
Compassionate Care Bundle

Initiative Type

Service Improvement

Status

Deliver

Added

27 August 2019

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URL

<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcclence.qld.gov.au/improvement-exchange/compassionate-care-bundle>

Summary

Compassionate care is central to person centred care. Along with the safety and costs reductions associated with person centred care, placing the person at the centre of their care and keeping them informed is the right thing to do. The Beryl Institute defines the patient experience as the sum of interactions (Wolf, Niederhauser, Marshburn & La Vela, 2014) and this is precisely what the

Compassionate Care Bundle aims to achieve; a Compassionate Care experience based on the sum of the interactions during the care episode(s). Nursing and healthcare staff are in the business of caring, and this philosophy reconnects staff with their caring purpose and places the focus on the person and their health journey. Our goal is to ensure the persons journey is framed within the Compassionate Care Bundle, across all settings and includes all staff. The project has successfully navigated healthcare system challenges to deliver change, improvement and innovation in their own health service and was presented at the Clinical Excellence Queensland Showcase 2019.

Key dates

Aug 2018

Apr 2019

Partnerships

Approximately 160 community members helped design the processes, survey and interview questions and trial of Patient shadowing and willingness to engage with Compassionate care initiatives.

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Aim

To improve the levels of engagement with our patients, decrease complaints, improve inclusion and engagement of patients and families in decision making and improve satisfaction. The initiative also provides an improved capture of patient feedback, improving service design based around what patients needed and how to improve access and usability.

Benefits

- The use of My Boards to keep patients informed has increased from 60 per cent to 89 per cent.
- Patient reported scores for AIDET have shown an increase from 40 per cent to 96 per cent over all net recommender rates have improved to 98 per cent.
- Patient reported knowledge of their condition and preparation for discharge has grown consistently to over 96 per cent across all categories.
- Self reported compassion has improved across all facilities.

Background

The concept of 'Care Bundles' evolved from taking a number of small evidenced-based interventions and using them together to deliver a set target for a client. The concept of 'bundles' was developed to help care providers deliver the best, most reliable care possible (Institute for Health Improvement, 2016). Typically, care bundles have been used in a specific clinical context, an example being clients with diabetic foot ulcers or Chronic Obstructive Pulmonary Disease (COPD) (Green, Bell & Mays, 2017). Care bundles however, can be applied to many different contexts.

Solutions Implemented

A recent study for cancer care clients defined the patient experience through five key elements; environment experience, emotive experience, behavioral experience, comfort experience and social experience. The elements of the SWHHS Compassionate Care Bundles fall within these elements of patient experience. **Environment experience**

- My board
- Person centred care posters and badges

Emotive experience

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- Compassionate care
 - Personalised health care and plans

Behavioural experience

- Health literacy
- Collaboration in health teams
- Senior leader rounding

Comfort experience

- Environment
- Pain
- Rounding
- Responsive care that can change with the needs of the person

Social experience (Deshwal and Bhuyan, 2018)

- Holistic care
- Staff are friendly, open and honest

Evaluation and Results

Patient rounding, patient experience surveys and Patient Shadowing are techniques that have been used to evaluate implementation, patient satisfaction of their experience with the service and compassion.

Lessons Learnt

Changing staff perceptions about how they interact with patients has been difficult as they believe that they introduce and include patients in their care. It is not until you use patient feedback and focus groups that this information helps in changing the staff perceptions. Engaging patients in Human based Co-design processes is challenging as they are at times worried to provide feedback especially in small communities, this takes significant engagement to be able to get patients to be open and honest with feedback especially at point of care. The #Hello my Name Is .. was surprising as the staff really engaged with the concept and patients found it extremely useful as they knew who staff were and staff introduced themselves. Patients have been very complementary of the initiative. Another lesson learnt was that being too prescriptive about the how and when can at times stifle innovation and implementation as each hospital in the group like to put their own style on the program of initiatives.

Monitoring implementation and hardwiring is beneficial through observational auditing, patient rounding and interviewing of observations and experience and Leader Rounding is powerful process

for gathering experiential data from patients to drive staff hardwiring of improvement bundles.

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