Use of a Task & Finish Group to Improve Children’s Support Before the Death of a Parent

Dr. Laura Clipsham, Specialist Registrar, and Jane Pickard, Head of Inpatient Services, LOROS, Hospice Care for Leicester, Leicestershire & Rutland

Background

- The need for bereavement support services for children and their families was identified nationally by NICE and the National Service Framework for Children in 2004\(^1\),\(^2\), and by the East Midlands Cancer Network in 2011\(^3\).
- The support of children aged 18 years and younger with a parent admitted to the inpatient unit was reviewed in January 2013. Variations in the assessment of needs and the discussion of this within the multi-disciplinary team (MDT) were identified, leading to the formation of a ‘Task and Finish’ group to review how this aspect of holistic care could be improved.

Methods

- A multidisciplinary group comprising of Palliative Medicine SpR, senior nursing staff from the inpatient unit, a counsellor and social worker met regularly over a 6 month period.
- Terms of reference were agreed with the aim of identifying key standards which were relevant to the inpatient unit and reproducible for ongoing service evaluation.
- Internal and external resources available to children and their families were reviewed, and potential areas for service improvement explored.

The group identified a need for improvements in the following:

Documentation:

- Staff may be uncertain as to the most appropriate way of documenting their concerns and conversations about children in their parent’s admission notes.
- Weekly MDT meetings provide the best opportunity to identify and discuss concerns amongst all healthcare professionals, but how these are captured is variable.
- Use of prompts in MDT meetings improved documentation. In particular, these increased documentation of children’s knowledge of their parent’s illness and the impact of the illness in children and their family to 100% (previously 24% and 71.4% respectively).

Ongoing Review of Practice:

- The group identified key standards for practice to enable ongoing service review - these reflected the prompts introduced to MDT meetings.
- A steering group was formed in order to continue to review the support of children aged 18 years and younger, availability of resources and to review training available to staff.

Availability of Written Resources:

- Approval was obtained for age-appropriate literature to be made freely accessible in the hospice, with additional child bereavement resources available to patients if requested. Cushions showing emotions were purchased for the children’s play area to improve communication with younger children.

Conclusions

- Introduction of specific prompts to aid documentation of MDT discussions appear to be effective at highlighting the need for additional support for children, whilst still enabling an holistic, individualised approach to patient care.
- It is recommended that a specific MDT template be developed which incorporates these and enables ease of access to relevant information.
- The development of key standards and introduction of specific child bereavement resources and ongoing review of these by a steering group will facilitate ongoing service development.

References