

Changing the patient experience within the Emergency Department

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Background to the Project

- Previous ED role
- Current role
- Opportunity



Aspiration for the project

- Based within the Emergency Department
- Non-clinical project facilitator working flexibly 20 hours per week
- Paid role
- Supporting patients with a dementia or delirium as well as their family and/or carers
- Focus on communication, orientation and therapeutic engagement through activity

Implementing the project:

- Friendly resistance
- Interested in the concept
- Struggled to see it's place in the Emergency department
- I tried to foster engagement – data etc
- In the end adopted the 'I am going to do it anyway' model of change management
- Appointment slightly serendipitous

Evaluating the project

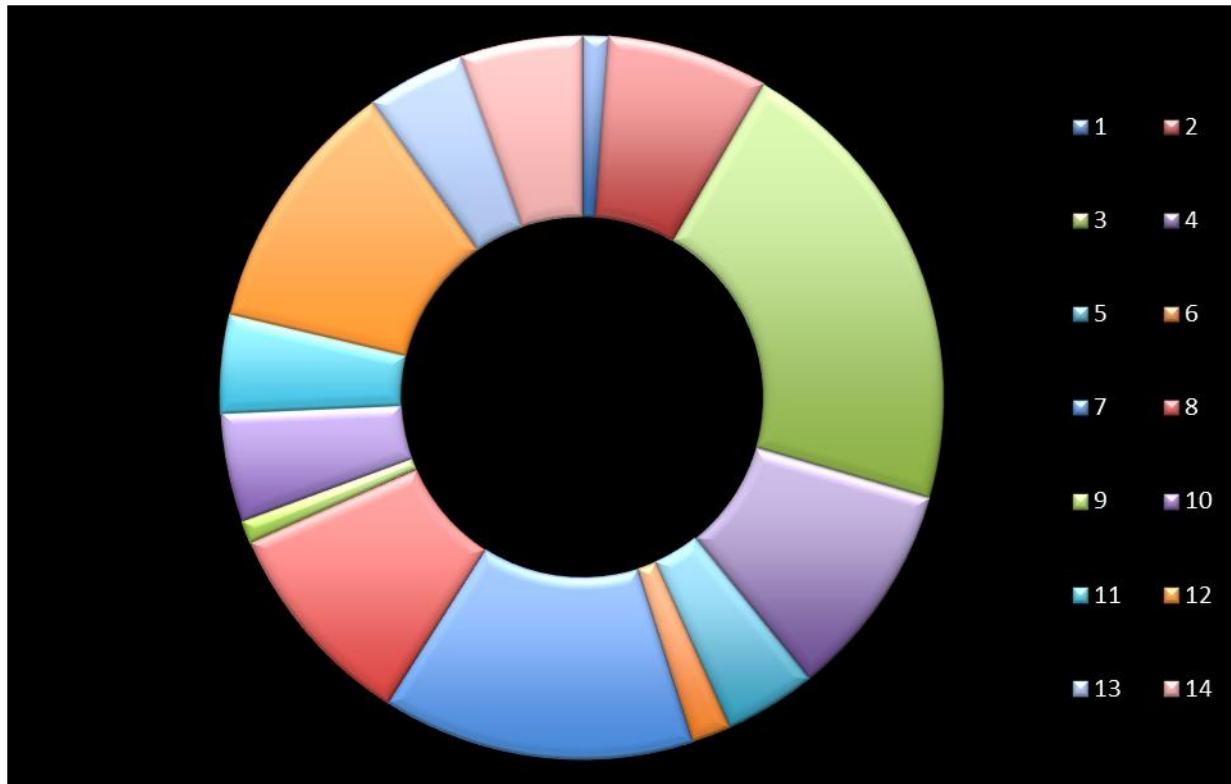
- Essential to demonstrate the value of the project
- Little pre-project data
- Wanted the role to inform the focus of the evaluation
- Led by how the role was best utilised rather than our own hopes
- Allow the development of the role without clearly defined role specifications

Data collection and evaluation

- Feedback: patients, carers and staff
- Daily reflective account by the project facilitator
- Reviewed after first month - key interventions began to emerge
- Able to examine how the role was utilised & code the interventions
- Reflections often scenario based which described short term outcomes

- Identified 14 key interventions which allowed us to really understand the role
- Very varied and ranged from freeing up security team to delivering therapeutic activity
- These weren't sufficient on their own to demonstrate longer term outcomes of the role but highlighted main areas of impact and influence
- Needed to keep in mind reflective accounts weren't exhaustive

Key interventions:



- 1 Pain relief
- 2 Managing behaviours
- 3 Compassionate communication
- 4 Nutrition and hydration
- 5 Inpatient follow up
- 6 Facilitating discharge
- 7 Carer wellbeing
- 8 Influencing practice
- 9 Releasing security
- 10 Completing documentation
- 11 Therapeutic activity
- 13 Real-time feedback
- 14 Challenging practice

Top five interventions:

Percentage of shifts worked where these took place:

- Compassionate Communication 100%
- Carers Welfare 66%
- Supporting nutrition and hydration 55%
- Facilitating treatment compliance 55%
- Influencing practice 46%
- Many very moving accounts



From our various data sources we identified two key areas of impact from the project:



Changing staff culture and practice

- Increased recognition of patients with impaired cognition as individuals, even when emotional and behavioural symptoms were part of their presentation
- Valuing these patients and seeing their needs as valid within ED - less 'burdensome' or 'inappropriate'
- Recognising the impact of their own behaviour and practice on the patient – For example: language, 'can I scratch your sole?'
- Real time practice based learning – role modelling and reflection
- Understanding that compassion positively influences clinical outcomes

Clinical Impact:

- Detective work resulting in some non-admissions
- Minimising the negative impact of hospital attendance or admission so reducing the risk of delirium
- Challenging the prejudice that confusion doesn't warrant investigation, resulting in timely identification and management of delirium
- Identifying pain or other unmet health needs
- Being there at the end of some patient's lives
- Meeting patient's needs irrespective of the acuity in the rest of the department
- Enabling tolerance of investigations and treatments
- Being the glue that joined the many facets of acute care facilitating collaborative working

Most successful elements:

Art into science:

- Successfully embedded a service that is beyond the expectations of what can (and should) be delivered within an Emergency Department despite significant resistance

Cultural impact:

- Changed practice and behaviour to bring about a cultural shift throughout the department

Patients at the heart of the project:

- Positively changed both patient experience and outcomes

The Future

- Funding for next year secured
- PhD Studentship – compassionate intervention
- Formal research into the impact and longer term outcomes of compassionate care and why it isn't universal
- Wider collaboration and sharing of the role – develop in other areas
- ED ownership – handing the role over and developing it further
- Long term substantive funding



Thank You

