'before and after' photographs to demonstrate improvements in facilities and ensure that there are active mechanisms and resources to sustain standards – use feedback loops from staff and visitors to enable continuous improvement.
- Communicate improvement using your hospital trust's information and communication channels.

Person with lived experience

"I wanted to visit my husband after he died, as usual. Please don't invite me to view him."

Senior leaders

- Have a 'fresh eyes' review.
- Reinforce the leadership role of staff working in end of life care who are passionate and skilled leaders to act as role models for all, including mortuary and bereavement staff.
- Encourage staff to be familiar with mortuary and bereavement areas so they are better equipped to explain to bereaved relatives and friends what to expect.

Learning from the project

- Consider the physical environment of all spaces, including corridors and corners, that visiting relatives and friends may see as well as mortuary visiting spaces, waiting areas, bereavement suites and family rooms. Are the colours neutral? Are there neutral, calming pictures? Are private rooms quiet and calming? Is there sufficient and appropriate space for important conversations? Are the furniture and furnishings appropriate and flexible for visitors who are less physically able?
- Consider the environment and language specifically within the mortuary visiting spaces. Is there natural light in the waiting area? Is the layout of the visiting room flexible, allowing people to sit next to their loved one and accommodating for those who use wheelchairs? Are there dedicated / appropriate spaces for infants and children?
- Check if the different needs of visitors have been considered. Are there seats on long corridors where the patient and family / carers can rest? Are there comfort packs for family who stay with their loved one? Tea / coffee / water facilities? Tissues? Is there practical information for relatives and friends of patients who are seriously ill about where to get food / drink, any special car parking dispensation, accessing spiritual care or quiet spaces etc?

- Consider if there are appropriate private family rooms available in the emergency department and assessment wards. Are there sufficient side rooms for patients in their last hours and days of life to meet their preferences? Is there sufficient mortuary space and no unnecessary delays in cause of death certification and handovers between mortuary and wards and funeral directors?
- Understand respect and information after someone has died. Are deceased persons' belongings being presented respectfully in an appropriate bag, i.e. not a plastic / bin bag. What support information is provided around what to do after a death? What information is provided to understand grief and loss and how to access support?
- Consider the arrangements for supporting a full range of faiths and spiritual needs including those who may have no specific faith; support the staff and volunteers working in these areas in improvement work.

Helen, Cambridge

"The walkthrough gave us a new perspective that we could never see as staff. It helped us to understand how things seem for the people using our services. The outputs gave us tangible changes to implement and also suggestions that provided us with the opportunity for rich discussions about subjects we may never have discussed."

"The porters know they are transporting the most precious cargo around the hospital when someone has died and the person's dignity and respect is paramount "

Conclusion

All organisations can improve the experiences of carers and friends. The little things do matter and can make a big difference; the environment and facilities can show that an organisation cares.

'Fresh eyes' supports this improvement journey. Having the invaluable input from people with personal experience ensures the focus stays on what matters to carers.

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