



The HSE response to the findings of the  
**National End of Life  
Survey 2023**

Listening, Responding  
and Improving



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# Message from the CEO

I would like to acknowledge the immense contribution that respondents to this survey have made to the learning, improvements and ongoing care that the HSE provides to people who are dying and their loved ones. The death of a loved one is a very difficult time for families and friends, yet respondents have taken the time to reflect, consider and share their experience. For this I thank them.

Their feedback provides us with valuable information on the standard of End of Life healthcare services in Ireland and helps us to identify areas for improvement and strengths we can build on. We use the results to improve the services provided to people at the end of their life, and to their loved ones. This is part of our commitment to improving healthcare services for all.

The National End of Life Survey is the first survey of its kind conducted nationally and provides us with important insights into End of Life Care experiences across all settings of care in Ireland. Improving the care and services we provide at End of Life requires commitment, leadership and a plan.

This HSE response report has been developed in direct response to that feedback provided by bereaved families and friends. It includes many examples of improvement initiatives that are already in place and lays out our plans for ongoing quality improvement.

Areas identified for improvement include co-ordination of care, support to enable difficult conversations about death and dying and ongoing support for bereaved families and friends. These are now reflected in quality improvement plans developed nationally and by each hospital and hospice. The importance of staff in End of Life Care is represented through the high number of positive comments provided by respondents and the numerous messages of gratitude expressed by families and friends through their response to the survey.

Learning is a core component of delivering safe and effective healthcare and achieved by, amongst other things, 'listening, responding and improving' – which are the areas of focus of this HSE report.

Once again, I wish to wholeheartedly thank those families and friends who completed the survey. I also wish to thank colleagues from each participating hospital, hospice, nursing home and community service and the HSE teams of Patient and Service User Experience team, Acute and Community Operations and Communications for developing this response.

Finally, I would like to acknowledge colleagues in the Health Information and Quality Authority and the Department of Health for their work in partnering with us in the development of the National Care Experience Programme – a partnership which will continue in the years ahead to the benefit of patients and our health services.

**Bernard Gloster**  
**Chief Executive Officer, HSE**

## Listening, Responding and Improving

# Message from National Director, Operational Performance & Integration

I want to take this moment to express my sincerest gratitude to all the bereaved relatives who participated in the first ever National End of Life Survey. This survey asked bereaved individuals about their relative's experience of healthcare in the last months and weeks of their life. I appreciate that reliving these memories was not easy for people, while still grieving for loved ones. I want to assure them that their feedback is invaluable in helping us to improve our services and supports for individuals, their families and friends during a very difficult and sensitive time.

In total, 4,570 bereaved relatives participated in the National End of Life Survey. Their responses provided us with insights into the experience in the last three months and the final two days of life. Their feedback helps us understand how we can better meet the needs and preferences of those approaching the end of their lives as well as those who are supporting them. By listening to their experiences and suggestions we are striving to continuously improve and create a more supportive and compassionate End of Life environment.

This was the first national survey that looked at experiences of care across all healthcare settings and services. I am pleased that this report demonstrates a coordinated response to the findings of the National End of Life Survey and includes the quality improvement plans that highlight the engagement and commitment of all key stakeholders to making a real difference.

I want to acknowledge the work of all our valued healthcare teams across the country for the care and support provided throughout the End of Life pathway of care. This involves the coordination of healthcare services across different settings including acute hospitals and community services provided through hospices, home care, nursing homes, public health nursing and GP services.

The findings of this survey provide us with a unique opportunity to gain a better understanding of what matters to patients and their families at the End of Life. This is of particular importance as we move forward with the health reforms and the implementation of Health Regions in 2024.

**Joe Ryan**  
***National Director of Operational Performance and Integration, HSE***

# Message of Support



Irish Hospice Foundation (IHF) welcomes and supports the first National End of Life Survey asking bereaved relatives about the care provided to a family member or friend in the last months and days of their life. Dying, death and bereavement will affect us all at some point in our lives and as such the findings in this report inform so many facets of healthcare provision in Ireland. This survey provides us with information that we can use to monitor the impact of care delivered at the End of Life from real life experiences.

IHF are committed to ensuring that people receive the best End of Life and bereavement care, regardless of the setting that they die in. Currently in Ireland, hospitals remain the most common place where 44% of people die; 23% of people die in a nursing home and the same number die at home; 8% of people die in a hospice. This survey highlights the experiences in each of these settings.

There were 35,477 deaths registered in 2022. For each death in Ireland up to 10 people are impacted, adults and children. This means that over 350,000 people are newly grieving the death of a loved one each year. Any focus on the experience of End of Life Care must also examine the impact on those who are left to grieve the death of their loved one. The qualitative responses in this survey will provide valuable information on the emotional impact of the End of Life experience on family and friends. IHF will continue to advocate to ensure people have access to appropriate bereavement care and supports.

While the findings highlight the many positive aspects of End of Life Care in Ireland, it also provides opportunities for improvements that we must continue to work on. This survey is an impetus for the HSE to respond to the needs of those engaging with services and ensure that investment and resources are targeted.

We currently collaborate with the HSE on a range of quality improvement and educational driven programmes. We will use the findings from this survey to inform and build upon this work. IHF continues to advocate for the delivery of quality End of Life, wherever the place and we will support improvements through our healthcare and bereavement programmes across each of the care settings identified in the survey. Our work programmes include the Hospice Friendly Hospitals, Caru, a quality improvement programme for nursing homes and Dying Well at Home.

The survey highlights the different places where End of Life Care is delivered i.e. hospital, hospice, home, nursing home. It is important that focus be given to ensuring that people who die at home have the continuity of care they need as this is still the place of preference for most people. In addition, the importance and impact of good communication across all settings where End of Life Care is delivered cannot be underestimated in ensuring dignity at End of Life. We must also continue to care and support those who are bereaved.

Every death matters – and we only have one chance to get it right. Over 4,000 people took the opportunity to respond to this survey about the care their loved received at End of Life. The survey provides valuable insights into the lived experience of the person who died and their families who loved and cared for them across the continuum of dying, death and bereavement. It is our responsibility to work as a collective to ensure we do all we can to learn from these experiences to improve the delivery of End of Life and bereavement care.

**Paula O'Reilly**  
**CEO, Irish Hospice Foundation**

Section 1

# Acknowledgement of Findings

# Acute Hospitals

On behalf of HSE Acute Operations representing public acute hospitals nationally, I welcome the publication of findings from this first National End of Life Survey. I am very grateful to all the bereaved relatives who took part in this survey for sharing their experiences of care in our hospitals. The death of someone close often comes as a shock, even if it is expected. Sudden unexpected death and death following a serious illness each bring their own kinds of life impacts and changes. Whilst our acute hospitals are focussed on the care and management of people with serious illness, nearly one in every two people that will die in Ireland this year will receive care at End of Life and die in a hospital. Supporting families and our communities at this time is an important priority for us. I am pleased that the NELS (2023) reflected many areas of good practice and support for patients and their families arising from the work we have done over the last many years. It is heartening to see from the survey results that bereaved relatives experienced high levels of dignity and respect to patients at End of Life from our staff, and expressed a high level of confidence and trust in our doctors and nurses to manage the care at End of Life with an appropriate focus on managing patient's levels of pain and discomfort.

In view of the large number of people being cared for at End of Life and at time of death in our hospitals, HSE Acute Operations continues to implement a programme of work to build on existing good practice. We are pleased to undertake this work in close collaboration with the Irish Hospice Foundation and the All-Ireland Institute for Palliative Care. Since 2017, we have had a national oversight group in place with the specific role to continuously improve services for patients at End of Life and our bereavement response for families. This national group is made up of a range of doctors and clinicians from different specialities, in particular, palliative care, critical care, emergency medicine and older persons. On our group also are End of Life Care Coordinators from hospitals as well as the Ombudsman Office. Through this group, we have progressed many important initiatives and the results of this survey reflect the good work undertaken and the continuous drive of hospital staff to improve the End of Life experience for patients. Whilst the survey results highlight the importance of this programme of work, there are still improvements for us to make and we are committed to using the results of this survey to extend our programme of work to the specific feedback from patients and their families.



*Hospital End of Life Coordinators and staff from the Irish Hospice Foundation*



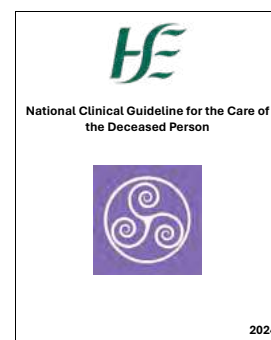
## 1. National Framework on Governance, Leadership and Reporting of the Hospice Friendly Hospitals Programme in Acute Hospitals (HSE, 2023)

Improving End of Life Care requires a whole-systems approach within acute hospitals. HSE Acute Operations has developed a National Framework on Governance, Leadership and Reporting of the Hospice Friendly Hospitals Programme in Acute Hospitals (HSE, 2023) which outlines clear governance and accountability structures required to build on existing good practice and oversee developments to enhance care at End of Life. This framework recommends that all hospitals have an Executive Lead in End of Life Care.

In recognition of the priority associated with care at End of Life for our patients and their families, we have grown the number of End of Life Coordinators from six to twenty one working across 34 hospitals nationally. In response to the survey feedback, all hospitals are now putting in place their individual quality improvement plans to focus on further actions each hospital can take to make the End of Life experience better for patients and their families. I am pleased at the number and range of improvement plans that will be progressed over 2024 as we further strengthen our services.

## 2. Development of a National Guideline of Care of the Deceased

Whilst the NELS survey highlights the good practices across our hospital, know that we can still improve our response further. To help services know best practice is when caring for a person who has died, we have advanced development of a Care of the Deceased Guideline. This Guideline describes, place, all of the expected practices hospitals and care settings should follow caring for someone who has died. We have been awaiting the publication the NELS survey results to ensure all areas of practice from patient and feedback is covered by the guideline. In 2024 we will finalise this document implementation across all hospitals. We hope that this guideline further improve the care of those who have died in our hospitals provide practical support to staff to know how to care appropriately for



## 3. Dedicated facilities for End of Life Care

Findings from the National End of Life Survey highlight the importance of the physical environment in which care is provided at End of Life in our hospitals. Bereaved relatives highlighted the importance of care being provided in a setting chosen by the patient, most often a single room; the importance of having family rooms for communication with staff and the need for designated End of Life Care rooms and facilities in hospitals. HSE Acute Operations, working with our partners in HSE Estates and Facilities are continually trying to improve the environment for families by upgrading and refurbishing our mortuary facilities across hospitals and developing family rooms on hospital wards where families can be together in a quiet environment when the person dies. We acknowledge that many of our facilities need refurbishment and the HSE has assigned €15 million over the next 5 years to develop our facilities. To ensure the highest standard of design of our facilities, all mortuary upgrade projects are undertaken with a specific Design and Dignity guideline.



Family rooms, chapels and mortuaries recently renovated under Design and Dignity Programme.

#### 4. Visiting policies at End of Life

From the survey, we also see that bereaved families need us to focus on facilitating more flexible visiting at End of Life. We understand the importance of such visits for the patients and their families, particularly in the last few days of life. Balancing this need with our other priorities to minimise infections and disturbance to patients, Acute Operations will work further in this area in 2024.

#### 5. Respect and Dignity at End of Life

Families and friends indicated in their responses to the NELS survey that they and their deceased relative experienced a high level of respect and dignity from our staff in the last number of days of the life. Our hospitals use the End of Life symbol to communicate to all staff the need for additional respect and dignity when dealing with patients and their families that are at the end of their lives. The symbol is inspired by ancient Irish history and is not associated with any one religion or denomination. The three stranded white spiral represents the interconnected cycle of life: birth, life and death.

This symbol may be displayed at a nurses' station or on a sign on the doors entering the ward when a person is very close to death or has just died on the ward. The symbol indicates to staff and visitors that it is a time for dignity and respect. When the patient dies we encourage the use of a special drape with the End of Life symbol to continue to show respect and dignity for their remains.



*End of Life Symbol and Drape used in hospitals*

We know from this survey and our work that kindness and compassion can make a big difference to families. Treating the remains of a person and their possessions after death with dignity is an important part of our work. Working with the Irish Hospice Foundation, we have made available to all hospitals special bags and jewellery pouches to keep safe the possessions and clothes of their loved ones. Although these may be everyday items, they represent the loving memories families and friends have of the person.

#### 6. Providing practical and emotional information to families when someone close dies

From the survey, we see that families wish to have further practical information available when a person dies and the need for Acute Hospitals to continue to provide this information to families as part of a standard information pack.



*Information the HSE makes available to all families following a bereavement*

Acute Operations is continuously working in this area and we have already produce a broad range of guides and information booklets for patients. A comprehensive bereavement booklet titled 'Bereavement When Someone Close dies' which details a range of practical information for families covering areas such as grief, coping with grief and available bereaved supports as well as practical matters such as registering deaths, dealing with wills and money matters.

A series of information booklets about what families can expect when someone is dying to prepare them for the changes they may experience whilst caring for them is also made available to families, as well as dedicated HSE bereavement webpages specifically focused on helping people to understand and live with grief and the impacts it might have on their lives. Hardcopies of the booklets are available free of charge from the HSE [www.healthpromotion.ie](http://www.healthpromotion.ie) website.

## 7. Supporting and Training Staff for End of Life Care

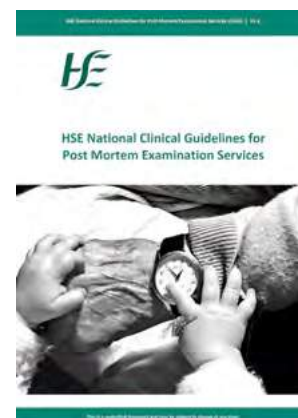
To help improve hospital staff understanding and skills in the area of End of Life Care, the HSE has partnered with the Irish Hospice Foundation to provide a 1-day course called 'Final Journeys' for all hospital staff. This training aims to improve End of Life Care through promoting a culture of awareness and personal empowerment across all disciplines in the hospital. It focusses on enhancing the communications skills of participants to enable them to be more competent delivering End of Life Care and supporting patients who are dying, and their families. Staff attendance at this workshop is a priority for us and though trained facilitators in all hospitals, over 2000 hospital staff have attended the training course this year. We have extended the Final Journeys Programme for implementation across paediatric settings. Supporting children and staff who work with children at End of Life is an important priority for us into the future.



'Final Journeys' Training Pack

## 8. National Clinical Guideline Post-Mortem Examination Services (HSE, 2023)

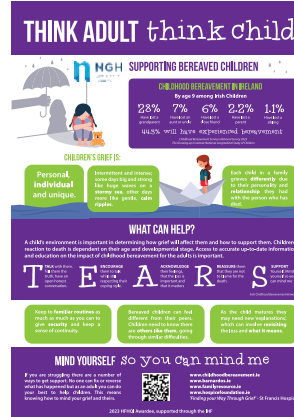
We know that the post-mortem examination process is important for families to answer some of the questions that they have about why or how their loved one has died. The post-mortem examination process can sometimes bring uncertainty and anxiety about how the process will be undertaken and what the family can expect. The HSE has published a new National Clinical Guideline Post-Mortem Examination Services, which, placing the patient and their family at the centre of the guideline development, now provides for more effective guidance to clinicians for providing information and support to families during the post-mortem process. Acute Operations in 2024, will develop a specific training course to support the implementation of this guideline throughout the hospital system.



## 9. Bereavement care: supporting families and friends, including children

To further support our response to bereaved families and friends within the hospital setting, we are committed to enhancing the development of our bereavement services across hospital so that we can help families and our communities in their time of most need. Acute Operations has developed a policy for the development of a specific bereavement care service within hospitals. This policy identifies the need for the development of a Senior Social Work role in Bereavement Care across hospitals nationally. Currently, there are 12.5 social workers and 2 nurses providing bereavement care and support across our hospitals. Acute Operations will continue to seek resources for the development of this service to ensure there are immediate and suitably trained bereavement services developed across hospitals nationally.

From the survey and research in this area, we understand that young children, losing a parent or close family member, feel the impact of the loss acutely. We will work further to assess what we can do to support families to support children who are dealing with a loss. We are grateful for the work the Irish Childhood Bereavement Network does to support children and families.



Child friendly materials on death and bereavement.

### Conclusion

It is important in the improvement of the health system that the voices of those who receive care and utilise our services are heard. I know that the quality improvement plans initiated by hospitals in response to the findings of the National End of Life Survey will improve the experiences of care for future patients and their families. I am grateful to all of our staff working in hospitals whose hard work in the area of End of Life and bereavement care has resulted in such positive feedback from the NELS survey. I hope that the availability of a unique and valuable dataset on the experiences of those who die in our hospitals will continue to be of value to services and researchers alike. I would encourage all of our services to continue to partner with patients and service users in developing service improvements as we continue our work in this area.

**Grace Rothwell**  
**National Director, Acute Operations**

# Hospices

We would like to thank all the respondents who took the time to provide such detailed responses on the care their loved one's received in specialist palliative care inpatient units (hospices) in their last three months of life. This information and feedback provides important insights into what matters for patients and their families and will be used at both local and national level to enhance and improve care further. Each of the fourteen hospices have already reviewed their own responses and have developed a bespoke Quality Improvement Plan that reflects priority actions in response to the feedback from families of patients who received care there.

We welcome the fact that 97 % of respondents rated the quality of care received in our hospices as good or very good. We're delighted to hear that visitors felt welcome and had high levels of trust and confidence in hospice staff. It is reassuring to hear that 98% of people told us their loved ones were treated with dignity and respect during their time as patients in the hospices, that staff treated them with kindness and patient's emotional needs were addressed in tandem with physical health issues.

Our fourteen hospices are key components of our specialist palliative care services and work in conjunction with acute hospitals and primary care services to ensure that patients requiring specialist palliative care receive care in the right place at the right time. A significant number of respondents to the survey reported they believe their loved one would have benefited from an earlier admission to the hospice. At a national level we are working with our colleagues in the Clinical Program for Palliative Care during 2024 to ensure all health professionals working with people with life-limiting conditions can recognise the need for palliative care and if required make timely referrals to specialist palliative care services when complex palliative care needs are identified.

A number of respondents also mentioned they were anxious about their loved one being admitted to a hospice but the experience of care they received changed their perception of hospices and specialist palliative care. At a national level we will work with our colleagues in the voluntary and community sector to communicate about palliative care, reduce misconceptions about death and dying, support community engagement with local hospices and promote conversations about dying death and bereavement. We note particularly that respondents to the survey wished for increased support to assist adults communicate with the children and grandchildren of patients receiving specialist palliative care.

We will work with the hospices to support the implementation of their quality improvement plans in response to the survey results to further improve and enhance care for patients and families.

We know that when a loved one experiences a good death that it is a comfort to bereaved families and friends. We would like to thank the hospices management, staff and volunteers for their kindness, professionalism and person centred approach to care, highlighted in the positive feedback in this survey.

**Stephanie O'Keefe**  
*National Director, Operations Planning*

**David Walsh**  
*National Director, Community Operations, Schemes & Reimbursement*

# HSE Community Nursing Units

On behalf of Older Persons Services, representing HSE managed Community Nursing Units (CNU's) for the older person, I would like to thank all those bereaved relatives/loved ones who took part in this survey, acknowledging that this must have been a very difficult time for all of you. I also appreciate the support given by staff who have considered the findings of this survey and who recognise it's valuable contribution in how we can develop our services further to meet the needs of both the patient/resident and their family/friends.

Older Persons Services manage a total of 126 care facilities comprising of a total of just under 6,500 beds spanning across both long and short stay facilities. Included in that figure are a number of dedicated palliative care beds but it must be noted that the ethos and principles of palliative care occurs across all of the residential units. We recognise that for many residents, this care facility is their home and therefore we understand the importance of ensuring privacy and dignity both for the individual and their loved ones.

We very much welcome the overall positive findings of this survey as it allows us to identify and share good practice across the service. It is noted that this survey involved residents who passed away in the last quarter of 2022 during a period of continuing Covid-19 surges. The findings show that there are a number of areas that can be improved upon such as further coordination of care for those residents who are palliative but may not yet be nearing End of Life.

Responses from loved ones concerned the period of 3 months prior to the death of their loved one and also 2 days prior to their passing; it was found that when death was imminent, the experience of respondents was highly positive particularly around the physical and social needs of their loved one. It was also noted that there was an improvement in the coordination of care between healthcare staff in that period leading up to death. A high satisfaction rating was also achieved in the level of kindness and compassion shown to loved ones by the healthcare staff. 30% of respondents to this survey indicated that their loved one passed away in a residential facility. The profile of the majority of residents who passed away in CNU's were within the 80-89 age bracket, were ill for more than 12 months while in the facility, predominantly female and the majority of these residents also had a dementia type illness. Therefore palliative care for these residents would have been over a prolonged period of time thus requiring the supports and the resources necessary to ensure a good quality of life and End of Life.

We welcome the fact that the overall experience of family members in relation to their loved one's care in public facilities was positive, particularly in relation to pain and symptom management as well as support for their psycho-social needs. Respondents felt that their loved ones were treated with respect and dignity, they themselves were made to feel welcome and they held a high level of trust in the healthcare staff. Some respondents would have wanted more input around the decision making process in relation to the care of their loved one; this issue will certainly be reviewed, particularly within the context of the Assisted Decision Making (Capacity) Act 2019.

The Covid-19 pandemic although being very devastating for many residents, families and staff of residential care facilities has also brought about many positive changes in how we support residents and their families during their stay in our care. These changes are greatly underpinned by the massive capital investment programme in our CNU's which will support the wellbeing and dignity of all residents. As a result of design changes there will be a reduction in the use of multi-occupancy rooms and an increase in the provision of more communal social spaces.

The HSE have worked in collaboration with our colleagues in the DOH and HIQA in developing design guiding principles that will align new CNU's to national policies and standards. These design principles will support best practice in the delivery of End of Life Care.

Older Persons Operations have also collaborated with our colleagues in the Irish Hospice Foundation and the All Ireland Institute for Hospice and Palliative Care in the launching of the CARU program. This program supports the provision of patient centred palliative care to both residents and families across all public, private and voluntary nursing homes. Staff training is on-going in supporting residents to be proactive in voicing their own will and preference in relation to how they want to be cared for towards their End of Life.

It is heartening to note that the survey results show a high degree of satisfaction from loved ones in how their deceased relatives were cared for and how they themselves were shown kindness and empathy at such a difficult time. We do commit to continually improve on our service and this survey is invaluable in determining where that improvement should lie.

**Patricia Whelehan**  
**Head of Operations/AND Services for Older People**



# Care at Home (including Community Health)

## Response from Health and Social Care Professional (HSCP) and Public Health Nurses (PHN) to Care at Home survey findings

Thank you to all who completed the survey. We acknowledge the complexity of this area of care and note that it is the first survey by the HSE of patients and families' experiences of care at home. Overall, we think the survey provides a rich source of information that allows for clear understanding of what matters most to the patients and families at the End of Life. There are many different agencies and services involved in providing care at home at End of Life. There are many differences in how services are provided and the resources that are available across the country.

Overall, there are some very positive responses to the survey, which is heartening, such as care and compassion, but there are identified areas for improvement and further research under the following categories:

- communication
- preparation for dying
- co-ordination of services and dealing with various agencies
- carer support and education
- access to equipment.

In the survey, respondents highlighted gaps in communication from healthcare professionals related to serious illness, changes in health status and dying. In response to this, we recommend a need for targeted education for healthcare staff about these areas. There is a particular need to focus on how to guide families to support children around these issues.

Respondents in the survey identify that their emotional needs and family worries and concerns are not supported adequately by healthcare staff. We need to ensure that there are sufficient carer's supports available, including carer's support groups. Targeted education about End of Life should include content on this topic to help healthcare professionals identify and support carers and families.

Respondents identify difficulties with the coordination of services and dealing with the various agencies involved at End of Life at home. The multidisciplinary team involved with the patient requiring End of Life Care will utilise Clinical Team meetings to communicate more effectively to ensure better coordination of End of Life Care.

Respondents also identify challenges with accessing equipment required at End of Life. It is acknowledged that this process varies around the country but there are mechanisms in place to assist with accessing aids and appliances as required. We recommend developing a working group to examine the different procedures involved in accessing equipment, and make recommendations to simplify and streamline these procedures.

From a HSCP perspective, the following will form the basis for initial quality improvement projects:

- Review of existing educational offerings for healthcare staff on communicating about serious illness, changes in health status and dying with further development as required, including scope to be offered as a standalone module to optimise access for as wide a population of staff as possible.
- Explore integration with Centres for Nursing and Midwifery Education for the module for preparing children for bereavement.
- Scoping the role of a carer's support group, including educational needs.
- Identification of a pilot pathway for equipment provision utilising process mapping.

From a Public Health Nursing perspective, the following will form the basis for initial quality improvement projects:

- Improve timely access to the PHN service for patients requiring End of Life Care by ensuring that all PHN staff are aware of and adhere to 'The Management of referrals accepted to the PHN' service guideline. This will ensure that all patients are prioritised according to clinical need.
- Incorporate a pain management assessment as part of overall nursing assessment to ensure that patients will have their pain assessed and will be referred appropriately for their management of pain.
- Ensure that an End of Life educational programme is available to all PHN staff.
- The PHN service will undertake a holistic assessment of the patient which will incorporate their physical, psychological and spiritual needs.
- Following a holistic assessment, the PHN service will refer the patient to relevant services/disciplines for appropriate equipment and adaptations where necessary.

**TJ Dunford**  
**Head of Primary Care Operations/AND Community Operations**



## General Practitioner - Palliative Care/End of Life Care

The publication of findings from this first National End of Life Survey is an important and welcome reflection of the experiences of bereaved relatives and I want to thank those who took part in this survey for sharing their experiences of care.

### Background

GPs, along with the members of the ECC Community Healthcare Networks (CHN's), are the main providers of generalist, non-complex palliative/End of Life Care, in the community (which includes patients' individual homes or in residential care facilities). Clinical Team Meetings take place within the CHN's, which are attended by the GP and other members of the Multidisciplinary Team. The purpose of these meetings is to plan and co-ordinate care for the service user in an effective and efficient manner. Referral to the Clinical Team Meeting can be made through Healthlink by the GP, or with the appropriate referral form. This multidisciplinary approach enables the provision of a wide range of services, which enhances continuity of care.

Non-complex palliative/End of Life Care may involve the management and treatment of pain, administration of therapy where applicable, support, advice and counselling to patients and their families/carers, liaison with other CHN professionals and liaison with and referral to support Specialist services, as required. A national Palliative Care Needs Assessment process is in place within each CHN, which includes completion of an individualized patient care plan and assessment of family and carer needs. Patients with more complex needs are referred by the GP to Specialist Palliative Care Services – Specialist Community Palliative Care Team or Specialist Acute Palliative Care Services, using the standard national referral form.

Referral of patients by GPs to Specialist Palliative Care Teams arises in situations where patients have complex or intermittent complex palliative care needs, patients who experience a change in diagnosis, illness regression, change in functional status or as a result of a patient or family request. Specialist advice and/or patient consultation may also be required in symptom control, pain management or End of Life Care planning.

The pathway provides for an integrated approach to service provision between hospital, community and primary care including access to specialist palliative care services as required.

In addition, a patient handover notification system is in place for out of hours periods whereby the patient's registered GP notifies the relevant GP out of hours service, in the event of medical intervention being required during out of hours periods, particularly if End of Life Care is required, the patient's own GP may wish to be contacted. There are also established linkages between the majority of GP Out of Hours Services and the Palliative Care Specialist Team to ensure continuity of patient care.

Also, the **Palliative Care Scheme** was introduced in September, 1993 (as per Department of Health Circular 7/93), to improve palliative care provided by General Practitioners for terminally ill patients in the community. The Scheme covers both GMS and private patients and provides for a once off payment to be made to General Practitioners who provide domiciliary care for the final phase of a specific terminal illness, namely:

- Terminal Cancer
- Terminal H.I.V.
- Terminal phase of progressive neurological conditions – i.e.: Motor Neurone disease, Multiple Sclerosis, Muscular Dystrophy

It is expected that this Scheme will be reviewed in the context of the overall Strategic Review (as referenced below).



## Survey

We note from the National End of Life Survey that individuals expressed difficulty in accessing GP care, in particular in respect of home visits and urgent problems arising during out of hours periods. While an established pathway exists in relation to service provision as outlined above, it is accepted that GP manpower challenges exist which may impact on overall GP capacity in the provision of general practitioner services. GPs, in compliance with the Irish Medical Council professional Guidelines, retain full clinical responsibility for their patients and decisions in relation to patient care including the requirement or otherwise to undertake house calls are ultimately based on the individual GP's assessment of the patient's clinical needs and in accordance with the GP's clinical skills and judgement.

A number of initiatives have been undertaken to address GP capacity and manpower challenges and support general practice, which include:

### 1. GP Manpower & Capacity

There are currently 2,518 GPs practicing in Ireland who hold GMS Contracts with a further 592 GPs while not holding GMS contracts, hold other publicly funded contracts (e.g. Maternity & Infant, Primary Childhood Immunisations, Cervical Screening, Free Contraception etc). There are also circa 500 GPs who do not hold any publicly funded contracts and practice in a private capacity only. The total estimated number of GPs practicing in Ireland is therefore slightly in excess of 3,600.

The HSE is committed to continuing to engage with the relevant GP stakeholders in ensuring the sustainability of General Practice, and in addressing workforce challenges. We are supporting GP practices, particularly in rural communities and practices in socially disadvantaged communities and through a multi-annual investment programme in conjunction with the Irish College of General Practitioners aimed at substantially increasing the number of GP training places.

### 2. 2023 GP Agreement

The 2023 GP Agreement makes provision for financial supports and initiatives to address the current challenges in filling GMS vacancies in rural and urban disadvantaged areas in particular. The Agreement also provides for adjustments to Capitation Fee Rates and the provision of additional supports to GPs to maintain and increase the capacity of general practices. Additional supports include enhanced Practice Support Subsidies and introduction of a new form of Practice Grant towards the cost of employing additional practice staff and/or increase in hours of existing practice staff, together with the introduction of a new role of GP Practice Assistant. The 2023 Agreement also includes additional supports for GMS GP practices in rural communities in sourcing locum cover.

### 3. GP Training

**Training:** The ICGP Certificate in Palliative Care has been developed as a training module for GPs.

**Increased Training Places:** The HSE are working closely with the Irish College of General Practitioners on a range of measures to expand the GP Workforce and to develop a sustainable model of General Practice for the future in line with Sláintecare. GP Training Places have increased from an intake of 259 in 2022 to 285 in 2023, with a planned intake of 350 in 2024.

### 4. Non-EU GP Programme

The Non-EU GP Programme, is an initiative supported by the ICGP, HSE, and the IMO aimed at expanding GP workforce in rural and urban disadvantaged areas. A total of 112 candidates were successfully recruited to the scheme in 2023, 75 of which have commenced in general practice and the remaining 37 awaiting placement.

### 5. Strategic Review of General Practice

In addition, the Strategic Review of General Practice, which has recently commenced, will examine and identify the necessary contractual and structural arrangements that need to be in place to facilitate a system of GP care in line with Sláintecare. This will involve the further identification of challenges facing general practice and will focus on identifying practical solutions to those challenges. Specific elements to be considered under the review include GP Training, GP Capacity, Funding Model and Modernised Contractual Arrangements, GP Out of Hours Services, and Ehealth.

**Geraldine Crowley**

**Assistant National Director, Enhanced Community Care Programme & Primary Care Contract**

# National Healthcare Communication Programme



The National Healthcare Communication Programme has designed communication skills teaching materials intended to help and support staff through difficult conversations with patients and their loved ones. Materials include guidance on particularly sensitive conversations, such as giving unwelcome diagnostic news of a life-limiting condition or telling someone that their loved one has died. Time can sometimes be relatively short for these conversations so it is important that staff use a clear set of skills to gathering and share information efficiently, effectively and with compassion.

## Materials include:

- Skills cards
- Case studies
- Videos
- Patient/Family member stories



**Skills cards: Diagnosis of life-limiting illness**  
<https://bit.ly/NHCP-EOL-SKILLS-LIFE-LIMITING-ILLNESS>



**Giving sad news of deterioration or death over the phone**  
<https://bit.ly/NHCP-EOL-SKILLS-SAD-NEWS-PHONE>



**Case study: Conversations about moving to palliative care**  
<https://bit.ly/3GBeRM2>



**Video: Conversations about post mortem examinations**  
<https://bit.ly/3RDhbZd>



**Video: Giving sad news of deterioration or death over the phone**  
<https://bcove.video/4747vMk>



**Video: Conversations about normal dying**  
<https://bcove.video/461MrW0>


## End of Life Conversations Module

This Module supports participants to learn and develop their communication practice for conversations with patients and/or family members when a patient is likely to be within their very last weeks, days, or hours of life, and for conversations with family members where the patient has recently died. It covers contexts where dying and death have been sudden and unanticipated, and contexts where the people involved may well anticipate it.


### Learning content includes:

- Giving difficult news of a life-limiting diagnosis, of a patient’s deterioration, or of a patient’s death, including doing so over the phone;
- Talking with recently bereaved family members about post mortem examination;
- Talking with and supporting a patient who already knows they are likely to be dying and who is in distress;
- Conversations with patients and family members about normal dying.


The Module is designed to be relevant to anyone who works in healthcare (and social care ) who has personal contact with people who are dying (whether suddenly or over a long period) and who has personal contact with dying people’s close ones (partners, relatives). The Module assumes learners will have at the least completed modules 1 and 2 and some will have completed the difficult conversations module 3 which has useful complementary content. Thus, it assumes that learners will have familiarity with Calgary Cambridge Guide (CCG) to healthcare conversations, and the associated key skills. The CCG provides a clear structure for learning, practice, and reflection. It is used across HSE’s National Healthcare Communication Programme, this means modules can provide consistent and cumulative learning.



**Guide**  
<https://bit.ly/NHCP-EOL-GUIDE>

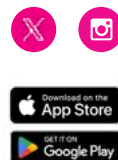


**Video: Piece-To-Camera (PTC)**  
**Conversations about post mortems**  
<https://bcove.video/400jVIV>



As soon as the healthcare staff found the reason for my dad’s illness, they were upfront and honest about giving him the bad news, but in a compassionate way.

**Video: Patient stories**  
**Diagnosis of a life-limiting illness**  
<https://bit.ly/3GBpX3G>



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Section 2

# Projects Recently Completed

# National Bereavement Awareness Campaign

The COVID-19 pandemic had a major impact on individual and collective experiences of death, dying and bereavement. As we know loss and bereavement can take many different shapes and forms, and we know that COVID-19 meant changes to our usual grief practices and in some cases, affected our ability to come together and remember loved ones who died throughout the pandemic. The HSE recognised that some groups including health care workers and older persons were at increased risk of experiencing complicated or prolonged grief due to ongoing exposure to death and loss, or other risk factors such as loneliness. In response, the HSE developed and delivered a national bereavement support campaign, which launched December 2021, to address the impact of the pandemic on bereavement and grief.



Evidence suggested that promoting bereavement information/supports at a population level, in line with a public health approach, could be as effective as psychoeducation and facilitating access to services. With this in mind, the national bereavement support campaign was developed by a cross organisational working group established by HSE Integrated Operations. In November 2021, the HSE in conjunction with the Irish Hospice Foundation and the working group developed a programme to increase awareness of enhanced supports and services available for people who were experiencing grief, those supporting them and other target groups.

A rapid literature review was conducted, core grief education messages were co-produced and communication channels were identified. All general population campaign elements signposted people to a dedicated web page (<https://www2.hse.ie/mental-health/life-situations-events/bereavement/>). The Irish Hospice Foundation in partnership with the HSE established a Freephone Bereavement Support Line (1800 80 70 77). A healthcare worker specific campaign was also developed with the HSE Employee Assistance Programme (EAP). As part of this, training in recognising and responding to Complicated Grief was provided to Employee Assistance Programme counsellors by Irish Hospice Foundation. In 2023/2024 this training has been extended and rolled out further to the HSE Counselling in Primary Care services to ensure their counsellors are equipped to respond to complicated grief needs of the general public who use their services.

# Survey of Bereaved Relatives: VOICES MaJam

**Background:** Acute hospitals are busy places with a predominant focus on diagnosis, treatment and cure and the management and care of people with serious illness. However, the provision of palliative and End of Life Care is also an important part of the care provided in acute hospitals, with 43% of all people that die in Ireland, receiving care at time of death in an acute hospital (CSO, 2020). The Survey of Bereaved Relatives: VOICES MaJam was undertaken by the Mater Misericordiae University Hospital and St. James’s Hospital and their respective academic partner institutions. To date, this survey is the largest bereaved relatives’ survey undertaken in two Irish acute hospitals. The survey took place within the context of both hospitals’ Hospice friendly Hospitals (HfH) programmes. The HfH programme is a quality improvement programme focussed on enhancing the experiences of care regarding all aspects of palliative and End of Life Care in acute hospitals. The Survey of Bereaved Relatives: VOICES MaJam was therefore undertaken to determine the quality of End of Life Care in both hospitals as perceived by bereaved relatives in order to inform and enhance care through quality improvement processes. Much was gained from undertaking the survey and more so from implementing the findings within the two participating hospitals. However, the dissemination of findings process also generated interest and debate nationally and established not only the value of ascertaining bereaved relatives’ experiences of care at End of Life but also its necessity within the Irish healthcare context.

**Results:** The majority of bereaved relatives (87%) responding to the Survey of Bereaved Relatives: VOICES MaJam rated the quality of care as ‘outstanding’, ‘excellent’ or ‘good’ during the last admission to hospital. Overall, care needs were well met; however, findings identified areas of care which could be improved, including communication and the provision of emotional support. In addition, relatives strongly endorsed the provision of care at End of Life in single occupancy rooms and better facilities for families through the availability of family rooms to enhance care, support and communication<sup>1</sup>. Findings were reported under several themes, including the overall quality of care, meeting care needs, communication, the hospital environment and support for relatives. Results indicated that improvements can be made by building on existing good practice thereby enhancing the experience of care for the dying person and their relatives.

**Quality improvement and assurance:** Surveys of bereaved relatives are an important mechanism in quality assurance and are used as benchmark in palliative care, highlighting areas of strength and areas needing improvement within healthcare services. The participating hospitals addressed survey findings and implemented recommendations through each hospital’s End of Life Care Committee. Several quality improvements implemented as a result of this survey are published elsewhere<sup>2</sup>. Surveying bereaved relatives and the implementation of system wide quality improvements initiatives throughout each hospital has resulted in measurable improvements in care experience. Data from other surveys of bereaved relatives in Ireland have highlighted areas for improvement including for example the importance of care being provided in a single room at End of Life<sup>3,4</sup>. The National End of Life Survey (NELS) results echo these findings, with the bereaved strongly endorsing care in a single room for the dying person and their relatives. The table below highlights results and improvements made in both hospitals to increase care in a single room at End of Life:

Percentage of people cared for at time of death in a single occupancy room <sup>1,2,3,4</sup>			
	National Audit of End of Life Care in Hospitals In Ireland (2010)	Survey of Bereaved Relatives: Voices MaJam (2017)	National End of Life Survey (2023)
Mater Misericordiae University Hospital	46%	74%	92%
St James’ Hospital	44%	65%	91%
Hospitals (Average)	44% <sup>a</sup>	69% <sup>b</sup>	80% <sup>a</sup>

<sup>a</sup> National average in all hospitals, <sup>b</sup> Data from two participating hospitals.

Both hospitals have improved facilities including the development of comfort care suites and family rooms on wards in response to survey findings<sup>1</sup>, which found that 49% of bereaved relatives stayed overnight in the hospital with their dying family member.



*Comfort care suite on Our Lady's Ward, Mater Misericordiae University Hospital, Dublin*



*Family rooms on the Intensive Care Unit, St. James' Hospital, Dublin*

Given that bereaved relatives found it to be an acceptable and sensitive method of providing information on their experiences of care, the Survey of Bereaved Relatives: VOICES MaJam report recommended that the Health Information and Quality Authority (HIQA) undertake a National End of Life Survey for the purposes of quality improvement<sup>1</sup> (P.102).

Conclusions: Built on the foundation of previous surveys, including the Survey of Bereaved Relatives: VOICES MaJam, the NELS (2024) provides detailed insights and essential evidence-based data on experiences of palliative and End of Life Care for the purposes of benchmarking and quality improvement in all settings of care. Quality Improvement is an iterative process that requires a constant data driven focus to keep up with the demands of an ever changing healthcare environment. Surveys of bereaved relatives serve to provide further evidence and information that will help contribute to improving the delivery of person centred palliative and End of Life Care by informing policy, practice and future service provision. Therefore, similar to the rationale for undertaking the National Inpatient Experience Survey on a regular basis, we would welcome further National End of Life Surveys

**Diarmuid Ó Coimín & Bettina Korn**

**Principal Investigators, Survey of Bereaved Relatives: VOICES MaJam.**

<sup>1</sup> Ó Coimín D., Korn B., Prizeman G., Donnelly S., Hynes G., Curran M., Codd M. [Survey of Bereaved Relatives: VOICES MaJam](#). Dublin: Mater Misericordiae University Hospital and St. James's Hospital; 2017.

<sup>2</sup> Ó Coimín D, Prizeman G, Korn B, Donnelly S, Hynes G. [Dying in acute hospitals: voices of bereaved relatives](#). BMC Palliative Care. 2019;18(1):91.

<sup>3</sup> Donnelly, S., Prizeman, G., Ó Coimín, D., Korn, B., et al. [Voices that matter: end-of-life care in two acute hospitals from the perspective of bereaved relatives](#). BMC Palliative Care 2018, 17: 117.

<sup>4</sup> McKeown, K., Haase, T., Pratschke, J., Twomey, S., Donovan, H., and Engling, F., [National Audit of End of Life Care in Hospitals in Ireland, 2008/9](#), National Audit Report 5, Dublin: Irish Hospice Foundation. 2010.

# Caru, Supporting Care and Compassion at End of Life in Nursing Homes

## Supporting Care and Compassion at End of Life in Nursing Homes

The Caru programme is a partnership between Irish Hospice Foundation, the All-Ireland Institute for Hospice and Palliative Care and the HSE. The Caru programme was established in 2022 in line with the 2020 DOH Nursing Home Expert Group Report, which recommended a collaborative program to enhance palliative, End of Life and bereavement care across the nursing home sector. Caru is a continuous learning programme offering support through a multi-strand 5-year programme to empower nursing homes and their staff in the delivery of palliative, End of Life and bereavement care to residents. The aim of the programme is to ensure patients and their families receive compassionate, person centred palliative care that enhances quality of life as well as a good death, while easing the bereavement process for families and staff.



Caru is a free programme available to all public, private and voluntary Nursing Homes. It is devised to ensure that all nursing homes nationwide and their estimated 42,000 staff are able to freely access information, networking opportunities and palliative care skills training.

The programme is delivered through a series of networking events, quality improvement workshops, webinars, and Project ECHO networks. Each element is designed to give staff the tools they need to enhance their End of Life Care knowledge and present opportunities to learn from each other in a peer-to-peer environment. An online learning hub and learning platform supports a blended learning approach and provides access to additional resources for staff and nursing homes.







The roll out of the programme components commenced in March 2023 with 510 staff from 140 nursing homes attending the quality improvement workshop sessions throughout the year. A total of 64 nursing homes have completed all 4 workshops, supporting staff to have the confidence and knowledge to engage with residents and families with difficult conversations around advanced care planning, palliative, End of Life and bereavement care. Participating nursing homes have identified quality improvement initiatives to enhance the palliative care, End of Life and bereavement care they provide to residents under their care.

Nursing home staff also attended 15 regional network events across the country throughout the year. Attendees had the opportunity to meet with their colleagues in the sector and engage in discussions with the speakers on a range of topics relevant to their practice.



## ACUTE HOSPITALS

# Saolta University Health Care Group

## Galway University Hospitals

### End of Life Care initiatives in GUH for 2023

We welcome the feedback received through the NELS. We acknowledge that we have areas, which need to be improved, and we have focused on some specifics, as we developed our Quality Improvement Plan. We would like to take the opportunity to share some of the achievements for 2023:

Reinstatement of family room, which was re-purposed for the storage of PPE during the pandemic.

Upgrade of two family rooms in ICU/HDU are in progress, with works expected to be completed by January 2024. The upgrade includes the changing of lighting and decoration together with painting & decorating. Installation of new furniture and a bespoke light box art feature. This will improve the comfort and facilities for families using this space.

GUH has received two QI awards and funding for these QI projects from the recent HFH QI awards:

1. The introduction of memory locket for parents following a paediatric death. A lock of hair will be placed in the locket which will be given to parents. Staff acknowledge how traumatic paediatric death is and more so when a coroner's investigation is necessary. The idea of the locket came from a staff member who recognised the need to give something to parents in the immediate aftermath of the death as they left the hospital without their child. Staff education is currently being developed and it is planned that the lockets will be in use by May 2024.
2. A study day to support our newly established End of Life Champions in the care of the dying patient and his/her family. We have EOLC Champions in all ward areas, and the vision for the study day is twofold, to share information knowledge and skills and to identify areas/projects, which they wish to improve. With the grant funding, we will be able to award our EOLC Champion staff with badges which will easily identify them, to patients/families and staff as Champions as they are an active EOLC resource present on every ward.

GUH has just had our 13th annual Interfaith Memorial Service in memory of our deceased patients. This initiative of the EOLC Committee has grown from small beginnings to this year having an attendance of 300 bereaved family members in attendance.



We have enhanced our multifaith ward lockers for EOLC with the introduction of the Good News Bible. We more recently have sourced wipeable prayer mat and copies of the Holy Quran for use by patients/families of Islamic faith.

We continue to promote EOLC awareness amongst all GUH staff through formal and informal education sessions continuous throughout the year. We have had a very successful campaign for both National Palliative Care Week and National Bereaved Children's Awareness week. This was done in partnership with our community support groups whom we plan to continue to work with collaboratively.

## Letterkenny University Hospital

Letterkenny University Hospital applied for and was awarded four Hospice Friendly Hospital Quality Improvement Awards (HFH QI) in 2023. The first award will fund the purchase of a 'Sleepover Chair' allowing a relative to stay overnight with their loved one should they wish. The second project allows much-needed artwork to be purchased for the relative's Emergency Department room and the mortuary's viewing room. This project was titled 'Art to Calm' and recognises that some of our most difficult times are spent in hospitals. We wanted to utilise art to provide a calming influence in stressful situations. The third award focuses on how to explain a baby's death to other children in a family. The Bereavement midwife will offer age-appropriate, illustrated storybooks that parents can read to their bereaved children. The fourth project focuses on memory box making. Allowing bereaved parents and siblings to create age and gender-specific memory boxes personal to their deceased child.



Letterkenny University Hospital will apply for Design and Dignity funding to upgrade a relative's room. LUH has recently received the plans from the award-winning Architectural firm McCabe Architects, who have designed a relative's space in the Medical 3 ward. The project will be mainly funded by the Irish Hospice Foundation's Design and Dignity fund. The Design & Dignity programme turns old and dated hospital spaces into oases of calm where bad news can be broken sensitively or where families can gather in peace and privacy. The project is grounded in the firm belief that the End of Life should be recognised as a time of the most intense human feelings. These feelings should not be endured in inappropriate surroundings.

*John's Campaign is a campaign, originally from the United Kingdom, for extended visiting rights for family carers of patients with dementia in hospitals.*

This year saw Letterkenny University Hospital host the first Ecumenical service to remember all deceased patients and staff who died during the COVID-19 pandemic and in the previous year.

We welcomed the coroner for Donegal, Dr Denis McCauley, to speak to staff and provide an information session on the coroner's role and the coroner's act. We had representatives from the mortuary discuss the post mortem process, temporary organ retention and the timelines around post mortem results. This information session was very well attended by the multidisciplinary team within the hospital. This education session will be repeated annually. A new booklet outlining coroners post mortem was also adapted for local use and is now available.

We are also the first hospital in Ireland to introduce the compassionate visiting campaign John's Campaign.

## Roscommon University Hospital

### Palliative Care Support Unit

The Palliative Care Support Unit at Roscommon University Hospital opened our doors to patients on 13th February 2023. The eight bed inpatient unit is under the governance of Roscommon University Hospital and jointly funded by Mayo Roscommon Hospice Foundation, provides in-patient palliative care services for patients from Roscommon and surrounding areas.

Criteria for admission includes that patients must be known to the palliative care service and can be referred from GP, Community Palliative Care Team and Hospital Palliative Care Team. Patients must be over 18 years of age with a progressive life-limiting illness. Of our admissions to date; many patients have advanced cancer (64%) but many have non-cancer illnesses (36%) such as cardiac or respiratory failure or advanced neurological illness. Patients may have current or anticipated complexities relating to symptom control, End of Life Care planning or other physical, psychological or spiritual needs. Respite admissions are planned temporary breaks that allow the carers of a person with a life-limiting illness a short break, while the multidisciplinary team at the unit provide care and support to their loved one.



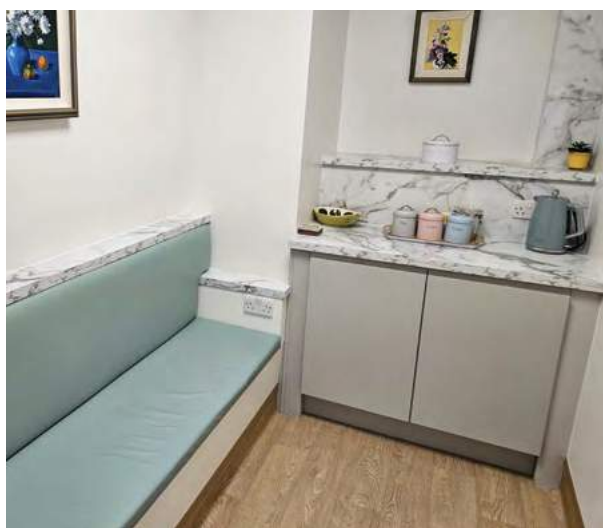
Staff in the unit endeavour to ensure patients have as much independence, comfort and support to ensure optimal quality of life for as long as possible. Families can stay overnight in a special purpose family accommodation. 24 hour nursing care is provided with medical on call, Palliative medical support is provided by Palliative Medicine Consultants, services provided include; Occupational Therapy, Physiotherapy, Complementary Therapy, Speech and Language Therapy, Dietetics, Social Work and Pastoral Care. A volunteer service will be in place from early 2024.

# South/South West Hospital Group

## Mercy University Hospital, Cork

### Development of Family Rooms

The MUH developed two family rooms in 2023, in the ICU and on a 29 bedded medical unit. These family rooms have facilitated a private space where discussions between patients, staff and family members can take place in a quiet comfortable environment supporting high quality care.



Receiving bad news in private and away from the business of the wards allows families time together in private, rather than in public spaces. These rooms have enhanced the care we provide at End of Life for patients and their families at Mercy University Hospital.



In June 2023, MUH held their first Paediatric End of Life Study Day including presentations on Communicating with families at End of Life, Supporting children following the death of a sibling or parent 'Talking with children about death: what the evidence tells us and tips for clinical practice'. There were 50 attendees on the day representing many disciplines from healthcare staff both acute and community.

In May 2023 Mercy University Hospital launched their Together in Sympathy Book.



## University Hospital Kerry

### Bereavement Information & Booklets

University Hospital Kerry End of Life Care Committee resumed their monthly meetings post COVID-19 restrictions in 2022 to enhance End of Life Care within the hospital setting.

The UHK information booklet '*What To Do When Someone Dies*' has been updated in 2023 by the End of Life Care Committee. It contains valuable, updated local information such as telephone numbers and contact details for bereaved families to assist them with their relative's death.

The booklet uses the universally recognised End of Life symbol to represent the cycle of life - birth, life and death. These booklets have been distributed to all wards where the new version is now offered to families in the immediate aftermath of their relative's death.

The HSE Booklet '*Bereavement – When someone close dies*' contains practical and emotional support for families. The Committee offers this booklet to families experiencing bereavement or alternatively it can be posted to them.



### Mortuary Garden

University Hospital Kerry has a Mortuary located in the grounds of the hospital. The Mortuary was refurbished and extended in 2019 and now includes a new family room, a foyer, a kitchen and an enclosed garden.

During the last few years, the garden has provided a private space for bereaved families to sit and spend time in a quiet outdoor setting if they wish to do so. The enclosed garden is surrounded by a tall hedge to ensure that the family's privacy is maintained. The Mortuary Garden receives care and attention and was replenished in 2023 by the End of Life Care Committee.

University Hospital Kerry's Mortuary is once again providing a quiet sanctuary for bereaved families at such a difficult time when they experience grief and loss.

# Ireland East Hospital Group

## Mater Misericordiae University Hospital, Dublin

**Governance and leadership to enhance care at End of Life:** Our Hospice Friendly Hospitals Programme through an Executive Lead in End of Life Care, End of Life Care Committee, and End of Life Care Coordinator helps to ensure that End of Life, palliative care and bereavement care is central to the everyday business of the Mater Misericordiae University Hospital. Leadership, supportive team structures and environment are facilitators for delivery of compassionate care in acute hospitals. Our hospitals' Hospice friendly Hospitals Programme has recently adopted the *National Framework on Governance, Leadership and Reporting of the Hospice Friendly Hospitals Programme in Acute Hospitals (HSE 2023)* ensuring the implementation of the National End of Life Survey findings are embedded within the governance systems of our hospital.

**Education and Training:** The National End of Life Survey findings emphasised the continued need to build on existing good practice and enhance the knowledge of staff to ensure that those who receive care and die in our hospital and their families have a seamless experience of care, provided by well-informed staff. To this end, 1,557 people in our hospital attended training relating to the provision of care at End of Life to date in 2023.

**Overall quality of care improved as informed by audit:** Bereaved relatives in the National End of Life Survey strongly endorsed care in a single room, with more than 90% of relatives indicating their relative was cared for in the last days of life and died in a single room in our hospital. Our Hospital continues to report on this Quality Care Indicator on a monthly basis to the Executive Management team and thereafter to the Board.

**Improving the hospital environment to enhance End of Life Care:** Bereaved relatives responding to the National End of Life Survey strongly approved and highlighted the positive experiences of care being provided in a Comfort Care Suite. Our hospital developed three comfort care suites on busy acute hospital wards based on our research with bereaved relative's which found that 49% of relatives stayed in hospital overnight in the nights before their family member died ([Survey of Bereaved relatives: VOICES MaJam](#)). To enhance experiences of care for the dying person and those important to them, each comfort care suite consists of two interlinking rooms, one room for the person receiving care and the other room is a family area. The suites have a kitchenette and a sleepover sofa to allow a family member to stay overnight if a person is seriously ill or dying. The suites provide a comfortable, private and quiet space with homely décor, facilitating the presence of large family groups with uninterrupted time together. Our hospital is committed to developing a new comfort care suite on an acute hospital ward in 2024 in light of the very strong endorsement by bereaved relatives of care being provided in such suites in the National End of Life Survey.



Photographs of the recently opened comfort care suite on St. Raphael's ward

Bereaved relatives highlighted the importance of family rooms in the National End of Life Survey. In a previous survey undertaken in our hospital, bereaved relatives reported that in the absence of family rooms, patients and their families were given distressing and upsetting information including being given ‘bad news in public spaces and corridors’ (Survey of Bereaved relatives: VOICES MaJam). Our hospital has developed 16 family friendly rooms to improve the holistic care and support at End of Life and which have been strongly endorsed by bereaved relatives to enhance the experience of care at End of Life.

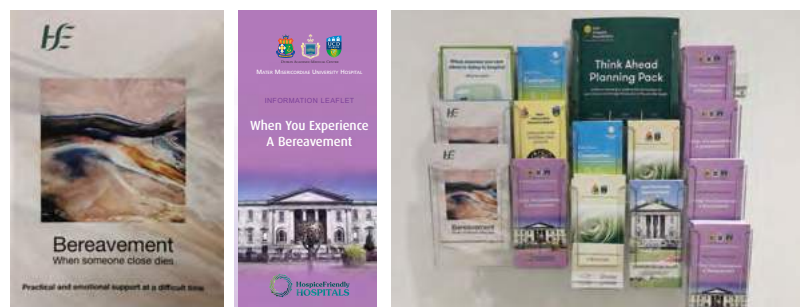


Photographs of High Dependency Unit family room in October 2023

**Practical Resources:** Based on the results of the National End of Life Survey, a review was undertaken to enhance the provision of written bereavement support information. Our hospital has developed a range of resources with information on practical matters on the different aspects of care after death and what happens next and how to register a death which includes the booklet developed by our hospital titled ‘When you experience a bereavement’. In response to the survey and to enhance the availability of bereavement support information:

- The End of Life Care section of our hospitals website was updated in October 2023.
- An additional bereavement information resource stand was also installed in the main hospital corridor in November 2023.
- Our hospitals healthcare records department and End of Life Care Coordinator have developed a bereavement pack which includes the HSE booklet ‘Bereavement: When someone close dies’. Since October 2023, every family of a person that dies in our hospital receives this updated pack with booklet within two working days of a person’s death along with information on how to register the person’s death.

Healthcare staff and bereaved family members will therefore have access to up to date, accurate information and advice which is readily accessible and available to review in their own time.



Images of bereavement support information including the new bereavement resource stand, Rock Wing, Mater Misericordiae University Hospital.



# Dublin Midlands Hospital Group

## Naas General Hospital

**Made with Care** Comfort Care packs have been developed and are distributed to patients and their families to enhance care at End of Life. Naas General Hospital staff work in partnership with Project Search an Internship programme based at the hospital that enables people with an intellectual disability to gain a broad range of skills. The project ensures a culture of inclusivity regarding End of Life Care initiatives. We want to ensure patients and family members are treated compassionately by ensuring a comfort care pack is provided to patients and their family at End of Life. We hope the packs provide some comfort when a person is seriously or dying. The pack consists of items that represent comfort and care such as toothpaste, soap, wipes, moisturiser, a notebook and pen, and knitted hearts. Families are offered the opportunity to provide feedback when they receive the pack.



Communication during discharge: **My Mind Matters Help and Support Resource Card**. This resource was developed by Naas General Hospital in partnership with the local resource office for suicide prevention and funding under Connected for Life Dublin South Kildare and West Wicklow. The wallet card provides accurate, relevant, up-to-date list of supports for individuals who might need support with their mental health, and also a list of supports for families that have lost a loved one. A wallet card is placed in every discharge pack for patients to refer to post discharge.



**Palliative Care Resource Folder** The aim of this Quality Improvement project is to enhance evidence-based person-centred care for patients with palliative care needs during their illness trajectory in Naas General Hospital. A stakeholder analysis was conducted to establish a working committee. The Irish Hospice Foundation and the Friends of Naas General Hospital kindly financially supported this project. The evidence to support this project was gained through staff feedback and also clinical insight. The Resource Folder is available on every ward and covers a range of topics including guidelines for symptom management at End of Life.

## Milford Care Centre

The introduction of the Palliative Care Outcomes Collaboration (PCOC) programme to Milford Care Centre as a clinical assessment and quality improvement tool.

### Background

The Palliative Care Outcomes Collaboration (PCOC) programme is an international programme that was developed in Australia. Milford Care Centre started using the PCOC programme within our Specialist Palliative Care Community Services in 2018 and within our Inpatient Unit in 2019. At the time we were the only service in Europe partaking in the programme. Since then, there is a total of nineteen palliative care services across Ireland using the programme and of these, seven palliative care services are submitting data to Australia.

### What is PCOC?

PCOC is an assessment and response framework which uses five validated assessment tools to identify and manage symptoms and problems experienced by palliative care patients. The tools allow the clinician to rate the severity of symptoms while also allowing the patient to rate the distress they are experiencing because of a symptom. It is a holistic approach which not only looks at physical symptoms but also psychological, spiritual and family/carer issues.

One of the five PCOC tools included in the framework is the Palliative Care Phase. The Palliative Care Phase categories how responsive the care plan is to the needs of the patient. The tool guides the team in making changes to a plan of care and the urgency of response required. PCOC seeks to drive improvements in quality and outcomes for palliative care patients and their families. This is done through a continuous process of assessing patient needs, communicating these assessments, and responding to the needs identified.

Data collected through the programme is submitted to Australia on a 6 monthly basis which allows us to compare the outcomes of care to our patients at both a national and international level.

### PCOC within Milford Care Centre

Since its introduction in 2018, PCOC has become embedded in our practice within Milford Care Centre across all disciplines. PCOC is used as a clinical handover tool, creating a common language, which improves the efficiency and effectiveness of handover of patient information. The clinical assessment tools support the team to improve care and be responsive to the patient's prioritised needs. The framework allows us to put the palliative care patient and their family at the forefront of their care. It allows patients to inform the team of the impact of clinical interventions on their symptom distress through self-assessment using the SAS tool. This feedback focuses and informs the care plan provided by the clinical team. The analysis of PCOC scores over time and comparison with national outcomes allows us to measure the effectiveness of our care and provides us with the opportunity for outcomes to influence quality improvement activity.

## Sligo Hospice

Before the refurbishment we had no designated children's play area or held any toys for any age ranges within the hospice. The area benefits children as it is a place they gravitate to when they visit or bring the toys to the beside of their loved one. They can communicate with their family or staff through play. This is a safe playing place that keeps the children entertained which allows the parents to be at ease when visiting a loved one or friend.

Everyone is so proud of this space. A few weeks ago a little toddler went to the play area and said 'wow'. Another parent told me his son loved coming with him to the hospice because of the play area. It is lovely to see children playing here and smiling even at a difficult time in their families lives.



Before



After

## Our Lady's Hospice - Blackrock

### Refurbishment

Our Lady's Hospice & Care Services Harold's Cross provide services for older people, people with rheumatological and musculoskeletal illnesses and those with palliative care needs. We also provide specialist palliative care services from our Blackrock and Wicklow Hospices.

In December 2021, work commenced to refurbish Blackrock Hospice to emulate the state-of-the-art quality environment already experienced by patients and families in our Harold's Cross and Wicklow Hospice sites. Works included significantly extending the 12 patient bedrooms and transformative upgrades to clinical, patient, family & communal areas as well as the redesign of landscaping and garden to compliment the refurbishment. The total cost of the project was €7m and 100% of the building costs were funded through fundraising.

During the redevelopment, Blackrock Hospice in-patient palliative care services relocated to our Harold's Cross campus, while the community palliative care team continued to work from alternative accommodation close to Blackrock Hospice.

The newly refurbished Blackrock Hospice reopened in February 2023.



*An Cathaoirleach, Mary Hanafin, An Taoiseach, Leo Varadkar, TD., CEO Our Lady's Hospice & Care Services, Audrey Houlihan with staff from Blackrock Hospice and HSE CHO6 at the official reopening of the newly refurbished Blackrock Hospice, March 2023.*

## St. Francis Hospices - Blanchardstown and Raheny

### Expand information and support available to patient and families to support them in speaking to children about dying, death and bereavement

Bereavement support for all members of the patient's family is central to the care provided in St. Francis Hospice. The social work team works with children and families both before and after their experience of bereavement.

In order to improve our communication to families about the supports available for children, we are updating the wording in our Patient Information Booklets to include explicit mention of the role of social work in preparing and supporting children when someone close to them is dying.

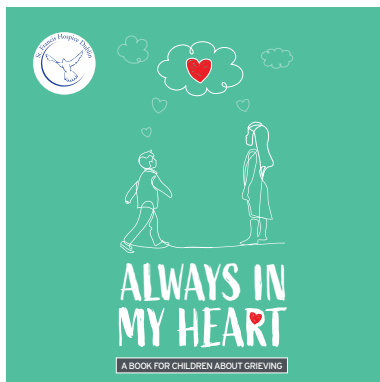
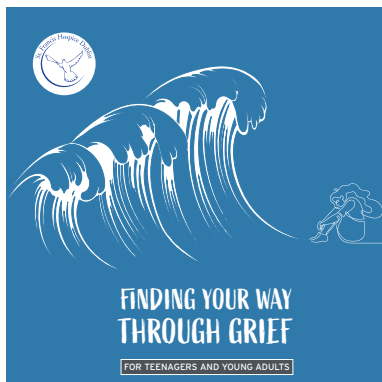
We are also developing the role of Children's Champions within the social work team to support engagement and involvement of children within the service. The Children's Champion will ensure that children are considered and incorporated into the different policies of the organisation as we focus on how to support them when someone in the family has a serious illness, or dies. The Children's Champion is leading out on the development of a children's charter and a vision statement. We are currently collating feedback from children within our service in relation to the Charter, which will be displayed in our two hospices when complete.

In 2021, recognising a gap in available resources in the Irish market for adolescents, the St. Francis Hospice social work team published a book, 'Finding your way through grief: For teenagers and young adults'. The book was written in collaboration with bereaved teenagers, who speak in the book about what helped them in their grief.

In 2023, the social work team published another book to support children aged between 9-12 years who are experiencing grief and loss, 'Always in My Heart: A book for children about grieving'. Again, the book was written in collaboration with bereaved children and their guardians.

Our social workers give these books to families accessing our services, as appropriate. With support from Amazon Web Services, these books are also available free of charge through the St. Francis Hospice web site (<https://www.sfh.ie/online-shop>). We have sent copies to public libraries, hospices, palliative care services, and other charities. In 2023, Braille and audio book formats were produced in conjunction with Vision Ireland.

The social work team has developed a leaflet: 'Supporting Children and Teens in Advance When Someone Close to Them is Dying'. This is to support families as they prepare children and young people when someone in the family is dying. It is to supplement the work that social workers may undertake with families and can support colleagues at times when a social worker is not available. We are developing this into a more substantial resource and hope to publish this as a book in the first half of 2024.



Available free of charge from [www.sfh.ie/online-shop](https://www.sfh.ie/online-shop)

With support from AWS InCommunities.

### **Redevelop St. Francis Hospice Raheny's In-Patient Unit to move from multi-patient to single rooms**

The planned redevelopment of St. Francis Hospice Raheny's In-Patient Unit will see 24 single patient rooms replacing the current configuration of 7 single patient rooms and 3 four-bedded wards.

The individual rooms for patients will support privacy for patients and their families, affording a greater quality of life for people in our care. The new building will include dedicated family areas and outside garden spaces accessible from all rooms either by patio door or balcony.

The single rooms will reduce infection risks and enable our staff to care for each patient in an environment that more readily enables privacy, dignity and respect.

The new build will include the required clinical support facilities and will link to the existing St. Francis Hospice building by a pedestrian bridge. It is anticipated that the build will begin in 2024, with a completion date in 2026.



# Conclusion

A detailed review and analysis of the comprehensive responses provided to the National End of Life Survey relating to care in public healthcare services has been completed by staff across the HSE. We are very grateful to all the bereaved relatives who participated in the first ever National End of Life Survey. We are aware that for many individuals and families, participating in this survey and reliving what was undoubtedly a painful and sad time in their lives, was difficult. We would like to again acknowledge and sincerely thank you for your generosity in completing the survey.

As it covered different settings of care this survey has been the most complex of the five national Healthcare surveys undertaken in the Republic of Ireland through the National Care Experience Programme.

This complexity is evidenced in this report through participants sharing their experience of End of Life Care across multiple settings of care including acute hospitals, hospices, or nursing homes. Some individuals also described their experience of End of Life Care for family members or loved ones at home, supported by public health nurses, general practitioners and health and social care professionals, such as occupational therapists, physiotherapists and social workers.

From our analysis of results we are pleased to learn that in many cases you and your recently deceased relative or friend had a positive experience of End of Life Care. You shared that you and your relative or friend were treated with respect and dignity and shown kindness and compassion at the End of Life and in the three months leading up to it. We will continue to deliver healthcare through all settings of care, striving always to uphold our HSE values of care, compassion, trust and learning.

Participants also shared with us when their experience was not so good or was poor and based on this feedback we have worked with colleagues nationally and in acute hospitals and hospices to identify key areas for improvement. We have and will continue to work diligently to improve our healthcare services and the experience that individuals and their loved ones have of End of Life Care. Areas identified include coordination of care, support to enable difficult conversations about death and dying and ongoing support for bereaved families and friends. These areas are being addressed in quality improvement plans developed nationally and by each hospital and hospice. These plans are detailed within this report along with the necessary commitment to deliver on them.

Improving the experience of healthcare services for all, is a key priority in the day-to-day life of individual hospitals, hospices and our community services.

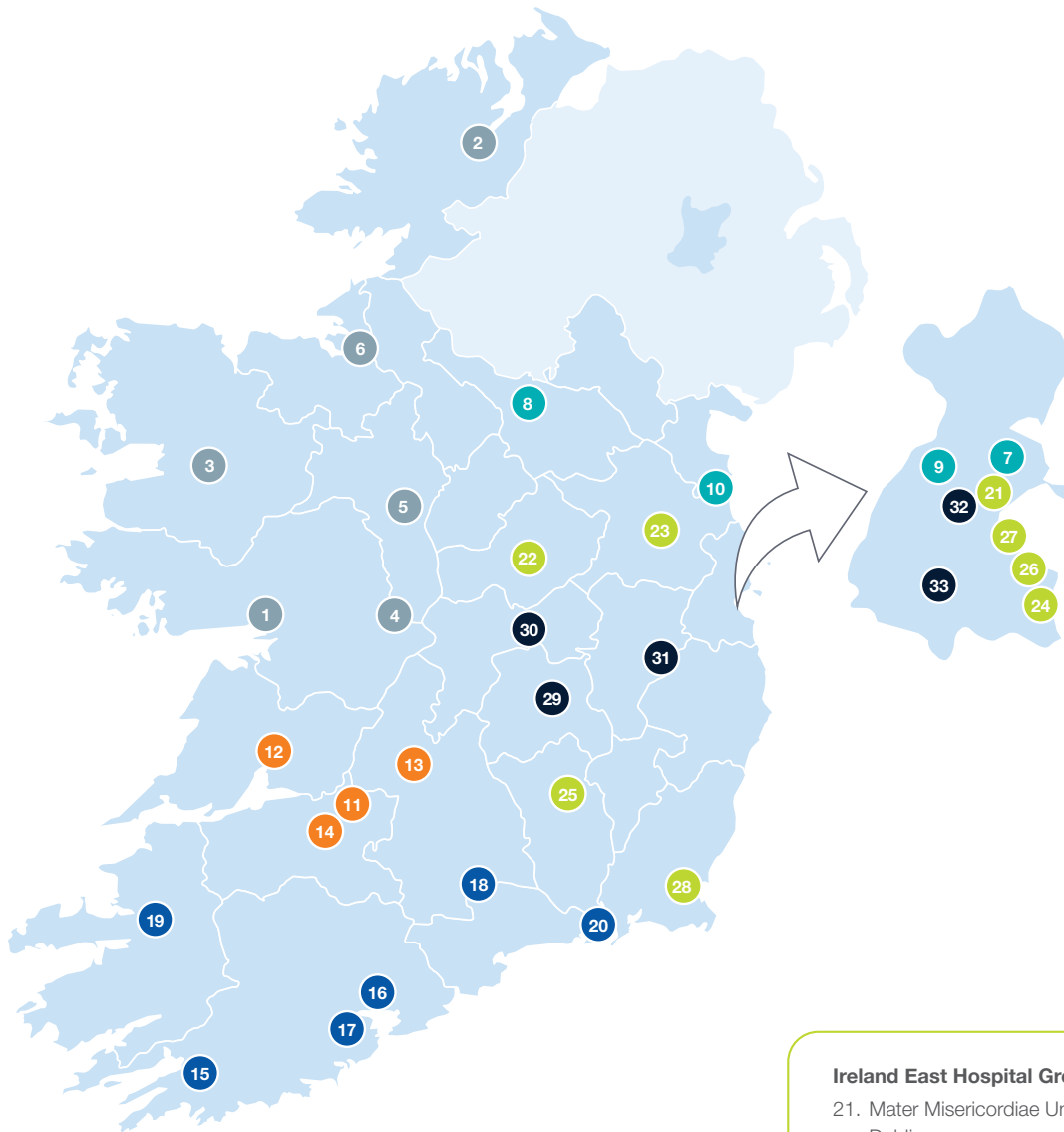
# Section 3

# Listening, Responding and Improving

This section will provide an overview of local quality improvement plans.



# Hospitals



## Saolta University Health Care Group

1. Galway University Hospitals
2. Letterkenny University Hospital
3. Mayo University Hospital
4. Portlincula University Hospital
5. Roscommon University Hospital
6. Sligo University Hospital

## UL Hospitals Group

11. St. John's Hospital, Limerick
12. Ennis Hospital
13. Nenagh Hospital
14. University Hospital Limerick

## RCSI Hospital Group

7. Beaumont Hospital, Dublin
8. Cavan and Monaghan Hospitals
9. Connolly Hospital Blanchardstown
10. Our Lady of Lourdes, Drogheda

## South/South West Hospital Group

15. Bantry General Hospital
16. Cork University Hospital
17. Mercy University Hospital, Cork
18. Tipperary University Hospital
19. University Hospital Kerry
20. University Hospital Waterford

## Ireland East Hospital Group

21. Mater Misericordiae University Hospital, Dublin
22. Regional Hospital Mullingar
23. Our Lady's Hospital, Navan
24. St. Columcille's Hospital, Loughlinstown, Dublin
25. St. Luke's General Hospital, Carlow-Kilkenny
26. St. Michael's Hospital, Dun Laoghaire
27. St. Vincent's University Hospital, Dublin
28. Wexford General Hospital

## Dublin Midlands Hospital Group

29. Midland Regional Hospital Portlaoise
30. Midland Regional Hospital Tullamore
31. Naas General Hospital
32. St. James's Hospital, Dublin
33. Tallaght University Hospital

# Saolta University Health Care Group



1. Galway University Hospitals
2. Letterkenny University Hospital
3. Mayo University Hospital
4. Portlincula University Hospital
5. Roscommon University Hospital
6. Sligo University Hospital

With the publication of this National End of Life Survey I would like to take the opportunity to thank all the families who participated. Their input and sharing of their experiences will help ensure that we provide the best care we can for other families in the future.

The National End of Life Survey is the first national survey asking bereaved relatives about the care provided to a family member or friend in the last months and days of their life. The survey was carried out across all care sectors including care at home, care in Nursing Home and Residential Facilities, care in the Hospice and care in the Acute Hospital.

I also want to commend all of our staff providing End of Life Care to patients across the West and Northwest region.

The purpose of this survey is to learn from people's experiences of End of Life Care in order to improve the services provided both to people who are dying, and to their loved ones. And it is the personal testimonies included in the report that add a deeper understanding and value. They speak to the high level of care, respect and dignity afforded to patients by staff right across our Hospitals.

All our hospitals have functioning End of Life Committees driving improvements in End of Life Care for our patients including the provision of final journeys training to staff and the availability of family rooms. Three of our Saolta Hospitals have End of Life Coordinators in place while one of our hospitals, (RUH) opened a designated Palliative Care Support Unit in 2023.

The commitment to providing good quality End of Life Care by our staff has been reflected in areas of pain management, symptom relief and the positive comments on the overall experience of End of Life Care received by their relative or friend.

It is acknowledged that the survey has shown us the need for further improvement in areas such as communication, improved coordination between services, support with emotional needs, practical information on what to do after the death of a relative along with support for young adults and children whose loved one is dying.

Plans have been developed in line with these needs and include developing and roll out paediatric bereavement support packs and developing ED specific support packs for sudden bereavement.

We will also focus on increasing the use of the HSE information booklet practical and emotional support when someone close dies. We will also further establish family rooms and single rooms for End of Life Care pathway. We will continue to focus on improving the experience of our patients and their families taking into account the experiences and knowledge contained in this report.

**Tony Canavan**  
**Chief Executive Officer, Saolta University Health Care Group**



EDUCATION				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Education	<ul style="list-style-type: none"> <li>Development of an education plan to focus on availability, attendance and evaluation of specific End of Life Care training.</li> </ul>	<ul style="list-style-type: none"> <li>End of Life Care Coordinator to present synopsis of NELC Survey to Hospital Management Team (HMT).</li> </ul>	<ul style="list-style-type: none"> <li>Culture and mind-set, around EOLC will be enhanced by bottom up/ top down approach/ awareness to the relevance of EOLC within GUH. EOLC is everyone's business Level one (Palliative Care approach)- Palliative Care principles should be appropriately applied by all health care professionals (2018).</li> </ul>	Q1 2024
		<ul style="list-style-type: none"> <li>EOLC Committee to furnish quarterly reports to HMT of training attendance specific to national targets.</li> <li>Staff coordination, MDT discussions about treatment/ceilings of care/ what to expect when someone is dying.</li> <li>Develop a Multidisciplinary Team Education plan for EOLC.</li> </ul>	<ul style="list-style-type: none"> <li>Engagement and education of non-clinical staff. Recognition of their role in supporting Patients and their families at EOLC.</li> </ul>	Q1 2024
		<ul style="list-style-type: none"> <li>Development of Education plan will include consultation with Patient Representative groups through the EOLC, PALS, Patient Council &amp; Support Groups.</li> </ul>	<ul style="list-style-type: none"> <li>Service users feedback included in the development of EOLC education.</li> </ul>	Mar-24
		<ul style="list-style-type: none"> <li>Roll out National Communications programme for all staff specific to EOLC Promote attendance by all grades of staff.</li> </ul>	<ul style="list-style-type: none"> <li>Improved communication skills developed by staff who attend.</li> </ul>	Mar-24
		<ul style="list-style-type: none"> <li>Increase attendance at 'Final Journeys' Training to reach National targets (8-12 trained Facilitators running 12 sessions annually).</li> </ul>	<ul style="list-style-type: none"> <li>End of Life Care Coordinator will maintain an electronic record of specific End of Life Care training and issue a quarterly report to the HMT/Dept. heads/Clinical Directors via the EOLC Committee.</li> </ul>	Dec-24
		<ul style="list-style-type: none"> <li>Facilitation of 2 Paediatric 'Final Journeys' Programmes in 2024.</li> </ul>		Dec-24

SUPPORTING CHILDREN				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Supporting children	<ul style="list-style-type: none"> <li>Staff to think adult/think child when a patient is approaching End of Life, to ensure that all children who will be bereaved will be supported while in the hospital. Together with their Parents/ Guardians they will be made aware of and signposted to appropriate bereavement support which is available when they need it. (Using the framework of Standards for supporting Bereaved Children and Young People 2017).</li> </ul>	<ul style="list-style-type: none"> <li>Development and implementation of support and age appropriate packs for Children up to 18 years of age when a loved one is receiving a Palliative Care approach/EOLC.</li> </ul>	<ul style="list-style-type: none"> <li>The appropriate member of staff will support Children and their Carers to prepare to work through worries/emotions/ fears. The emotional needs of children and the adults caring for them will be acknowledged. Children will be supported to prepare for an expected death. In the event of a sudden unexpected death, children will be supported at the time, and referred to the appropriate service for ongoing support.</li> </ul>	<p>February 2024 pilot of support packs.</p> <p>May 2024 evaluation of pilot and amendments to pack.</p>
		<ul style="list-style-type: none"> <li>As part of the education programme staff will be made aware of approaching children/adolescents in a compassionate way while caring for their loved one. Patients care, the needs of children under 18 years of age will be considered. What is their understanding of the situation, do they need help from hospital staff?</li> </ul>	<ul style="list-style-type: none"> <li>Increased referral to the appropriate member of the Medical Social Work Team for their expertise as appropriate.</li> </ul>	
		<ul style="list-style-type: none"> <li>Medical Social Work Department will develop toy/art packs for children of loved ones receiving inpatient palliative care in GUH. The packs will include a variety of resources to facilitate child-patient engagement within what can be an unfamiliar environment. These packs aim to facilitate a child centred approach, fostering calmness and bonding. In addition to providing a platform to allow questioning and develop a child/ adolescents understanding of their loved ones illness through child friendly resources.</li> </ul>	<ul style="list-style-type: none"> <li>Children will feel welcome and supported in the hospital environment, and will continue to bond and make memories with their family member throughout the period of EOLC.</li> </ul>	

PASTORAL CARE				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Pastoral care	<ul style="list-style-type: none"> <li>Increase the current Chaplaincy team to include lay Pastoral Care members as well as Ministers of Faith.</li> </ul>	<ul style="list-style-type: none"> <li>Prepare a business case and advocate for the appointment of Pastoral Care workers to enhance and compliment the work of the 2 Chaplains currently providing 24/7 cover for UHG &amp; 1 Chaplain who provides cover for MPUH.</li> </ul>	<ul style="list-style-type: none"> <li>Pastoral Care workers will be available to support/journey with Patients who are approaching End of Life Care. Pastoral Care will support family members and help them to support/ journey with their family member. Pastoral Care will be accepted by Patients/Families as meeting their needs as a result of increased diversity.</li> </ul>	<p>Business case completed by June 2024.</p>

**EMOTIONAL NEEDS FOR PATIENT AND RESPONDENT**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Emotional needs for patient and respondent	<ul style="list-style-type: none"> <li>• Improve the attendance of all staff at the 'Final Journeys' training.</li> <li>• Encourage attendance at the National Healthcare Communication Training Modules.</li> <li>• Support staff with delivering bad news in a compassionate and caring manner.</li> <li>• Increase awareness amongst healthcare staff of the agencies/charities that offer support and guidance for people with palliative diagnoses and for the families or friends following bereavement.</li> </ul>	<ul style="list-style-type: none"> <li>• To increase the number of 'Final Journeys' programme facilitators to meet the expected number of a model three hospital (4-8).</li> <li>• To ensure that a minimum of 96 staff are trained in 'Final Journeys' annually by advertising and promoting attendance at the programme.</li> <li>• The End of Life Care Coordinator (EOLC) will increase awareness amongst medical and nursing staff of the available resources under Module 3 Challenging Consultations NCHP website which covers providing emotional and support for patients and their families also guidance on breaking bad news/ challenging consultations.</li> <li>• The EOLC will train as a facilitator on the relevant modules on the NHCP. The EOLC will initially facilitate the rollout of the NCHP with a nurse tutor from the Centre for Nursing and Midwifery Education (CNME) until more facilitators can be sourced within the hospital with the plan that a cascade approach to training will commence.</li> <li>• A presentation will be delivered to the Hospital Executive Board to obtain management support for the widespread implementation of the above programmes.</li> <li>• A Breaking Bad News poster will be designed and disseminated to clinical areas as a guide to support staff in compassionately delivering bad news with guidance on delivering such news face-to-face and over the phone should that be necessary.</li> <li>• Plan to implement the Irish Hospice Foundation Breaking Bad news education and training at local level once this has been devised and facilitator training has taken place.</li> </ul>	<ul style="list-style-type: none"> <li>• We will empower all staff to become more confident and competent in supporting the emotional needs of patients under their care within our hospital.</li> <li>• We will enhance the communication skills of staff in their interactions with patients and their families.</li> <li>• We will ensure there is greater awareness amongst staff of supportive agencies for people with a palliative diagnosis, ensuring they can signpost patients and their families.</li> </ul>	Q4 2024

**THEME LAST 2 DAYS - SUPPORT FOR CHILDREN**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Support for children	<ul style="list-style-type: none"> <li>To improve how we support children and young adults whose loved one is dying.</li> </ul>	<ul style="list-style-type: none"> <li>Liaise with various child and young adult bereavement services and agencies so we can curate adaptable age-specific information to provide locally on request.</li> <li>Develop a support pack that is age-specific to support children through anticipatory grief and bereavement.</li> <li>We have a plan to introduce memory-making with children and young adults using specific memory boxes that have age and gender-specific contents, initially, this memory-making service will be available to children with complex needs and their families. Utilise the 'Think Adult-Think Child' poster within the hospital. We will participate in Child Bereavement Week and host a stand in the hospital which will increase awareness of bereaved children and highlight the services available by the Irish Childhood Bereavement Network (ICBN).</li> </ul>	<ul style="list-style-type: none"> <li>We will engage and improve support for children and young adults to talk about their loved one's illness. We hope to ensure that the bereavement needs of a child or young person should be taken into consideration as part of the preparation for an adult dying. We will increase staff awareness of the services that the ICBN offers.</li> </ul>	Q2 2024

**THEME LAST 2 DAYS - PRACTICAL INFORMATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Practical information	<ul style="list-style-type: none"> <li>To ensure that every bereaved person receives practical information as to what to do following a death.</li> </ul>	<ul style="list-style-type: none"> <li>We ensure that every bereaved relative receives a copy of the HSE 'Bereavement – When Someone Close Dies: Practical and Emotional Support at a Difficult Time' Book. This book will be posted to the significant identified person in conjunction with the information required on how to register a death in Donegal.</li> <li>We will develop a support pack to be given to bereaved relatives specific to sudden death in the Emergency Department.</li> <li>Following a death in the Emergency Department – the EOLC will contact the significant other of the deceased to check in with them and signpost them to additional support if required. If there are any concerns or questions these can be addressed through the EOLC.</li> <li>Practical information for relatives where a coroner's post-mortem is required will be given in booklet format.</li> <li>We will ensure that every bereaved relative receives information on the Irish Hospice Foundation's Bereavement Support line.</li> </ul>	<ul style="list-style-type: none"> <li>These actions will offer practical and emotional support to bereaved individuals.</li> </ul>	Q2 2024



## ENHANCE THE PATIENT AND FAMILY EXPERIENCE OF END OF LIFE CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
The physical care environment	<ul style="list-style-type: none"> <li>An agreed plan for the allocation and management of the End of Life patient environment will be developed to include use of side rooms and provision of privacy for patients and family. This plan will also include the use of family rooms and rest areas.</li> </ul>	<ul style="list-style-type: none"> <li>An agreed care pathway for End of Life Care will be developed.</li> </ul>	<ul style="list-style-type: none"> <li>Established and improved care pathways for End of Life patients to access hospital care.</li> <li>Enhanced provision of relative room and access/use.</li> <li>Visiting guidelines will improve access for families to End of Life patients.</li> </ul>	Sept-24
		<ul style="list-style-type: none"> <li>A relatives/family room utilisation plan is in progress and will be in place.</li> </ul>		May-24
	<ul style="list-style-type: none"> <li>The existing purposeful visiting policy and open visiting will be reviewed to ensure it meets the needs of End of Life patients and their family.</li> </ul>	<ul style="list-style-type: none"> <li>Full review and update of the purposeful visiting policy to fully reflect needs of End of Life patients and their families.</li> </ul>		May-24
Patient care experience	<ul style="list-style-type: none"> <li>Help and support with emotional needs.</li> <li>Pain Control.</li> <li>Assistance with eating and drinking.</li> <li>Involvement in care decisions.</li> <li>Communication and regular updating.</li> <li>Use of chaplaincy service.</li> </ul>	<ul style="list-style-type: none"> <li>Convene a task and finish group with representatives from all clinical areas.</li> <li>Pain control to be managed with palliative care.</li> <li>National Healthcare Communications Programme.</li> <li>Chaplaincy engagement will help with emotional/spiritual needs.</li> </ul>	<ul style="list-style-type: none"> <li>The quality of care provided to End of Life patients will consistently meet best standards of End of Life Care.</li> </ul>	April-2024
Communication with patients and their families	<ul style="list-style-type: none"> <li>Local End of Life Champions and leads will be identified from across service areas and staff groups to promote End of Life communication.</li> </ul>	<ul style="list-style-type: none"> <li>Relevant clinical areas will be asked to identify End of Life champions.</li> </ul>	<ul style="list-style-type: none"> <li>Improvement of End of Life coordination.</li> </ul>	Feb-24
	<ul style="list-style-type: none"> <li>The 'Final Journeys' one-day training will be undertaken by at least 40% of staff in each team/staff group.</li> </ul>	<ul style="list-style-type: none"> <li>A review of currently trained staff to be undertaken and all champions to complete the 'Final Journeys' Training - along.</li> </ul>		April-2024

## IMPROVE THE QUALITY AND LEVEL OF INFORMATION PROVIDED TO FAMILY WHEN A PERSON DIES

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
That family and carers will consistently receive the support and clear guidance they require to understand what they need to do following a death (including the registration of the death)	<ul style="list-style-type: none"> <li>Family and Carers will be provided with guidance and written materials to guide them on what they need to do following a death.</li> </ul>	<ul style="list-style-type: none"> <li>Awareness and training on the appropriate information to provide family when someone dies.</li> <li>Provision of the 'when someone you care about is dying in hospital' information booklets are available in all relevant areas.</li> <li>Review of the current processes and potential for any improvements in how we communicate and any process improvements around registration of death etc.</li> </ul>	<ul style="list-style-type: none"> <li>Task and finish group to be created to drive and lead on these areas of action.</li> <li>Education and learning are ongoing.</li> </ul>	May-24

## ENHANCE THE PATIENT AND FAMILY EXPERIENCE OF END OF LIFE CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
That individuals accessing care in MUH for End of Life Care will have timely and appropriate access to the care they need. That care will be coordinated and managed in a timely way to ensure access to alternative or more appropriate care environments if consistently facilitated.	<ul style="list-style-type: none"> <li>End of Life – access and care in ED</li> <li>Established pathways to Hospice Service</li> <li>Coordination and management of transfers to preferred place to receive care (home/residential care) and referral for appropriate services and resources.</li> </ul>	<ul style="list-style-type: none"> <li>Identification – transfer on admission to ED</li> <li>Hospice liaison – bed availability</li> <li>Community Palliative Care</li> <li>Public Health Nursing Service</li> <li>General Practice</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative Forum to be facilitated to develop End of Life pathways.</li> <li>Decision support Service to be availed of for respecting patient choices. This is already in place for children</li> </ul>	Sept-24



**IMPROVE THE COORDINATION OF CARE IN THE LAST 3 MONTHS OF LIFE**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
A coordinated approach between different services (e.g. GP, hospital or hospice) and healthcare staff who care for patients in the last three months of their life?	<ul style="list-style-type: none"> <li>Our aim is to improve the coordination of care in a patients journey from admission to discharge in Portiuncula University Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Develop Discharge Booklet creating an understanding of the journey between admission and discharge. The booklet will contain information regarding the services provided in PUH and Multi-disciplinary team they will meet during their stay. It will also contain information regarding services available on discharge.</li> <li>Promote 'Final Journeys' programme for 2024 as there is a specific aspect of the programme about communication in the last phase of life. 'Final Journeys' also platforms the role of the MDT collaborating together in delivering patient care.</li> <li>Disseminate the finding of the survey with all staff through the following: Grand rounds Information stands, Safety pauses/ward meetings, Departmental meetings, Senior management meetings.</li> </ul>	<ul style="list-style-type: none"> <li>The Patient and family experience during an admission to Portiuncula University Hospital.</li> <li>Staff awareness on the importance of a coordinated approach to care.</li> <li>Improvement in communication and staff confidence dealing with families in the last months and weeks of life.</li> </ul>	<ul style="list-style-type: none"> <li>Discharge Booklet to be completed and available to ward areas by the end of the Q2 2024.</li> <li>We aim to have two staff in each clinical area (total of 12 staff minimum) complete the 'Final Journeys' programme by end of Q2 2024.</li> </ul>

**SUPPORTING FAMILIES IN BEREAVEMENT AND CHILDREN/YOUNG ADULTS**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To support staff in helping families talk to children or young adults about your relative or friend's illness.	<ul style="list-style-type: none"> <li>To help and support families to talk to children /young adults about bereavement.</li> </ul>	<ul style="list-style-type: none"> <li>Presentation of Survey findings to grand Rounds/ Safety pause/ Ward meetings/ Palliative Care Study Day.</li> <li>Provide clinical areas with information to help and support families with bereavement and children/ young adults.</li> <li>All End of Life Care (EOLC) representatives to disseminate information to their respective areas regarding information that is available to families. Promote.</li> <li>'Final Journeys' programme for 2024 as there is a specific aspect of the programme about communication with families and children/young adults in the final phase of life.</li> </ul>	<ul style="list-style-type: none"> <li>The Patient and family experience during an admission to Portiuncula University Hospital.</li> <li>Staff awareness on the importance of a coordinated approach to care.</li> <li>Improvement in communication and staff confidence dealing with families in the last months and weeks of life.</li> </ul>	<ul style="list-style-type: none"> <li>Bereavement resources will be available on the wards end Q2 2024.</li> <li>By the end of 2024 we aim to have two staff in each clinical area (total of 12 staff minimum) complete the 'Final Journeys' programme by the end of 2024.</li> </ul>

### COMMUNICATION WITH FAMILIES AT END OF LIFE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication with families at End of Life.	<ul style="list-style-type: none"> <li>In-service education sessions for staff on communication at End of Life for families and patients.</li> </ul>	<ul style="list-style-type: none"> <li>Staff questionnaire to assess their needs to enhance communication at End of Life.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will be empowered to have difficult End of Life conversations which will improve communication with patients and their families.</li> </ul>	Q1 2024
	<ul style="list-style-type: none"> <li>Roll out of the National Healthcare Communication Programme.</li> </ul>	<ul style="list-style-type: none"> <li>Three staff members on waiting list to train as trainers for the programme.</li> </ul>		

### COMMUNICATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication	<ul style="list-style-type: none"> <li>To develop a Bereavement booklet for the families to include practical advice.</li> </ul>	<ul style="list-style-type: none"> <li>Review existing bereavement leaflets within RUH, Saolta Group and Hospices.</li> <li>Draft and finalise Bereavement leaflet.</li> </ul>	<ul style="list-style-type: none"> <li>Families and loved ones feel they have all the required practical information and are communicated with compassionately and effectively.</li> </ul>	Q1 2024

COMMUNICATION				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Earlier Conversations by Healthcare Professionals to relative/friend that their loved one is dying.	<ul style="list-style-type: none"> <li>Health care Professionals to recognise and acknowledge symptoms that indicate that the patient is at End of Life or approaching death.</li> </ul>	<ul style="list-style-type: none"> <li>Educational sessions regarding the importance and promoting earlier conversations to relatives/ friends when their loved one is dying.</li> </ul>	<ul style="list-style-type: none"> <li>HCP will feel comfortable raising concerns over patients that have deteriorated or they believe are displaying symptoms of dying. Enabling an earlier conversation with patients and families/friends.</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>Education programs to staff on the importance of Earlier conversations that their loved one is dying and the importance of discussing their care.</li> </ul>	<ul style="list-style-type: none"> <li>Education to CNM's/CNS/ANP's. Education at Medical/Nursing Grand rounds ON 'Diagnosing Dying'.</li> <li>Pop up education sessions in Clinical areas by EOLC .</li> <li>New Nurse 12-month Education Programme Education to Adaptation Nurses.</li> </ul>	<ul style="list-style-type: none"> <li>Palliative Care can be given at an earlier stage, which will give better symptom management and more compassionate conversations.</li> </ul>	Ongoing
		<ul style="list-style-type: none"> <li>Promotion of NHCP to all staff focusing on better communication and highlighting NHCP toolkits.</li> <li>Promoting Final Journeys and achieving National Target of 10% of Hospital staff trained.</li> </ul>	<ul style="list-style-type: none"> <li>The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.</li> </ul>	Ongoing
		<ul style="list-style-type: none"> <li>Breaking Bad News Program by EOLC.</li> </ul>	<ul style="list-style-type: none"> <li>Families will be better informed of their loved ones wishes and wants for their End of Life Care.</li> </ul>	Q1 2024
		<ul style="list-style-type: none"> <li>Promote/encourage conversations with CNM, Medical teams and Health Care Professionals on ward rounds, MDT meetings, and clinical handovers for both deteriorating and the dying patient regarding their ceilings of care.</li> </ul>	<ul style="list-style-type: none"> <li>Advocating for high quality End of Life Care and an important resource for EOLC.</li> </ul>	Ongoing
		<ul style="list-style-type: none"> <li>Link with Hospice CNS and provide education to staff on signs and symptoms of the dying patient.</li> </ul>	<ul style="list-style-type: none"> <li>All patients will have an opportunity to discuss their care at a much earlier stage.</li> </ul>	Q2 2024
		<ul style="list-style-type: none"> <li>Family rooms on medical wards and critical areas to allow an earlier conversation to take place.</li> </ul>	<ul style="list-style-type: none"> <li>Family rooms can help for a more dignified and compassionate conversation.</li> </ul>	Q3 2024
		<ul style="list-style-type: none"> <li>Liaise with Nursing Home Outreach Manager to implement use of Think Ahead Packs in Nursing Homes.</li> </ul>	<ul style="list-style-type: none"> <li>Better communication by ensuring HCP are aware that a conversation has taken place around EOL Care.</li> </ul>	Q1 2024
		<ul style="list-style-type: none"> <li>Introduction of End of Life Care link champions on ward level.</li> </ul>	<ul style="list-style-type: none"> <li>Advocating for high quality End of Life Care and an important resource for EOLC.</li> </ul>	Q3 2024
		<ul style="list-style-type: none"> <li>Education and feedback of NELS results to all HCP especially around specific illness of which are the main causes of deaths in our hospital e.g. cancer, heart disease.</li> </ul>	<ul style="list-style-type: none"> <li>Highlighting cohorts of age and different illness that require more care and attention for EOLC</li> </ul>	Q1 2024



AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
		<ul style="list-style-type: none"> <li>Education to use word 'death and dying' in conversations and in documentation, at all forums of education.</li> </ul>	<ul style="list-style-type: none"> <li>Empower patients &amp; families to clear decisions about EOL.</li> </ul>	Ongoing
		<ul style="list-style-type: none"> <li>Introduce End of Life Care Plans in our hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Standardising EOLC in all units.</li> </ul>	Q2 2024

### PRACTICAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Practical information on what to do after the death of a relative or friend	<ul style="list-style-type: none"> <li>Ensuring that family/friends have sufficient written practical information when their loved one is dying or has died.</li> </ul>	<ul style="list-style-type: none"> <li>Nurse caring for patients and family are responsible to give practical information around End of Life Care and to explain it in a sensitive and compassionate manner.</li> </ul>	<ul style="list-style-type: none"> <li>Families and friends will be better informed of the next steps when their loved one dies.</li> </ul>	Q1 2024
		<ul style="list-style-type: none"> <li>Involvement of Medical Social Work team to support families/friends and staff.</li> </ul>	<ul style="list-style-type: none"> <li>Families can be follow up and offered grief support if necessary.</li> </ul>	Ongoing
		<ul style="list-style-type: none"> <li>Regular attendance of EOLC at ward level to support staff. Staff are encouraged to go through information leaflets with families/friends.</li> </ul>	<ul style="list-style-type: none"> <li>Families/friends will benefit from more informed HCP around planning funerals, Post Mortem processes, and death registration</li> </ul>	Ongoing
		<ul style="list-style-type: none"> <li>Introduction of End of Life Care Champions/Link Nurses to advocate End of Life Care in our hospital and is an important link to EOLC Coordinator.</li> </ul>	<ul style="list-style-type: none"> <li>HCP will be better informed to support the families going through a bereavement. EOL Champions are advocates for EOL care.</li> </ul>	Q3 2024
		<ul style="list-style-type: none"> <li>End of Life Information stands on all wards which public have access to that will have information on types of grief, anticipatory grief, registration information etc. Bereavement Information Pack will be more visible at ward level, which includes information on grief, registration process, and grief support groups.</li> </ul>	<ul style="list-style-type: none"> <li>Family and friends will be able to access Bereavement Support for their grief, as well as practical information.</li> </ul>	Q2 2024
		<ul style="list-style-type: none"> <li>Hospital Cover letter placed in Bereavement pack.</li> </ul>	<ul style="list-style-type: none"> <li>This will offer an expression of sympathy as well as explaining contents of pack.</li> </ul>	Q1 2024
		<ul style="list-style-type: none"> <li>Educations sessions regarding the importance better communication to relatives/friends when their loved one is dying, to:                             <ul style="list-style-type: none"> <li>CNM's/CNS/ANP's</li> <li>Medical/Nursing Grand rounds.</li> <li>Pop up education sessions in Clinical areas.</li> <li>Education sessions to newly qualified nurses.</li> <li>Met 'Final Journeys' National Target of 10% of Hospital staff to be trained.</li> <li>Training and education to HCP on the different levels of Bereavement Support and those who are most at risk of complicated grief.</li> <li>Feedback of NELS results to all staff especially around specific illness of which are the main causes of deaths in our hospital e.g. cancer, heart disease.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Staff will further develop communication skills and interactions with our patients and families.</li> </ul>	Ongoing

PRIVACY				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
In the last two days of their life, did the bed area and surrounding environment have adequate privacy for them?	<ul style="list-style-type: none"> <li>All End of Life Care Patients will have access to single rooms.</li> </ul>	<ul style="list-style-type: none"> <li>Once it is recognised that a patient is End of Life there is an immediate transfer to a single room, with patients/family consent.</li> </ul>	<ul style="list-style-type: none"> <li>Single rooms will ensure privacy for patients and their families.</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>All End of Life patients' dignity and privacy are respected and promoted throughout hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Earlier involvement of Palliative Care, as a result of having earlier conversations that their loved one is dying.</li> </ul>	<ul style="list-style-type: none"> <li>More dignity and respect for the dying and their families.</li> </ul>	Ongoing
		<ul style="list-style-type: none"> <li>Transfer to Hospice care with patients consent.</li> </ul>	<ul style="list-style-type: none"> <li>Compassion and empathy is at the core of HCP.</li> </ul>	Ongoing
		<ul style="list-style-type: none"> <li>Develop End of Life Care Plan which will prompt bed areas and surrounding areas are more compassionate and have adequate privacy.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the clinical feel of an area to a more compassionate/homely environment.</li> </ul>	Q1 2024
		<ul style="list-style-type: none"> <li>Identify space and secure space for Family rooms on all Medical Wards.</li> </ul>		Q3 2024
		<ul style="list-style-type: none"> <li>Upgrading of existing family rooms, especially CCU family room upgrade, Croi charity contacted to help finance project. Medical North family room.</li> </ul>	<ul style="list-style-type: none"> <li>Families will have a better experience around End of Life Care, thus helping with their own grief.</li> </ul>	Q1 2024
		<ul style="list-style-type: none"> <li>Family/friends involved in informing HCP of patients specific comforts.</li> </ul>		Ongoing
		<ul style="list-style-type: none"> <li>Purchase compassionate aids for bed space area e.g. soft lighting, pictures, salt lamps.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the clinical feel of an area to a more compassionate/homely environment.</li> </ul>	Q2 2024
		<ul style="list-style-type: none"> <li>Feedback of NELS results to all staff especially around specific illness of which are the main causes of deaths in our hospital e.g. cancer, heart disease.</li> </ul>		Ongoing
		<ul style="list-style-type: none"> <li>Develop Comfort seating in Hospital foyer.</li> </ul>	<ul style="list-style-type: none"> <li>Area where family and friends can gather.</li> </ul>	Q1 2024

# RCSI Hospital Group



7. Beaumont Hospital, Dublin
8. Cavan and Monaghan Hospitals
9. Connolly Hospital Blanchardstown
10. Our Lady of Lourdes, Drogheda

On behalf of RCSI Hospital Group, I would like to thank all the individuals who participated in the HSE, End of Life Survey. Measurement of quality to drive improvement is one of the hallmarks of RCSI Hospital Group and the feedback from this survey has provided an additional and very important opportunity to identify, develop and implement quality improvement initiatives in End of Life Care. The initiatives outlined will be progressed in each hospital and will lead to continued improvements in the standard of services provided, both to patients who are dying and to their families and loved ones.

**Ian Carter**  
***Chief Executive Officer, RCSI Hospitals Group***

**VISITING**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Families/loved ones have access to the hospital outside of regular visiting times.	<ul style="list-style-type: none"> <li>Families of patients receiving End of Life Care will feel welcome to visit outside regular visiting times.</li> </ul>	<ul style="list-style-type: none"> <li>The hospital visiting policy will be reviewed and updated to empower staff to facilitate visiting for patients at End of Life.</li> <li>The hospital will review the language used in relation to visiting arrangements and ensure that this is appropriately communicated to patients and their families.</li> <li>The hospital will carry out an audit to ascertain the number of families who stay overnight and the facilities provided to them in order to identify any areas for improvement.</li> </ul>	<ul style="list-style-type: none"> <li>Families of patients at End of Life will feel welcome to visit outside regular visiting times and will have an improved experience.</li> </ul>	Q2 2024

**COMMUNICATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication with patients at End of Life and their families.	<ul style="list-style-type: none"> <li>Hospital staff will be more confident and competent communicating with patients at End of Life and their families.</li> </ul>	<ul style="list-style-type: none"> <li>The hospital will highlight and promote the use of resources available on the hospital's learning platform (BORIS) which will support staff in communicating with patients and families about End of Life Care.</li> <li>The hospital will highlight, promote and encourage attendance at established End of Life Care education &amp; training workshops.</li> </ul>	<ul style="list-style-type: none"> <li>The communication at End of Life Care with patients and their families will improve.</li> </ul>	Q2 2024

**PRACTICAL SUPPORTS AND INFORMATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Access to timely, practical information about dying, death and bereavement.	<ul style="list-style-type: none"> <li>Families will have improved access to the practical information they need about dying, death and bereavement.</li> </ul>	<ul style="list-style-type: none"> <li>The hospital will review the range and content of existing information leaflets for families.</li> <li>The hospital will review processes for providing families with practical information about dying, death and bereavement.</li> <li>The hospital will improve accessibility to End of Life Care information by developing an End of Life Care page on the hospital website.</li> </ul>	<ul style="list-style-type: none"> <li>Family members will have improved timely access to reliable information about dying, death and bereavement.</li> </ul>	Q3 2024

## COMMUNICATION AND INFORMATION SHARING

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication with patients and families, to support decisions and provide holistic support at End of Life.	<ul style="list-style-type: none"> <li>Healthcare Professionals will be empowered through education and training to have conversations with the dying patient and his/her family and friends in relation to approaching End of Life, decision-making around End of Life Care and treatment options, and what to expect.</li> </ul>	<ul style="list-style-type: none"> <li>Share feedback of the NELS with all staff and encourage participation in the quality improvement initiatives.</li> <li>Adopt evidence-based communication to indicate that a patient is at End of Life. This communication is to be used and documented within patients records.</li> <li>Development of a guideline using evidence-based research and best practice guidance for 'The Care of the Dying Patient' which will support the multi-disciplinary team to:                             <ul style="list-style-type: none"> <li>enquire about the patients, family or friends emotional, spiritual and physical needs and wishes and to provide the necessary support.</li> <li>support the patients' decision making.</li> </ul> </li> <li>Promote and encourage attendance at 'Final Journeys' training for all healthcare staff.</li> <li>Deliver 'End of Life Conversations' new training to all healthcare staff</li> <li>Review the process regarding discussions between MDT to discuss treatment and escalation plans for both the deteriorating and dying patient, and introduction of Advance Care planning.</li> <li>Promote and encourage early referral to Specialist Palliative Care services.</li> <li>Develop a booklet containing practical information after death. Determine a process to ensure timely distribution of the booklet to families/carers throughout the areas.</li> </ul>	<ul style="list-style-type: none"> <li>Patients (and their relatives or friends) will be treated consistently with evidence-based care, compassion and kindness when their loved one is approaching End of Life. They will feel listened to and involved in End of Life planning. To help them prepare, they will be advised what to expect in the final days of life and in the immediate afterwards.</li> <li>Following training staff will be enabled to communicate skillfully with compassion, kindness and professionalism with service users.</li> <li>Families/carers will have access to comprehensive written bereavement practical guidance, support and resources both from local and national levels.</li> </ul>	Q3 2024

## PHYSICAL ENVIRONMENT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Environment and dedicated space.	<ul style="list-style-type: none"> <li>Cavan Monaghan Hospitals will continue to ensure regular review the facilities and resources in relation to providing a suitable environment, preferably a single room for End of Life Care where at all possible.</li> <li>Development of a Comfort Care Suite specifically for the purpose of End of Life Care.</li> </ul>	<ul style="list-style-type: none"> <li>Identify a single room which will be dedicated on each site for End of Life Care.</li> <li>CMH to engage with Irish Hospice Foundation design and dignity grant to submit an application for funding to upgrade a dedicated, specific room for EOLC care on both sites.</li> <li>Review 'Prioritisation of Single Rooms' document (2022) to guide ward managers regarding patient placement (End of Life versus controlling the spread of infectious disease) to ensure it remains appropriate to current needs.</li> <li>Review practices for End of Life Care where a side room is not available, eg appropriate patient placement, reducing traffic, reducing noise, etc.</li> <li>Use survey findings to ensure additional side rooms in the new building on Cavan Hospital site are protected for End of Life Care.</li> </ul>	<ul style="list-style-type: none"> <li>To provide a more supportive environment for patients at End of Life and their families.</li> </ul>	Q4 2024



**FLEXIBLE VISITING**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Flexible visiting would offer great comfort and support to patients who are receiving End of Life Care as well as their families, friends and care givers.</p>	<ul style="list-style-type: none"> <li>• Ensure that all healthcare professionals recognise the importance of flexible visiting for End of Life Care patients, their families/friends and caregivers.</li> <li>• Accessibility for Children to visit their loved ones receiving End of Life Care.</li> <li>• Hospital staff should partner with patients, their families/ friends/ carers as active participants in their care.</li> <li>• We wish to ensure that people who are carers for their loved one can be welcomed into the hospital environment as a partner in their care, to provide support as agreed with the care team.</li> <li>• Offer visitors overnight stay in one of our family rooms where available.</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly 'Final Journeys' Workshop to provide support and education to healthcare staff.</li> <li>• Review of the current visiting policy and ensure that visiting policies should be flexible and sensitive in the context of individual patients and their families.</li> <li>• Regular Visiting Committee meetings to be held with a representative from the End of Life Committee invited to attend these meetings.</li> <li>• Visiting pass: Compassionate Visiting Pass provided to all family/friends for patients at End of Life.</li> <li>• Promotion throughout the Hospital of the new Children's Invite to visit their loved one.</li> <li>• Creation of a compassionate visiting leaflet provided to the family upon admission of the patient.</li> <li>• Appropriate signage to be used in all areas in regards to visiting, signage committee involvement in developing new visiting signage.</li> <li>• The presence of family/friends/ caregivers for short visit or for longer stays is vital to palliative and End of Life Care this should be clearly communicated and documented in the patients' medical notes to ensure consistency in decisions around visiting.</li> <li>• Staff to promote the access of family rooms to all visitors who wish to stay overnight.</li> <li>• To recognise that the term family should be interpreted as flexibility and as broadly as possible, acknowledging the many forms that a family can take and should include all those who matter to the patient, including close friends.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced staff awareness of the importance visiting can have on patients, families/friends caregivers during End of Life Care.</li> <li>• Standardisation of visiting policy to ensure there is continuity in care.</li> <li>• Visiting Committee will communicate more regularly any changes to visiting.</li> <li>• Families/friends/caregivers will not need to worry about visiting at certain times.</li> <li>• Access for children to visit their dying loved ones, acknowledgment that they are an important part of the family unit.</li> <li>• Appropriate visiting signage will be inviting for all visitors.</li> <li>• Leaflets will give families/ friends/caregivers the reassurance that they are welcome to visit and flexible visiting will be offered when needed.</li> <li>• Documentation from medical teams will ensure visitors are prioritised for End of Life Care patients.</li> <li>• Family rooms being offered to visitors will give them a quiet space to have time to sit alone or with other family members when needed, overnight stays will provide reassurance to visitors that they are welcome to stay especially for those worried about leaving their loved ones alone.</li> </ul>	<p>Q2 2024</p>

EMOTIONAL, SPIRITUAL AND RELIGIOUS SUPPORT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Emotional, spiritual and religious needs are very important to patients who are receiving End of Life Care and their families, friends and caregivers.</p>	<ul style="list-style-type: none"> <li>To provide emotional, spiritual and religious support to patients and their loved ones.</li> <li>To educate all healthcare staff on the importance of providing emotional, spiritual and religious support to patients and their loved ones.</li> </ul>	<ul style="list-style-type: none"> <li>Relook at staffing levels in the Chaplaincy Department and the hours they are available.</li> <li>Send out email Hospital Wide if there are any changes to Chaplaincy cover (ie Sick Leave, Annual Leave).</li> <li>Update contact list for Spiritual and Religious support out of hours so that staff have access to these numbers.</li> <li>Deliver the new Multifaith Booklets to each clinical area.</li> <li>Relook at staffing level in the Medical Social Work Department and the hours that they are available to offer support to patients and families and communicate this locally to all clinical areas.</li> <li>Provide families with resources and contact details of who they can call post a bereavement for emotional, religious and spiritual support.</li> <li>Continue to role out the monthly 'Final Journeys' Training Workshops to all staff.</li> </ul>	<ul style="list-style-type: none"> <li>Clear communication for staff as to when Chaplaincy Support is available will ensure that they are contacting the appropriate people at the appropriate time.</li> <li>Clear communication as to when there are changes to the Chaplaincy cover would ensure that staff are aware when there is no cover for, so they could look for support externally.</li> <li>Updated contact list being made available to all clinical areas through switch will provide swift access to relevant services for families and patients.</li> <li>Multifaith Booklets in each clinical area can be used by patients, families/friends/care givers and staff when there is no Chaplaincy support available.</li> <li>Sharing information in regards to when Medical Social Work Department are available to all clinical staff will ensure prompt referrals are made which will ensure families and patients are offered appropriate support when they require it.</li> <li>Resource leaflets with relevant details on support when experiencing a death/ bereavement will signpost families to relevant services they may require.</li> <li>'Final Journeys' Workshops look at the areas of emotional, spiritual and religious support and its importance for patients, families/friends/caregivers. By attending these workshops, staff will gain new knowledge and skills in this area and be able to communicate more confidently with patients, families/friends/caregivers around End of Life Care.</li> </ul>	<p>Q2 2024</p>

**SENSITIVE COMMUNICATION - BREAKING BAD NEWS**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
How healthcare staff communicate with patients and families when discussing death and dying.	<ul style="list-style-type: none"> <li>To provide patients and families with support when breaking bad news or having sensitive conversations around death and dying.</li> <li>Ensure hospital staff are confident and competent when communicating with patients and families receiving End of Life Care.</li> </ul>	<ul style="list-style-type: none"> <li>Utilise family rooms and quiet spaces for difficult conversations and when breaking bad news.</li> <li>Recirculate the breaking bad news protocol to all NCHD'S and Nursing staff.</li> <li>The Hospital will continue to encourage staff to attend education and training sessions on End of Life Care.</li> <li>The Hospital will update available resources such as facilities and resources information leaflet to include all new family rooms.</li> <li>All Staff will be required to complete communication module on HSeLanD.</li> </ul>	<ul style="list-style-type: none"> <li>How staff communicate with patients and families around End of Life Care will improve.</li> <li>Staff will have more information as to where family rooms are and this will ensure that if sensitive conversations are being had they are done in private spaces instead of on busy corridors.</li> </ul>	Q3 2024

## ENVIRONMENT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Assess when patients die or not in a single room.	<ul style="list-style-type: none"> <li>Standardise a communication pathway between Ward Staff and Bed management Department in relation to the requirement for a single room.</li> </ul>	<ul style="list-style-type: none"> <li>Ward manager will verbally highlight requirement of a single room to the bed manager during daily handover.</li> <li>Ward Staff will follow this with an email to Head of Patient Flow, Bed Manager and Departmental CNM3 requesting a single room.</li> <li>Education to be provided to all ward staff regarding standardised pathway.</li> </ul>	<ul style="list-style-type: none"> <li>Single Room Audit will be undertaken monthly to analyse use of single room at End of Life.</li> </ul>	Q1 2024

## EMOTIONAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients and families or friends to be supported emotionally through End of Life Care.	<ul style="list-style-type: none"> <li>Improve support given to relatives and loved ones by ensuring available resources offered.</li> </ul>	<ul style="list-style-type: none"> <li>Plan to deliver 20 'Final Journeys' Training sessions in 2024 to provide staff with the appropriate skills in providing emotional support.</li> <li>Amend the current Medical Social Worker (MSW) Referral Form to include Referral for End of Life Needs.</li> <li>Ensure HSE booklet 'What to expect - When someone you care about is dying in hospital' is available for family and loved ones. This will be located in the ward bereavement folder.</li> <li>Develop a pathway re Access to Pastoral &amp; Spiritual Care for patients, families and loved ones at End of Life.</li> <li>Information Sessions to be provided to all ward staff using the 'What To Know On The Go' Format and informal Onsite training sessions.</li> </ul>	<ul style="list-style-type: none"> <li>All End of Life situations to be referred to MSW (monthly audit).</li> <li>All family members/ next of kin have access to the HSE booklet.</li> <li>'What to know on the go' training slots booked for 2024. All unit managers requested to book End of Life Care Coordinator for ward based education slots.</li> </ul>	Q3 2024

## PRACTICAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Families or friends to be provided with practical information on what to do after a loved one dies.	<ul style="list-style-type: none"> <li>Providing written practical information and advice to family and loved ones at this difficult time will help and support them.</li> </ul>	<ul style="list-style-type: none"> <li>Design and produce a specific bereavement card which will house the Death Notification Form (DNF). The card will include details of the Death Registration process and will be a more sensitive and appropriate presentation of the form for the family and loved ones of the deceased.</li> <li>Design and develop 'What happens next' leaflet to include information relevant to family and loved ones of the deceased.</li> <li>HSE 'Bereavement - When Someone Close Dies: Practical and Emotional Support at a Difficult Time' to be readily available on all wards for the families and loved ones of the deceased.</li> <li>Information Sessions to be provided to all ward staff using the 'What To Know On The Go' Format and informal onsite training sessions.</li> </ul>	<ul style="list-style-type: none"> <li>The Death Notification will be sent to family in a more sensitive and appropriate manner. The card will have printed details of next steps for registering the death.</li> <li>All family members/next of kin will receive this leaflet which will provide practical advice and information required at this difficult time.</li> <li>'What to know on the go' training slots booked for 2024. All unit managers requested to book End of Life Care Coordinator for ward based education slots.</li> </ul>	Q3 2023

11. St. John's Hospital, Limerick
12. Ennis Hospital
13. Nenagh Hospital
14. University Hospital Limerick

We are delighted to present the findings of the National End of Life Survey which focused on the care provided to patients during their final stages of life in UL Hospital Group.

As institutions committed to excellence in healthcare, we recognise that End of Life Care is of paramount importance and impacts the lives of patients and their families profoundly. This survey marks a significant milestone as it reflects the voices of more than 200 individuals who graciously took the time to share their experiences and provide invaluable feedback on the care their loved ones received.

We extend our deepest gratitude to all the participants who contributed their thoughts and experiences, enabling us to gain a comprehensive understanding of the successes and challenges in our End of Life Care, feedback is invaluable and will guide us in our ongoing efforts to provide the best possible care to every patient and their families.

The UL Hospital Group is committed to continuously improving our services, and this survey has allowed us to gain meaningful insights into the experiences of those who matter most—our patients and their families. By listening attentively to their feedback, we can identify areas of strength and areas that require our attention, in order to enhance the quality of End of Life Care we provide.

The findings presented in this report will guide us as we make every effort to advance our practices, policies, and training to align with the evolving needs and expectations for good End of Life and bereavement care.

Our goal is to continue to ensure that every patient receives compassionate, person-centred care that values dignity, respect, and comfort during their final journey.

We would also like to express our gratitude to the dedicated healthcare professionals and staff members within UL Hospital Group who work tirelessly to deliver exceptional care, their unwavering commitment and compassion are the heart of our organisation's mission of working together, caring for you, and we appreciate their dedication to providing dignified and compassionate End of Life Care.

I invite you to explore the findings of the National End of Life Survey, and look forward to sharing the quality improvements we are implementing throughout 2024.

**Professor Colette Cowan**  
*Chief Executive Officer, UL Hospitals Group*

## EDUCATION AND TRAINING

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Earlier communication between healthcare professionals when a patient is deteriorating/actively dying to allow for symptom management and timely and appropriate support to patients and family members.	<ul style="list-style-type: none"> <li>Awareness of when a patient is deteriorating/actively dying, prompting open and earlier communication between healthcare professionals and documentation of discussions.</li> <li>Enhance End of Life Care through enhanced clinical skills, recognising the dying process and enhancing patient and family communication and support.</li> </ul>	<ul style="list-style-type: none"> <li>Incorporate the existing programmes, 'Final Journeys', 'Breaking bad news' and 'the End of Life Conversations' on HSeLanD and the Clinical Skills day into the overall education framework. <ul style="list-style-type: none"> <li>'Final Journeys': This one-day programme focused on communication should be mandatory for all staff members to help them improve their skills for effective communication, active listening and empathy, responding to emotional needs and discussing End of Life decisions.</li> <li>'Breaking Bad News' or 'End of Life Conversations' Skills: This targets medical staff to help enhance their skills in delivering difficult news, providing emotional support and facilitating discussions about treatment options and palliative care.</li> </ul> </li> <li>Expand content of these programmes to cover additional topics if required.</li> <li>Have lunch-and-learns to support ward staff in the following areas: <ul style="list-style-type: none"> <li>Symptom management: Provide training on effective symptom assessment and management techniques for common End of Life Care symptoms such as pain, dyspnea, nausea, and anxiety.</li> <li>Short sessions on communication style such as managing difficult conversations and prompting shared decision making. Tailor to the needs of the nursing and the medical staff.</li> <li>Emotional Support: Offer guidance on providing emotional support to patients and families, addressing grief and bereavement, and fostering a compassionate and empathetic environment.</li> <li>Advance Healthcare Planning: Educate staff on the importance of forward conversations including discussions on goals of care, ceilings of care, advance directives and decision making processes.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Enhanced communication skills, improved empathy and emotional support. All staff will be empowered and have the confidence to communicate early when they recognise that a patient's condition is deteriorating.</li> <li>Improved patient autonomy through advance care planning and early intervention with Palliative Care, where appropriate.</li> <li>Strengthened bereavement support and continuous improvement through patient centred End of Life Care. Appropriate resources will be provided to family members in a timely manner.</li> </ul>	Dec-24

## PARTNERING WITH PATIENTS

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Develop a framework to audit End of Life practises in St. John's Hospital and gather feedback from patients and staff in parallel.	<ul style="list-style-type: none"> <li>Strengthen the collection of patients and staff voices in order to gain a better understanding of patients and families experiences when going through End of Life Care.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a simple audit process to evaluate staff and gather feedback from bereaved relatives. The audit can include survey questionnaires that capture the perspectives of both staff and relatives focusing on what went well, with suggestions for improvements. This will help to identify areas of strength and areas that require further attention.</li> <li>Develop a schedule for programme implementation ensuring that all relevant members have the opportunity to participate to education and training.</li> <li>Establish a framework for ongoing monitoring and continuous improvement. We will regularly review feedback from staff and bereaved relatives to identify trends and areas for further improvement to allow for opportunity to refine the education programme.</li> </ul>	<ul style="list-style-type: none"> <li>Patients, families and staff voices will be gathered in a structured fashion to allow monitoring of actions identified through the findings of the NELS.</li> </ul>	Apr-24

**EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Supporting patients and families with emotional and practical concerns and worries.	<ul style="list-style-type: none"> <li>We will provide a bereavement/dying in the hospital hub in the main reception and in the Oak Room and Dalcassium Suites to provide access to leaflets and supports for those who are dying in the hospital and are recently bereaved.</li> </ul>	<ul style="list-style-type: none"> <li>Identify an area to display the resources.</li> <li>Display the resources and update regularly: include resources around dying, what to expect now and next, Do not resuscitate, Advance Care planning and directives, Assisted Decision Making, what to expected when someone you love is dying in hospital, information on Post mortems, helplines and signposting to services outside of the hospital.</li> <li>The hub will also provide information on bereavement activities such as support events with Limerick Bereavement Network, and support for children.</li> <li>Make 'Comforting Words' (Bereavement library) more accessible to families.</li> </ul>	<ul style="list-style-type: none"> <li>Patients at End of Life and bereaved families can access supports needed.</li> <li>Staff will be able to signpost family members and patients to area and provide practical resources &amp; supports.</li> <li>Increased confidence and awareness among all staff members supporting a culture change in recognising the need for all staff to provide access to supports for the bereaved.</li> </ul>	May-24

**COMMUNICATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Conversations with patients on End of Life, and preparing families to last moments.	<ul style="list-style-type: none"> <li>Healthcare Professionals to recognise and acknowledge symptoms that indicate that the patient is at End of Life/approaching death.</li> </ul>	<ul style="list-style-type: none"> <li>Process regarding discussions between Multi-Disciplinary Teams (MDT) to discuss ceilings of care for both the deteriorating and the dying patient.</li> <li>Introduction of Advance Care planning.</li> <li>Attendance of staff from all fields attending 'Final Journeys' and the release of staff.</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare Professionals will feel comfortable raising concerns over patients that have deteriorated or they believe are displaying symptoms of dying during MDT meetings, allowing a discussion regarding the patient and agreement of next steps.</li> </ul>	Q4 2024



**VISITING**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Supporting visiting for patients at End of Life: the presence of family/friends/for short visit or for longer stays is vital to palliative and End of Life Care, this should be clearly communicated and documented in the patients' medical notes to ensure consistency in decisions around visiting.</p>	<ul style="list-style-type: none"> <li>Flexibility for relatives and friends/caregivers to visit the patient at End of Life, supporting by an increased awareness of all staff of the importance of partnering with patients and carers.</li> <li>Increase staff awareness of applying visiting policies with flexibility, humanely, and sensitively in the context of individual patients and their families.</li> <li>Develop staff understanding that the term family should be interpreted as flexibility and as broadly as possible, acknowledging the many forms that a family can take and should include all those who matter to the patient, including close friends.</li> </ul>	<ul style="list-style-type: none"> <li>Build on awareness and recognition by all healthcare staff of the important role that carers play in our healthcare system. Understanding that those important to the patient play an integral part to their holistic care. How?</li> <li>Official launch of the visiting policy and promoting through posters hospital wide, to empower visitors.</li> <li>Collate supportive information for children by working with both the chaplaincy and social work teams.</li> <li>Establish Visiting Committee and advocate for the End of Life Care Coordinator to be appointed as a member on the Hospital's visiting committee.</li> <li>Visiting pass: End of Life &amp; Compassionate Visiting Pass provided to all family/friends for patients at End of Life.</li> <li>Compassionate language used on public posters hospital wide.</li> <li>Admission template: recognition of caregiver within this process and those important people to the patient.</li> <li>Creation of a compassionate visiting leaflet provided to the family upon admission of the patient which is available in both English and additional relevant languages.</li> <li>Supporting children to visit loved ones at End of Life can be a key part of their grief and bereavement experience there should be no age restrictions.</li> <li>Build on COVID-19 experience and further develop best practices for visitors re: handwashing, PPE.</li> <li>Document the decision by the patient - when possible - and obtain consent, to receive visitors. If not there or previously known wishes or judgement of a legal appointed decision maker or closest relative should be considered and documented equally.</li> <li>Monitor effectiveness of changes by family members and loved ones impacted by the compassionate visiting policy.</li> </ul>	<ul style="list-style-type: none"> <li>Increased public awareness on compassionate visiting policy.</li> <li>Increase all staff awareness around End of Life visiting benefits for both patient and families, carers and friends. Staff will recognise the importance of allowing and encouraging relatives, friends (caregivers) to visit patient during End of Life.</li> <li>Standardisation of compassionate visiting as patients approach End of Life.</li> <li>Increased/greater awareness of compassionate visiting at End of Life.</li> <li>Improved advance care planning.</li> </ul>	<p>Ongoing</p>

**EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Supporting patients and families with emotional and practical concerns and worries.	<ul style="list-style-type: none"> <li>Provision of a bereavement/dying information area at the hospital hub in the main reception to provide access to leaflets and supports for those who are dying in the hospital or are recently bereaved.</li> </ul>	<ul style="list-style-type: none"> <li>Identify an area to display the resources.</li> <li>Display the resources and update regularly: include resources around dying, what to expect now and next, Do not resuscitate, Advance Care planning and directives, Assisted Decision Making, what to expect when someone you love is dying in hospital, information on Post mortems, helplines and signposting to services outside of the hospital.</li> <li>The hub will also provide information on bereavement activities such as support events with Limerick Bereavement Network, and support for children.</li> </ul>	<ul style="list-style-type: none"> <li>Patients at End of Life and bereaved families can access supports needed.</li> <li>Staff will be able to signpost family members and patients to area and provide practical resources &amp; supports.</li> <li>Increased confidence and awareness among all staff members supporting a culture change in recognising the need for all staff to provide access to supports for the bereaved.</li> </ul>	May-24

**COMMUNICATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve discussions around imminence of death.	<ul style="list-style-type: none"> <li>Healthcare Professionals to recognise and acknowledge symptoms that indicate that the patient is at End of Life/approaching death.</li> </ul>	<ul style="list-style-type: none"> <li>Process regarding discussions between Multi-Disciplinary Teams (MDT) to discuss ceilings of care for both the deteriorating and dying patient. (<i>'Ceiling of care' refers to the maximum level of treatment which the patient is set to receive</i>).</li> <li>Introduction of Advance Care planning.</li> <li>Attendance of staff from all fields attending 'Final Journeys' and the release of staff.</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare Professionals will feel comfortable raising concerns over patients that have deteriorated or they believe are displaying symptoms of dying during MDT meetings, allowing a discussion regarding the patient and agreement of next steps.</li> </ul>	May-Dec 24

COMMUNICATION				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Ensure staff are trained and environment supports good and compassionate communication with the patients and their families.	<ul style="list-style-type: none"> <li>Enable staff to continue delivering comfort care at End of Life and death to support patients and families in a peaceful and compassionate death.</li> <li>Provide additional support for patients and their families through resources and family areas.</li> </ul>	<ul style="list-style-type: none"> <li>'Final Journeys' education for staff This will be lead by the End of Life Care (EOLC) coordinator and EOLC committee, supported by the Directorate Management team structures. A further 120 staff across all grades and disciplines will be trained in 2024. The importance of the right language will be supported by the development language framework to guide tender conversations - someone is actively dying, Sick enough to die (not dying now).</li> <li>Identify key podcasts for development e.g., conversation around ceilings of care - what they mean and don't mean, Frequently Asked Questions (FAQ's) on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR).</li> <li>Review the requirement for a Bereavement Support Social Worker for ULHospitals.</li> <li>Continue to develop awareness for the EOL Symbol and how we respond to the symbol in our daily work. This will be supported by EOLC and delivered via the Directorate Management team structures.</li> <li>Implementation of the Palliative Care Needs Assessment Framework and specific education around the emotional psychosocial support.</li> </ul>	<ul style="list-style-type: none"> <li>Continued support to patients and families at the End of Life through compassionate conversations providing warmth, kindness, deep listening and social connections.</li> <li>Staff will have increased resources to support those at the End of Life.</li> <li>Families can access supports and comfort when needed.</li> </ul>	Jan-25

ENVIRONMENT				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Supporting patients and families, through dedicated family rooms.	<ul style="list-style-type: none"> <li>Enhance quality and care and support to patients and their families at End of Life through improving the environment with the development of family room(s) as part of the new bed block.</li> </ul>	<ul style="list-style-type: none"> <li>Using design and dignity guidelines develop rooms to enhance care for patients and their families.</li> </ul>	<ul style="list-style-type: none"> <li>Increase the availability of dedicated space for Families and patients to meet with healthcare professionals or spend time alone, in a compassionate and comforting environment.</li> </ul>	2026

## EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Ensuring patients at End of Life and their families are provided with quality information to support their decisions in planning for care or accessing supports.	<ul style="list-style-type: none"> <li>Provision of an information hub about bereavement and dying at the main reception to provide access to leaflets and supports for those who are dying in the hospital and are recently bereaved.</li> <li>The hub will also provide information on bereavement activities and planning ahead activities such as support events with Limerick Bereavement Network, support for children and Advance Healthcare Directives and planning.</li> </ul>	<ul style="list-style-type: none"> <li>Dedicated public area to provide the bereavement resources: 'what to expect now and next', Do not resuscitate, Advance Care planning and directives, Assisted Decision Making, 'What to expect when someone you love is dying in hospital', information on Post mortems, helplines and signposting to services outside of the hospital.</li> <li>Resources for children and families and supports within the hospital and outside the hospital.</li> <li>Signpost on each ward with the EOL symbol that the bereavement hub is available and make resources available online.</li> </ul>	<ul style="list-style-type: none"> <li>Additional resources and supports are available to patients and their families.</li> <li>Staff are able to signpost family members and patients to area and provide practical resources &amp; supports.</li> <li>Increased confidence and awareness among staff members.</li> </ul>	Jan-25

# South/South West Hospital Group



- 15. Bantry General Hospital
- 16. Cork University Hospital
- 17. Mercy University Hospital, Cork
- 18. Tipperary University Hospital
- 19. University Hospital Kerry
- 20. University Hospital Waterford

On behalf of the South/South West Hospital Group (SSWHG), I welcome the National End of Life Survey report and especially thank bereaved relatives who have taken the time to participate in the survey, share their experiences and their feedback. The loss of a loved one is a major event in the lives of bereaved families and friends and we want to learn from people's experiences of End of Life Care both to people who are dying and to their loved ones, to enable us to continuously improve our services and enhance the quality and experience of care we provide.

This is the first National End of Life Survey and the findings provide valuable information on the standard of care provided at the End of Life, acknowledging what is working well and identifying areas where improvements are needed. Our staff strive to provide the best End of Life and bereavement care to all those who are in need and the results of the survey reflect the positive experience of care received in many areas such as symptom management, physical and emotional needs and the sensitive nature of engagements. I would like to thank our staff for their dedication to person centred care and for their kindness and compassion at this important time in patient's and families lives.

Many improvements in End of Life Care have been achieved in recent years with the appointment of End of Life Care Coordinators and the implementation of the Quality Standards for End of Life Care in hospitals. These measures include for example End of Life Care resources such as a family handover bag. Hospital infrastructure has been improved with the provision of family rooms and family friendly mortuaries. These improvements have contributed to the positive findings in this survey; however, we acknowledge the need for further improvements in areas highlighted to us such as practical supports and information on what to do after a relative has died. Families have identified that they are in the need of help and support to talk to children and young adults regarding their relatives' illnesses.

Quality Improvement Plans have been developed for the areas that require further work and the SSWHG are committed to supporting our hospitals to implement the agreed actions over the coming months working with the Health Information and Quality Authority and the Department of Health.

As CEO of the SSWHG, I am committed to improving our patients and families experience and we will continue to work in partnership with bereaved relatives to improve the quality and experience of End of Life Care.

**Professor John R. Higgins,**  
**Chief Executive Officer, South/South West Hospital Group**



**PRACTICAL SUPPORTS AND INFORMATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information on what to do after a relative or friend has died.	<ul style="list-style-type: none"> <li>Introduce an information leaflet for families and friends</li> </ul>	<ul style="list-style-type: none"> <li>Develop an information leaflet with palliative care service.</li> <li>Develop a process ensuring timely distribution of the leaflet to patients throughout the wards.</li> </ul>	<ul style="list-style-type: none"> <li>Relatives and friends will have written information on what to do including registering the death.</li> </ul>	Q2 2024

**CARE IN THE LAST THREE MONTHS OF LIFE**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Supporting relatives and friends in understanding symptoms.	<ul style="list-style-type: none"> <li>Providing verbal and written information to friends and relatives.</li> </ul>	<ul style="list-style-type: none"> <li>Introducing written information from palliative care services.</li> <li>Provide education for staff.</li> <li>Linking with bereavement and support services.</li> </ul>	<ul style="list-style-type: none"> <li>All relatives and friends will be given the necessary information and support.</li> </ul>	Q2 2024

**COMMUNICATION AND COORDINATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication and Coordination between Hospital and Community Services.	<ul style="list-style-type: none"> <li>To Improve communication and coordination between hospital and community services with a specific focus on GP communication.</li> </ul>	<ul style="list-style-type: none"> <li>Discharge letters to be sent to GPs via healthmail for all patients being discharged within 48-hours.</li> </ul>	<ul style="list-style-type: none"> <li>Improve clear communication and enhance patient safety.</li> <li>Improve Coordination between GPs and hospital, reducing discordance between services.</li> <li>Contribute to Green Campus ethos of being environmentally friendly (reduce paper waste).</li> </ul>	Q4 2024
		<ul style="list-style-type: none"> <li>Ensure GPs are contacted by medical team via phone within 24-hours when a patient is being discharged home for End of Life Care or when a patient dies. Responsibility for communication of this information lies with medical team.</li> <li>Awareness campaign around rapid discharge guidelines for patients at End of Life.</li> </ul>		Q3 2024

**COMMUNICATION WITHIN TEAMS AND WITH FAMILIES**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Communication with family, relatives and/or friends on what to expect when their loved one is dying.</p> <p>Support by healthcare staff in talking to children and young adults about their relatives illness and disease trajectory.</p> <p><i>* To recognise that the term family should be interpreted as flexibly and as broadly as possible, acknowledging the many forms that a family can take and should include all those who matter to the patient, including close friends.</i></p>	<ul style="list-style-type: none"> <li>Ensure that staff are trained and resourced to provide the appropriate support to family, relatives and friends.</li> <li>Ensure holistic care is provided for both patients and their loved ones through timely referral to appropriate in-hospital services (e.g. social worker/pastoral care etc).</li> <li>Empower staff to increase confidence in talking to children and/or signposting towards supports.</li> </ul>	<ul style="list-style-type: none"> <li>Roll-out of the newly revised version 2 'Care of the Dying Patient Guidance' Proforma (checklist form to ensure patients receive holistic care) to all areas.</li> <li>Structured and planned education sessions for relevant staff around the use of the proforma. All members of the Multi-Disciplinary Teams need to be aware of their role and responsibility.</li> <li>Awareness with Health Care Professionals to ensure communicated discussions are clearly and accurately documented in the patients' medical notes to ensure consistency in decisions and care.</li> <li>Commence 'Final Journeys' Training in CUH: One day workshop to improve delivery of End of Life Care amongst all hospital staff, which includes compassionate communication.</li> <li>Ensure Presentation on End of Life Care is part of all discipline Induction Programmes.</li> <li>Anticipatory support for children, provide age appropriate resources for children pre-relatives death. Collate supportive information for children by working with identified members of the Multi-Disciplinary Teams e.g. the chaplaincy and social work teams.</li> <li>To support and encourage children to visit loved ones at End of Life as this can be a key part of their grief and bereavement experience</li> <li>To prioritise compassionate visiting for families of patients who are recognised as dying.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will recognise the importance of communicating with family, relatives and friends about what to expect at End of Life.</li> <li>Standardized use by staff of 'Care of the Dying Patient Guidance' proforma for all patients recognised as dying.</li> <li>Awareness by all staff of the importance of communicating with clarity and compassion.</li> <li>Relatives will feel supported in their journey.</li> <li>Inclusivity of children to express their worries or fears.</li> <li>Provision of age appropriate information to children and young adults.</li> <li>Children will feel empowered and supported to express their worries.</li> <li>Improved awareness of PPPGs related to End of Life Care.</li> </ul>	Q3 2024

## PROVISION OF PRACTICAL INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provision of Practical Information to Support End of Life Care: dying, death and bereavement.	<ul style="list-style-type: none"> <li>Development of Information leaflets. Ensure family members receive written information regarding different aspects of their loved ones journey to help them understand the journey of dying, death and bereavement. The written information is to complement the compassionate conversations.</li> </ul>	<ul style="list-style-type: none"> <li>Identify what leaflets require development/revision to support our Conversations with patients and relatives through the journey of End of Life.</li> <li>Develop the new booklets and leaflets which would be available as a Bereavement Pack - consider QR code/availability in other languages (and reader friendly).</li> <li>Awareness campaign around newly developed resources. All members of the Multi-Disciplinary Teams to be aware of their role in the provision of written information.</li> <li>Liaise with Managers at ward level to take responsibility for ensuring hospital staff distribute booklets.</li> <li>Encourage all staff members to take responsibility in ensuring families consistently receive the written information and practical resources that are available.</li> <li>All wards to have a named End of Life Care Champion that is responsible for sharing of new information. In turn to identify improvements that are required through-out the hospital to ensure the provision of consistently high quality End of Life Care and to liaise with EOL Care Coordinator re: areas identified.</li> </ul>	<ul style="list-style-type: none"> <li>Greater understanding and support for relatives when their loved one is dying and on death.</li> <li>Increased signposting for family members/relatives when they are bereaved.</li> <li>Awareness of staff to support family members at End of Life and on the death of their loved one.</li> <li>Written Information will be available to support Compassionate Conversations.</li> </ul>	Q3 2024



**CONVERSATIONS WITH CHILDREN AND YOUNG ADULTS**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Support by healthcare staff to talk to children or young adults about their relative or friends illness and supporting children to visit loved ones at End of Life.	<ul style="list-style-type: none"> <li>Raising awareness of the importance to include children and young adults in age appropriate conversations.</li> <li>Supporting families by providing compassionate visiting for children and young adults wishing to visit a relative or friend at End of Life.</li> </ul>	<ul style="list-style-type: none"> <li>Review and update the current Supporting Children through the End of Life Care of a family member in hospital booklet. Provide training &amp; education to all healthcare professionals on the updated information.</li> </ul>	<ul style="list-style-type: none"> <li>Staff awareness of updated information to support children while visiting and ensuring up to date contact details of bereavement supports following the death of a loved one are available.</li> </ul>	Q2 2024
		<ul style="list-style-type: none"> <li>Review the current visiting policy including the importance of compassionate visiting for children visiting loved ones at End of Life.</li> </ul>	<ul style="list-style-type: none"> <li>Increased/greater awareness of compassionate visiting at End of Life encouraging children to visit if they would so wish as this may impact on their grief and bereavement experience.</li> </ul>	
		<ul style="list-style-type: none"> <li>Development of poster for each ward and public area to inform staff and family members of the compassionate care provided in the MUH including information booklets and compassionate visiting for children and young adults.</li> </ul>	<ul style="list-style-type: none"> <li>Increased public awareness on compassionate care provided at the MUH including information booklets and compassionate visiting for children.</li> </ul>	
		<ul style="list-style-type: none"> <li>Development of age appropriate packs for children and young adults whilst visiting a loved one at End of Life.</li> </ul>	<ul style="list-style-type: none"> <li>To support children and young adults whilst visiting in hospital by providing items to allow the child/adult to be comfortable in the hospital environment and provide the opportunity for open discussion.</li> </ul>	
		<ul style="list-style-type: none"> <li>Lunch &amp; Learn information sessions from Medical Social Work department on:                             <ul style="list-style-type: none"> <li>Appropriate referrals to Medical Social Work Department – referral criteria.</li> <li>Medical Social Worker role in context of death and dying.</li> <li>Signposting families and carers to appropriate support services available to children navigating anticipatory grief, available to children recently bereaved.</li> <li>Education training on communicating with children and young adults (with consent of parents).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Making the ‘uncomfortable’ more comfortable – providing staff with information specific to emotional needs of children at different developmental stages.</li> <li>Normalising ‘difficult conversations’.</li> <li>Reassuring staff of the availability of concrete supports – internal and external resources.</li> <li>Clearly defined referral pathways to Medical Social Work and MSW supports.</li> </ul>	

COORDINATION OF CARE				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Coordination between different services (eg: GP, hospital or hospice) and healthcare staff).	<ul style="list-style-type: none"> <li>Effective continuity and coordination of care between the hospital and other healthcare settings/ services.</li> </ul>	<ul style="list-style-type: none"> <li>Implement the Palliative Care Rapid Discharge Service through the Palliative Care CNS's. Provide education and training.</li> </ul>	<ul style="list-style-type: none"> <li>To enhance the transition from hospital to home when a patient is discharged home for End of Life Care.</li> </ul>	Q2 2024
		<ul style="list-style-type: none"> <li>Patient Discharge Plan on Mercy University Hospital (MUH) Nursing 'Kardex' (summary of patient information) p.13/14 updated June 2023 to be signed by patient on discharge.</li> </ul>	<ul style="list-style-type: none"> <li>Patients and carers are aware of discharge plan and receive a copy of information provided and of follow-up care following discharge.</li> </ul>	Q2 2024
		<ul style="list-style-type: none"> <li>Education provided to all MDT's within the hospital from the discharge planning committee on the hospital 'Journeys to home' initiative.</li> </ul>	<ul style="list-style-type: none"> <li>Coordinated Care and continuity in care following discharge.</li> </ul>	Q2 2024
		<ul style="list-style-type: none"> <li>Patient flow Manager training and Discharge Coordinator training to be provided to CNM2's, CNM1's, Staff Nurses and Student Nurses on discharge planning and patient flow.</li> </ul>	<ul style="list-style-type: none"> <li>Promoting services available to patients following discharge e.g.: Community Intervention Team (CIT) and how to access services.</li> </ul>	Q1 2024

PALLIATIVE CARE				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Access to and availability of Palliative Care support out of hours.	<ul style="list-style-type: none"> <li>Staff in Tipperary University hospital will be communicated the availability of Palliative Care Services, including visual awareness in Patient's Healthcare Record, how to access Palliative Care support out of hours and at weekends and availability of Children's Hospital Ireland and University Hospital Waterford Paediatric Palliative supports.</li> </ul>	<ul style="list-style-type: none"> <li>Detailed report given to Non-Consultant Hospital Doctors (NCHDs) regarding palliative care input.</li> <li>Green and white 'Palliative Care' sticker placed in Patients Healthcare record to alert of Palliative Care involvement and advice for care.</li> <li>Clinical Nurse Managers, Patient Flow teams, Bed Management will be made aware of patients under care of Palliative team.</li> <li>Circular distributed to all NCHDs via Medical Manpower to alert all NCHDs that there is an on call Palliative Care service provided for Tipperary University Hospital facilitated by University Hospital Waterford (UHW) Palliative on-call team.</li> <li>End of Life specific training facilitated by Tipperary University Hospital Palliative Care team to NCHDs.</li> </ul>	<ul style="list-style-type: none"> <li>All staff will be aware of patients who have accessed TippUH Palliative care support through green &amp; white 'Palliative Care' sticker in patients healthcare record. Advice and guidance from Palliative Care team easily accessible.</li> <li>Knowledge of Out-of-Hours Palliative Care Service provided by University Hospital Waterford will be distributed.</li> <li>There will be no delay within hours or out-of-hours for Palliative Care advice for patients attending Tipperary University Hospital.</li> </ul>	Dec-23

EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Emotional and practical supports and information for patient, family and relatives.	<ul style="list-style-type: none"> <li>Patients, families and relatives liaising with Tipperary University Hospital at End of Life will be provided additional information and supports including information, practical and emotional supports.</li> <li>Children's box to be provided to support children of relatives at End of Life. DVD player &amp; DVDs available for these children and families to access 24/7. Awareness of 'End of Life' box in Paediatric Department accessible for all departments.</li> </ul>	<ul style="list-style-type: none"> <li>The Palliative Care team has updated their specific End of Life patient information leaflet. The information held within this information leaflet is based on feedback from patients, families, TippUH Patient Service Users Representative Forum &amp; TippUH Inclusion Working group.</li> <li>The Palliative Care team has sourced and distributes to relevant persons the Irish Hospice Foundation 'Think Ahead Pack'.</li> <li>A 'Blanket Box' is stocked and made available in Hospital relatives room situated near coffee dock. This contains various comfort items for families and loved ones who remain on site.</li> <li>'End of Life' symbols will be dated and distributed by Palliative Care team for parking to allow ease of access for relatives if called in suddenly.</li> <li>Signage has been provided for 'Chapel of Rest'.</li> <li>Additional child friendly books have been sourced in conjunction with Paediatric Department.</li> </ul>	<ul style="list-style-type: none"> <li>Information for patients and relatives will be provided to advise and support.</li> <li>Child suitable books will be available for children to help their understanding of End of Life. These can be obtained from Paediatric Department.</li> <li>Comfort measures will be available included within the 'Blanket Box'.</li> <li>Patient can review Irish Hospice Foundation 'Think Ahead Pack' and adopt accordingly.</li> <li>Ease of parking of relatives called in suddenly.</li> </ul>	Dec-23

**EDUCATION AND TRAINING**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Communication, education and training for Tipperary University Hospital Staff.</p>	<ul style="list-style-type: none"> <li>• Staff within Tipperary University Hospital will be provided with:                             <ul style="list-style-type: none"> <li>– specific training on End of Life Care and through ‘Final Journeys’ program;</li> <li>– additional supports for End of Life to include ‘Crisis pack’ End of Life trolleys, Information booklets and child friendly information.</li> </ul> </li> <li>• Patients that experienced their End of Life in a single room will be monitored and analysed.</li> </ul>	<ul style="list-style-type: none"> <li>• ‘Final Journeys’ Workshop facilitated for Staff of Tipperary University Hospital. (October 2023)</li> <li>• NCHDs provided specific training regarding care at End of Life and palliative care supports available (November 2023).</li> <li>• ‘Crisis pack’ (Anticipatory prescribed medication used in the event of a palliative care emergency, catastrophic bleed) alongside dark towels sourced and stocked by the Palliative Care team and distributed to relevant areas. Staff educated in parallel around this initiative to facilitate supports for End of Life patients.</li> <li>• End of Life trolleys updated to include Palliative Care Information booklets. Reiteration of supplies held within End of Life Trolleys will be hosted for new staff to Tipperary University Hospital.</li> <li>• End of Life team will monitor percentage per beds of patients that experienced their End of Life in a single room.</li> </ul>	<ul style="list-style-type: none"> <li>• The care patients, family and relatives will receive at End of Life.</li> <li>• Multicultural staff will gain increased knowledge and understanding of supports available at End of Life in Tipperary University Hospital.</li> </ul>	<p>Dec-23</p>

**EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Families are in need of emotional support when their relatives are nearing End of Life.	<ul style="list-style-type: none"> <li>Offer emotional support to families of relatives nearing End of Life.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure emotional support has been offered to families by engaging with them regarding their needs and answer any questions they may have.</li> <li>Develop a checklist to assist staff ensure that adequate support is given - as detailed below:                             <ol style="list-style-type: none"> <li>Ensure Compassionate or Open Visiting is in place for the family.</li> <li>Ensure Pastoral Care/Chaplaincy support is offered to the family before and after the death of their relative.</li> <li>Ensure the family has spoken to the Medical Team looking after their relative.</li> <li>Offer the family the supporting booklet 'When Someone you Care about is Dying in Hospital'.</li> <li>Ensure the family are aware of the facilities available to them, for example, Staff Restaurant, Hospital Shop, Family Room, if one available.</li> <li>Provide the family with the hospital contact details.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Better all round, emotional support to families by providing additional information, earlier involvement of Pastoral Care/Chaplaincy, and staff trained in End of Life Care.</li> </ul>	Q4 2024
Families require more time to discuss their relative's care and treatment.	<ul style="list-style-type: none"> <li>Improve communication for families with healthcare staff about their relative's care and treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Provide training to Medical &amp; Nursing Staff on 'Communicating Bad News'.</li> </ul>	<ul style="list-style-type: none"> <li>Improved Communication between healthcare staff and families of relatives nearing End of Life as a result of education and training acquired by staff.</li> <li>Potential to provide further 'End of Life Care' training for staff due to increased number of Facilitators.</li> </ul>	Q4 2024
		<ul style="list-style-type: none"> <li>Provide 'Final Journeys' Workshops for all disciplines of staff within the hospital.</li> </ul>		Ongoing
		<ul style="list-style-type: none"> <li>Train more staff to facilitate 'Final Journeys' Workshops to ensure that there are enough Facilitators available.</li> </ul>		Q3 2024
		<ul style="list-style-type: none"> <li>Ensure families are receiving up to date communication about their relative at ward level.</li> </ul>		Ongoing
Families are in need of practical information on what to do after their relative has died - including information on registering their death.	<ul style="list-style-type: none"> <li>Provide practical information to families on what to do when their relative has died.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure families receive updated University Hospital Kerry (UHK) leaflet 'What to do When Someone Dies' after the death of their relative - monitored with checklist in the hospital after death of patient.</li> <li>Ensure families receive updated UHK Leaflet 'Post Mortem Examination – A Brief Guide for Families' if required.</li> <li>Ensure all families receive HSE Booklet on 'Bereavement – When someone Close Dies' after the death of their relative.</li> </ul>	<ul style="list-style-type: none"> <li>The provision of local practical information for families at the time of their relative's death.</li> <li>Ensuring the HSE booklet 'Bereavement – When Someone Close Dies' is given to families, provides them with practical information and emotional support contacts to help with bereavement.</li> </ul>	Ongoing

**CONVERSATIONS WITH CHILDREN AND YOUNG ADULTS**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Families are in need of help and support by healthcare staff to talk to children and young adults regarding their relative's illness.	<ul style="list-style-type: none"> <li>Offer emotional support to families to help them communicate with their children or young adults about their relative's illness.</li> </ul>	<ul style="list-style-type: none"> <li>Offer information booklets that are age appropriate for children and young adults to help them understand about their relative's condition.</li> </ul>	<ul style="list-style-type: none"> <li>Emotional support for families with children and young adults and a better understanding of their relative's condition nearing End of Life.</li> </ul>	Q4 2024
		<ul style="list-style-type: none"> <li>Offer information booklets that are age appropriate for children and young adults at the time of death of their relative to help them understand about death.</li> </ul>	<ul style="list-style-type: none"> <li>Information available to support children and young adults.</li> </ul>	Q2 2024

**EDUCATION AND TRAINING**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Inadequate privacy within the bed area and surrounding environment.	Improve the privacy and dignity of care given to the patient at End of Life.	<ul style="list-style-type: none"> <li>Provide 'Final Journeys' Workshops to Multidisciplinary Staff to improve End of Life Care for patients.</li> <li>Provide important 'End of Life Care' induction to all new staff.</li> <li>Provide important 'End of Life Care' induction and training to Newly Qualified Nurses.</li> <li>Provide important 'End of Life Care' induction and training to Internationally Recruited Nurses.</li> </ul>	End of Life Patient Privacy and Dignity of Care is enhanced as a result of education and training acquired by staff in the 'Final Journeys' Workshops and 'End of Life Care' Induction Programme.	Ongoing
		<ul style="list-style-type: none"> <li>Provide important 'End of Life Care' induction and training to Student Nurses.</li> </ul>		Q1 2024
		<ul style="list-style-type: none"> <li>Provide important 'End of Life Care' training to individual cohorts of staff.</li> </ul>		Q4 2024

**PRACTICAL INFORMATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication	<ul style="list-style-type: none"> <li>Communication for healthcare staff to help the bereaved.</li> </ul>	<ul style="list-style-type: none"> <li>Information for the bereaved.</li> <li>Resource pack for staff to help the bereaved.</li> </ul>	<ul style="list-style-type: none"> <li>The bereaved will have the information for the next step.</li> </ul>	Q1 2024

**EMOTIONAL HELP AND SUPPORT**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Awareness	<ul style="list-style-type: none"> <li>Communication for healthcare staff to help the bereaved.</li> </ul>	<ul style="list-style-type: none"> <li>Awareness for all staff (All disciplines) to create an awareness culture to EOL measures within UHW community.</li> </ul>	<ul style="list-style-type: none"> <li>Staff awareness to emotional support.</li> </ul>	Q1 2024

**COORDINATION BETWEEN SERVICES**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Internal and External Stakeholder engagement.	<ul style="list-style-type: none"> <li>Early identification of all stakeholders involved with the patient.</li> </ul>	<ul style="list-style-type: none"> <li>Document to be shared with all stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Communication with all disciplines.</li> </ul>	Q1 2024

# Ireland East Hospital Group

Grúpa Ospidéal  
Oirthear na hÉireann



21. Mater Misericordiae University Hospital, Dublin  
22. Regional Hospital Mullingar  
23. Our Lady's Hospital, Navan  
24. St. Columille's Hospital, Loughlinstown, Dublin

25. St. Luke's General Hospital, Carlow-Kilkenny  
26. St. Michael's Hospital, Dun Laoghaire  
27. St. Vincent's University Hospital, Dublin  
28. Wexford General Hospital

The Ireland East Hospital Group (IEHG) is comprised of 12 hospitals, and I am very pleased to note that we have an IEHG End of Life Care Group that was established in 2018 by our Chief Director of Nursing & Midwifery. The CDONM has delegated corporate responsibility in this regard and our network of hospitals contribute to this important forum as they meet on a 6-8 weekly basis. The results of the National End of Life Survey have provided the IEHG with an important opportunity to provide further focus on improving the experience of our patients, their families, and staff at such a critically important and sensitive time. We look forward to continued improvement in the care that we provide to our patients.

**Paul Gallagher,**  
**Chief Director of Nursing and Midwifery**  
**on behalf of Declan Lyons, Group Chief Executive, Ireland East Hospital Group**



OVERALL CARE				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Importance of enhancing the environment and facilities where care is provided at End of Life and ensuring people are cared for at End of Life in a single room in line with their wishes and preferences to improve overall quality of care.	<ul style="list-style-type: none"> <li>Continue to collect information on the Quality Care Indicator (QCI) to ensure people who are seriously ill or dying are provided with care in a single room or in a comfort care suite.</li> <li>Develop more comfort care suites.</li> <li>Enhance facilities in an ICU and separately a HDU patient room to improve the experiences of care for patient and family members.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to heighten awareness of healthcare staff of the importance of care in a single room at End of Life.</li> <li>Report the Quality Care Indicator (QCI) target to the Executive Management team for the number of people being cared for at End of Life in a single room or comfort care suite on a monthly basis.</li> <li>Continue to report this QCI to the MMUH Board through the Executive Management Team.</li> <li>Develop a new comfort care suite in 2024.</li> <li>The Executive Lead in End of Life Care Coordinator working with the Clinical team, Estates and Facilities team and in partnership with the HSE and Irish Hospice Foundation Design and Dignity Programme are designing and implementing a programme of work to enhance the environment in both an ICU and a HDU patient room.</li> </ul>	<ul style="list-style-type: none"> <li>Bereaved relatives in the National End of Life Survey and the '<a href="#">Survey of Bereaved relatives: VOICES MaJam</a>' found that care provided in a single room considerably enhanced experiences of care at End of Life and supported:                             <ul style="list-style-type: none"> <li>Greater privacy and dignity and less noise and the associated stresses of being in a shared room for individuals and their family.</li> <li>Family member's opportunities to share treasured moments and say their final goodbyes in a private, relaxed, more peaceful environment.</li> <li>Family members' presence with significantly greater flexibility regarding visiting, privacy to stay overnight and better access for those important to the person.</li> </ul> </li> <li>In addition, comfort care suites provide:                             <ul style="list-style-type: none"> <li>A relaxed more homely décor offering a more serene and sensitive, 'safe' environment to the dying person and their family.</li> <li>Relatives the opportunity and privacy to stay overnight that was actively encouraged and supported by staff with direct access to free tea and coffee making facilities including facilitating the presence of a large family and children.</li> </ul> </li> <li>An enhanced ICU and HDU room will maintain the room as one in which it is possible to deliver highly complex care e.g. advanced respiratory support, continuous renal replacement therapy etc. whilst also providing a more tranquil welcoming family friendly room for care at End of Life.</li> </ul>	Q3 2023 – ongoing
Visiting and family presence relating to End of Life Care.	<ul style="list-style-type: none"> <li>Our Hospital encourages unrestricted visiting and the presence and involvement of those important to the person to enhance their and their family member's experience of care at End of Life.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to heighten awareness to all staff that there is unrestricted visiting emphasising that the person and their family are at the heart of every interaction and every intervention in palliative and End of Life Care through:                             <ul style="list-style-type: none"> <li>Heightening awareness through all staff induction, mandatory nurse study days, ward and clinical multidisciplinary team meetings and training.</li> </ul> </li> <li>Review of our hospital visiting policy to ensure clarity regarding involvement of family and those important to them noting that unrestricted visiting is in place.</li> </ul>	<ul style="list-style-type: none"> <li>Build on and embed existing good practice and staff knowledge and understanding that:                             <ul style="list-style-type: none"> <li>The presence of family and those important to dying person is vital to high quality palliative and End of Life Care.</li> <li>Family members are welcomed members of the 'care team' as they know their family member best, and are integral to overall care and support.</li> <li>Family member's presence plays a very important role in reassurance, care and emotional support and calming presence of the person receiving care in hospital.</li> <li>Staff will recognise the importance of encouraging and informing family and those important to them (children, friends, caregivers) that they are welcome to visit in the understanding that it will support the person and family members in their bereavement.</li> </ul> </li> </ul>	Q3 2023 - Q4 2024

COMMUNICATION				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Staff communication skills are very important in the provision of palliative, End of Life and bereavement care.	<ul style="list-style-type: none"> <li>Bereaved relatives identified the importance of communication relating to:                             <ul style="list-style-type: none"> <li>Progression of illness and care.</li> <li>Sensitive communication about impending death and when death has occurred.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>National End of Life Survey findings will be shared with healthcare staff highlighting the importance of communication through awareness raising sessions, mandatory nurse study days, ward and clinical multidisciplinary team meetings and training, medical and surgical grand rounds presentations.</li> <li>Training will be available to staff on the Programmes titled 'Final Journeys' and 'End of Life Conversations' when finalised.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced skills, knowledge and understanding to communicate effectively and sensitively with patients, families and colleagues.</li> <li>Communication skills such as active listening, providing sensitive and potentially upsetting and distressing information.</li> <li>Health care staff skills in discussing patient preferences for End of Life Care.</li> <li>Knowledge and understanding of strategies that work to improve ongoing support to families immediately prior to and after a patient's death.</li> <li>Promote improved communication skills across the multidisciplinary team and support sensitive and clear communication between staff, patients and their families.</li> </ul>	Q1 2024 – Q1 2025
Building on and enhancing staff communication skills in the provision of help and support regarding emotional care needs ('feeling worried, feeling anxious, feeling low').	<ul style="list-style-type: none"> <li>Bereaved relatives identified the importance of the provision of emotional help and support by healthcare staff.</li> <li>The Hospitals End of Life Care Committee members also recommended a review of the organisation's resources to secure the funding of one whole time equivalent palliative care senior social work post.</li> </ul>	<ul style="list-style-type: none"> <li>Undertaking a review of how to build on existing good practice and enhance care and support regarding emotional needs aligned to HSE guidance:                             <ol style="list-style-type: none"> <li><a href="#">Palliative Care Needs Assessment Guidance</a></li> <li><a href="#">Palliative Care Competence Framework</a></li> </ol> </li> <li>Increased awareness of healthcare staff on recognising the different levels of emotional need and appropriate referral pathways to multidisciplinary professionals when appropriate. For example heightening awareness and promotion of the psychosocial and emotional distress pyramid of care in the <a href="#">HSE Hospital and Community-based Psychosocial Care for Patients with Cancer and their Families: A Model of Care for Psycho-Oncology (P.13, 2020)</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced skills, knowledge and understanding of the emotional support needs of patients and their families for all healthcare professionals.</li> <li>Enhanced ability, confidence and competence, for healthcare staff to provide emotional care and support to patients and their families.</li> <li>Increased ability for health care staff to recognise when patients and families are experiencing emotional distress (distress pyramid of care).</li> <li>Increased knowledge for staff on emotional supports available to patients and families.</li> <li>The provision of a dedicated palliative care senior social worker post will:                             <ul style="list-style-type: none"> <li>Provide counseling, emotional support, and review coping strategies to help individuals navigate the complex emotions associated with serious illness, palliative and End of Life Care, including anticipatory grief and post death bereavement support.</li> <li>Provide support in navigating the emotional distress and uncertainty that frequently presents and accompanies serious illness, palliative and End of Life Care.</li> </ul> </li> </ul>	Q1 2024 – Q1 2025

**BEREAVEMENT CARE AND SUPPORT**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Practical information about what happens following the death of a family member in hospital, including bereavement support information.</p>	<ul style="list-style-type: none"> <li>Build on and continue to embed existing good practice regarding communication and provision of practical and bereavement support information to bereaved relatives following the death of a family member.</li> </ul>	<ul style="list-style-type: none"> <li>Our hospital will build on and continue to embed and heighten awareness of staff on bereavement resources developed by our hospital including the booklet titled 'When you experience a bereavement' which is available on every ward and our website in the main languages of people attending our hospital; English, Ukrainian, Romanian, Russian, Polish: <a href="http://www.mater.ie/services/end-of-life-care">www.mater.ie/services/end-of-life-care</a></li> </ul>	<ul style="list-style-type: none"> <li>Greater understanding of healthcare staff of the importance of communicating and providing practical information to bereaved relatives following their family member's death.</li> </ul>	<p>Q3 2023 - Q4 2024</p>
	<ul style="list-style-type: none"> <li>Undertake a review on how the provision of written bereavement support information is consistently provided to all bereaved family members.</li> </ul>	<ul style="list-style-type: none"> <li>Heighten awareness of all staff of the updated bereavement support information available on the End of Life Care section of our hospital's website and including the installation of an additional new information resource stand in the main hospital corridor. <a href="https://www.mater.ie/services/end-of-life-care/">https://www.mater.ie/services/end-of-life-care/</a></li> </ul>	<ul style="list-style-type: none"> <li>Heightened understanding of healthcare staff regarding the availability of such practical information leaflets on our hospital website and the ability to provide bereaved people resources in their language of choice.</li> </ul>	
		<ul style="list-style-type: none"> <li>Improve knowledge of bereavement care by sending a copy of the HSE booklet '<a href="#">Bereavement: When someone close dies</a>' within 2 working days of the person's death to all bereaved family members with death registration documents.</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare staff and bereaved family members will have access to up to date, accurate information and advice on our website or hard copies in the information resource stand.</li> <li>Consistency in the information that all bereaved relatives will receive by accessing the HSE booklet '<a href="#">Bereavement: When someone close dies</a>' in the post.</li> <li>Improvement in the information about what they might experience when grieving and where they can access reliable information and support if required.</li> </ul>	

VISITING				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information regarding our Visiting Policy during End of Life Care.	<ul style="list-style-type: none"> <li>Increase awareness of flexible visiting hours during End of Life Care.</li> </ul>	<ul style="list-style-type: none"> <li>The End of Life Care Committee plans to create more awareness for staff, patients and their families that flexible visiting is allowed for patients receiving End of Life Care.                             <ul style="list-style-type: none"> <li>Information sessions will be delivered at ward level by our Palliative Care Team to inform staff of the importance of allowing flexible visiting during End of Life Care.</li> <li>Posters will be developed for our Nursing Stations reminding staff of the importance of End of Life visiting.</li> <li>Our End of Life Care Committee will endeavour to have information regarding End of Life visiting included in general information leaflets which are given to patients on admission to Regional Hospital Mullingar (RHM).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The findings of the National End of Life Survey show that not all families knew that they could visit outside of RHM's Visiting Hours when their loved one was receiving End of Life Care.</li> <li>It is hoped that as a result of creating more awareness of the flexibility around End of Life visiting, families will feel more comfortable to be with their loved ones during this precious time.</li> </ul>	Mar-24
Car parking for families.	<ul style="list-style-type: none"> <li>Information regarding car parking facilities</li> </ul>	<ul style="list-style-type: none"> <li>'Final Journeys' workshops at RHM have highlighted that many staff members are unaware of the discounted parking tickets which are available for families of patients who are receiving End of Life Care. More awareness is needed at ward level of the availability of these discounted weekly car park tickets.</li> <li>Education will be carried out at ward level, during handovers and huddles to encourage staff to help families to avail of these car park tickets.</li> </ul>	<ul style="list-style-type: none"> <li>Families of patients who are receiving End of Life Care will benefit, both financially and emotionally, from discounted parking rates.</li> <li>This will show the importance RHM place on the care of the family in the delivery of holistic End of Life Care.</li> </ul>	Feb-24

COMMUNICATION				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information available to bereaved families after the death of their loved one.	<ul style="list-style-type: none"> <li>Development of an information leaflet to be given to families after the death of their loved one.</li> </ul>	<ul style="list-style-type: none"> <li>The End of Life Care Committee at RHM have decided to develop a new leaflet for bereaved families. This initiative will be led out by the CNS Bereavement with ongoing input from the End of Life Care Committee and relevant stakeholders.                             <ul style="list-style-type: none"> <li>This leaflet will provide practical information related to contacting a funeral director, registering the death, how to access financial assistance etc.</li> <li>The leaflet will also contain information on grief &amp; loss and include contact details for relevant support organisations.</li> <li>Leaflets will be made available in all clinical areas so staff can ensure all bereaved families receive this information following the death of their loved one.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A need for more information to be given to families after the death of their loved one was noted from the findings of the National End of Life Survey.</li> <li>By developing a leaflet for use in all clinical areas we hope to ensure that our bereaved families leave the hospital with the written information they need at this emotionally difficult time.</li> </ul>	Apr-24

### CONVERSATIONS WITH CHILDREN AND YOUNG ADULTS

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication	<ul style="list-style-type: none"> <li>Introduce a leaflet for patients that healthcare staff can give guidance on how to talk to children or young adults about their relative dying.</li> </ul>	<ul style="list-style-type: none"> <li>Contact the Irish Hospice Foundation for relevant leaflets to be distributed hospital wide.</li> <li>Purchase leaflet holder to display relevant information in the Serenity suite.</li> </ul>	<ul style="list-style-type: none"> <li>Patient will have written information for records.</li> </ul>	Q4 2023

### EDUCATION AND TRAINING

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Education	<ul style="list-style-type: none"> <li>Two members of staff to enroll in the 'Final Journeys' Facilitators Training, 2 day course.</li> </ul>	<ul style="list-style-type: none"> <li>Nominate two members of staff to attend.</li> <li>Complete 'Final Journeys' training facilitator course.</li> </ul>	<ul style="list-style-type: none"> <li>Facilitators will have the skills to train the trainer and educate staff in relation to End of Life Care.</li> </ul>	Q4 2023

### EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication	<ul style="list-style-type: none"> <li>Develop a family liaison role in OLHN.</li> </ul>	<ul style="list-style-type: none"> <li>Create a palliative care/family liaison role in OLHN.</li> <li>Discuss feasibility with DON &amp; Hospital Manager.</li> </ul>	<ul style="list-style-type: none"> <li>Families will get a nominated person to deal with. Staff can refer to this liaison officer to help answer any questions or queries that families may have during the patients End of Life Care.</li> </ul>	Q2 2024

## PHYSICAL ENVIRONMENT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Accommodation for End of Life patients.	<ul style="list-style-type: none"> <li>End of Life patients will be offered the choice of a single room.</li> <li>Ensure conversations about End of Life happen early and are documented to record the patients preference and allow for timely organisation.</li> </ul>	<ul style="list-style-type: none"> <li>Audit where all patients die and if the death occurred in a single room.</li> <li>Highlight the importance of patients dying in a single room to all relevant staff to facilitate accommodation at End of Life in a single room.</li> <li>Empower staff to set up Multi-Disciplinary Teams meetings with families to ensure clear communication at End of Life to prompt the earlier conversation between the consultant and the family to ensure they are aware their loved one may die in the next few days or hours.</li> </ul>	<ul style="list-style-type: none"> <li>Patients preference will be discussed and documented.</li> <li>Patients will be offered the option of a single room at End of Life, when available.</li> </ul>	Q3 2024

## COMMUNICATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication at End of Life.	<ul style="list-style-type: none"> <li>Information on practical and emotional supports available before and after the death of a loved one.</li> <li>Staff education to support early, clear compassionate End of Life conversations.</li> <li>Check list to be developed when a patient is at End of Life and when a patient has died. This list will include a tick box to indicate when a conversation with a patients family has occurred about expected death.</li> </ul>	<ul style="list-style-type: none"> <li>Development of a booklet or leaflet with practical information and emotional supports before and after the death of a loved one.</li> <li>Staff education and training to support early, clear and compassionate conversations at End of Life. The 'Final Journeys' workshop will be made mandatory for nurses and Healthcare Assistants (HCA) to attend. All other healthcare staff will be encouraged to attend.</li> <li>All staff will be encouraged to attend the National Healthcare Communications training on End of Life conversations.</li> <li>A check list will be developed, to be completed when a patient is at End of Life and after the death to support good written communication.</li> </ul>	<ul style="list-style-type: none"> <li>Families will receive information both verbally and in writing by healthcare staff of what to expect and emotional supports available before and after the death of a loved one.</li> <li>Evidence that effective communication both verbally and written between healthcare staff, patients and families at End of Life has occurred.</li> </ul>	Q4 2024

## COMMUNICATIONS

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication	<ul style="list-style-type: none"> <li>Developing a structured communication process for the Multi-Disciplinary Team (MDT) to discuss patients in the format of case discussions, treatment plan, including timelines and progress updates for patients who are transitioning to End of Life Care.</li> </ul>	<ul style="list-style-type: none"> <li>Incorporate a 'ceiling of care' discussion into existing ward based huddle. (<i>'Ceiling of care' refers to the maximum level of treatment which the patient is set to receive</i>).</li> <li>Revision of guidance regarding 'do not attempt resuscitation' (DNAR) decision making to a ceiling of care form. It is hoped that this document will support discussions with patients and their loved ones when transitioning to End of Life Care.</li> <li>Clinical Nursing Manager and treating Consultant to lead this initiative. This facilitated discussion may include members of the Multi-Disciplinary team caring for the patient, including allied health professionals. This QIP will be piloted on two medical wards.</li> </ul>	<ul style="list-style-type: none"> <li>Communication within the Healthcare team would improve.</li> <li>Ceiling of care and plan for the patients known to all staff. This may then empower staff communicating with families in a confident and consistent manner.</li> <li>Healthcare Professionals will feel comfortable raising concerns regarding patients that have deteriorated or who they believe are displaying symptoms of dying during MDT meetings.</li> </ul>	Q2 2024

## EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provision of emotional help and support by healthcare staff.	<ul style="list-style-type: none"> <li>Improve emotional and bereavement support to relatives and friends.</li> </ul>	<ul style="list-style-type: none"> <li>A Business Case for Pastoral Care post is in development.</li> <li>Expand the Volunteers Programme to include students on secondment from Post Leaving Certificate (PLC) courses as part of their Palliative Care module, including visiting wards with mobile libraries and offering advisory and supportive written information.</li> <li>Development of a Coroner's post-mortem information booklet which will be provided to bereaved families, contained within a bereavement folder also including a Citizens Information booklet and the HSE Bereavement booklet.</li> <li>Information on children's grief to be included in the bereavement pack, signposting families to the Irish Childhood Bereavement Network.</li> </ul>	<ul style="list-style-type: none"> <li>All Patients have the opportunity to discuss their worries and fears if needed.</li> <li>Written information readily available to staff to support patients and families</li> </ul>	Q2 2024

## COORDINATION OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Coordination of patient transfers and discharges to and from the community or nursing home sector at End of Life.	<ul style="list-style-type: none"> <li>This will be a joint initiative between the hospital patient partnership forum, ICPOP and CARU, General Practitioners revising all of our processes. Initial meetings have commenced.</li> </ul>	<ul style="list-style-type: none"> <li>Commencement of Stakeholder meetings.</li> <li>Improved communication between the hospital and other healthcare settings/services regarding the transition of care when a patient is actively dying and is transferred to another setting, regardless of which setting that is e.g., GPs, community, at home etc.</li> <li>Ensuring that when a patient is actively dying and transferred to another setting/service, that information has been shared &amp; communicated with relevant parties.</li> <li>Identifying a process for when a patient is actively dying and transferred from one setting to another during out of hour periods, i.e. caredoc.</li> <li>Promoting Advance Care Planning. All settings revising patients care plans regularly and updating as necessary, involving families.</li> </ul>	<ul style="list-style-type: none"> <li>Passing the Baton of care to and from the community and residential sectors in a seamless manner, supporting families to allow patients to experience a peaceful death at home supported by the people they love.</li> </ul>	Q4 2024



## COMMUNICATIONS

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication with patients and families, and with other service providers in the journey of care.	<ul style="list-style-type: none"> <li>Staff training in relation to communicating with patients and families at End of Life.</li> <li>Communication with other services (GP, PHN, Nursing homes) when a patient has died.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will attend the 'Final Journeys' workshop and education sessions to support good communication by all healthcare at End of Life.</li> <li>Education will be increased for doctors on End of Life Care and communication.</li> <li>The Medical team will inform GP's of their patients death by HSE email, and other services in a timely way.</li> <li>Documentation used when patients are being discharged at End of Life or likely to die in the near future will be reviewed.</li> <li>Review of hospital policies and documentation in relation to discharge of palliative care and End of Life Care patients.</li> <li>Review written practical information provided to families when a patient is dying and at time of death.</li> <li>Prioritise discharge summaries for palliative care and End of Life Care patients.</li> </ul>	<ul style="list-style-type: none"> <li>All hospital staff will be empowered to have improved End of Life conversations.</li> <li>The hospital will endeavour to ensure the prompt notification of the death to the relevant services.</li> <li>Families will have practical written information when a patient is dying and at time of death.</li> <li>Hospital policies and documentation will be improved.</li> </ul>	Q4 2024

## VISITING

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Visiting for patients at End of Life.	<ul style="list-style-type: none"> <li>Development of a visiting policy to include compassionate visiting for families/ carers at End of Life.</li> <li>Education to staff around End of Life visiting policy and procedures.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a visitors policy.</li> <li>Update the hospital website to include compassionate visiting.</li> <li>Develop a visitors information leaflet to include compassionate visiting details.</li> <li>Parking pass - To ensure family/ friends are assisted to leave the hospital car parks when a patient has died without incurring any charges or distress.</li> <li>Education to staff on new policy and procedures.</li> <li>Promote the visiting policy and leaflet throughout the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will recognise the importance of encouraging relatives, friends (caregivers) to visit patient during End of Life.</li> <li>Standardisation of compassionate visiting for patients approaching and at End of Life.</li> <li>Families will feel welcome to visit their relative and be involved in their care where appropriate prior to and at End of Life.</li> </ul>	Q4 2024

## COMMUNICATIONS

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication between healthcare professionals and patients and families.	<ul style="list-style-type: none"> <li>Improve communication between healthcare teams/staff, and patients and families at End of Life.</li> </ul>	<ul style="list-style-type: none"> <li>Establish a multi-level Multi-Disciplinary Teams (MDT) End of Life Committee to raise the awareness of the importance of early and clear End of Life conversations with patients and families and to ensure good End of Life Care in the hospital.</li> <li>Ensure all staff are aware of and have access to the HSE National Healthcare Communications Guides for End of Life conversations.</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness of the need to have early compassionate conversations about End of Life with patients and loved ones.</li> <li>Staff will be aware of their role in End of Life conversations and supported through education.</li> </ul>	Q3 2024

## CONVERSATIONS WITH CHILDREN AND YOUNG ADULTS

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information available for children/young adults regarding End of Life journey.	<ul style="list-style-type: none"> <li>Improve communication with children and young adults about their loved one's End of Life journey.</li> </ul>	<ul style="list-style-type: none"> <li>Increase awareness amongst hospital staff of the availability and capabilities of Medical Social Workers by providing education to the Multidisciplinary Team.</li> <li>Provide tailored educational sessions to all Clinical Nurse Managers (CNMs) on the needs of children and young adults.</li> <li>Develop an education booklet tailored to the needs of children and young adults.</li> <li>Develop a poster emphasising the significance of children attending the hospital and raising awareness among staff regarding the importance of children's presence in the hospital setting.</li> </ul>	<ul style="list-style-type: none"> <li>Awareness of the unique needs of children and young adults when a loved one is at End of Life.</li> <li>Communication with children and young adults about their loved one's End of Life journey will improve.</li> </ul>	Q3 2024

## PRACTICAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information for families about End of Life.	<ul style="list-style-type: none"> <li>Review of all available End of Life Information to ensure it meets the needs of families and loved ones.</li> </ul>	<ul style="list-style-type: none"> <li>Update information or develop additional information for families regarding their loved one's End of Life journey taking into consideration the feedback from the End of Life Survey.</li> <li>Education sessions will be delivered to ensure staff are aware of End of Life resources and are empowered to have conversations with families at End of Life.</li> <li>Ensure all bereaved families receive the condolence pack which contains valuable information about community services.</li> </ul>	<ul style="list-style-type: none"> <li>Families will have greater knowledge regarding the End of Life journey and what to expect.</li> </ul>	Q3 2024

## EMOTIONAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Emotional Support for patients and families at End of Life.	<ul style="list-style-type: none"> <li>Ensure all Staff are aware of emotional support services and written information available in the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>The Chaplaincy Team will raise awareness of their role through the provision of staff education sessions such as at Corporate Induction and to the undergraduate nursing students to ensure patients and families can be supported prior to and at End of Life.</li> <li>Review of available information on wards and departments to support families and loved ones when a patient has died.</li> <li>Provide education to ward staff to ensure awareness of all bereavement supports available locally and at national level.</li> </ul>	<ul style="list-style-type: none"> <li>Patients and families will have their emotional needs supported at End of Life.</li> <li>Families will be signposted to supports accessible outside the hospital.</li> </ul>	Q3 2024

## COMMUNICATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Earlier communication between healthcare professionals and patient when a patient is deteriorating/actively dying would be helpful and would allow for timely and appropriate support for patients and family members.	<ul style="list-style-type: none"> <li>Recognition of when a patient is deteriorating/actively dying, prompting open and earlier communication between healthcare professionals and documentation of this.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a checklist for doctors, that will be filed in the medical notes, with prompts for conversations with patients and their families to enable discussions about End of Life and appropriate treatment schedule.</li> </ul>	<ul style="list-style-type: none"> <li>Earlier communication re: deterioration/actively dying patients will result in conversations with both patient/family members happening earlier.</li> </ul>	Q2 2024

## EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Supporting patients with worries and concerns.	<ul style="list-style-type: none"> <li>Identify patients that need emotional support and assistance with difficult conversations.</li> </ul>	<ul style="list-style-type: none"> <li>'Final Journeys' education for all staff to be promoted.</li> <li>Managers asked to actively support and facilitate attendance at 'Final Journeys'.</li> <li>Morning Ward meetings to identify patients that may need support of Social worker/Chaplain.</li> <li>Ward Huddle to include 'identifying if a patient is distressed'.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will become more aware of the emotional needs that patients have.</li> <li>Staff will have confidence to signpost and identify where assistance can be given.</li> </ul>	Q2 2024

## COORDINATION OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Coordination and communication between different services.	<ul style="list-style-type: none"> <li>Ensuring that when a patient is discharged to another setting that information has been shared and communicated with relevant services in a timely manner.</li> </ul>	<ul style="list-style-type: none"> <li>Identify service providers/settings to be informed. Identify person responsible for communication of this information.</li> <li>Put in place Electronic Discharge Summaries which will, ideally, be filled out by a doctor on the day of discharge. This will be sent electronically by the ward clerk as soon as it is complete.</li> <li>Ward clerk will also print a list of discharges, daily, from the previous day and ensure that a discharge summary has been sent.</li> </ul>	<ul style="list-style-type: none"> <li>GP's and identified healthcare settings/ services will receive notifications on their patient's stay in hospital within 48-hours or sooner of discharge to include diagnosis, follow up, medication changes, etc.</li> <li>Patients are supported to die in their place of choice with well coordinated care throughout transition from one service to another.</li> </ul>	Q3 2024

## CONVERSATIONS WITH CHILDREN AND YOUNG ADULTS

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Help and support offered to children and young adults.	<ul style="list-style-type: none"> <li>Providing staff and relatives with extra resources and information to support children and young adults in dealing with their grief response to a dying friend or relative.</li> </ul>	<ul style="list-style-type: none"> <li>Provision of information leaflets and booklets on bereavement for children and young adults.</li> <li>Display units to be sourced and installed.</li> <li>Education sessions on ward level targeting nursing staff, followed by education sessions to wider front line staff including medical and household staff.</li> </ul>	<ul style="list-style-type: none"> <li>Families and friends will be better supported through available information.</li> <li>Staff will be better equipped to deal with queries from family members.</li> <li>Staff will feel better supported in their efforts to assist families with young children and young adults.</li> </ul>	Q2 2024

## SPIRITUAL CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication with Chaplaincy service.	<ul style="list-style-type: none"> <li>Identifying patients who might like to engage with hospital Chaplain.</li> </ul>	<ul style="list-style-type: none"> <li>Discuss at morning meeting if anyone has indicated they would like to see Chaplain.</li> <li>Ask patients if they would like to speak to Chaplain or a leading member of their faith community.</li> <li>Chaplain to develop leaflet outlining the services provided by the Chaplaincy department. This information leaflet will be available to patients and their families.</li> </ul>	<ul style="list-style-type: none"> <li>Patient's will be given the opportunity to speak with the hospital Chaplain or a member of their own congregation.</li> <li>Patients and their families will be aware of what support the Chaplaincy service offers.</li> </ul>	Q2 2024

# Dublin Midlands Hospital Group



29. Midland Regional Hospital Portlaoise  
30. Midland Regional Hospital Tullamore  
31. Naas General Hospital

32. St. James's Hospital, Dublin  
33. Tallaght University Hospital

On behalf of the Dublin Midlands Hospital Group, I welcome the publication of the findings of the National End of Life Survey 2023 and wish to express my sincere gratitude to each of the bereaved relatives who took the time to tell us about their experiences about the care provided to a family member or friend in our hospitals in the last months and days of their life. The Dublin Midlands Hospital Group is committed to all patient experience surveys, such as the National Inpatient Experience Survey and the National End of Life Survey, to listen and learn from feedback and ultimately improve and develop our services based on the patient experience principles emerging from such surveys.

Hearing the experiences of patients and their families is fundamental to how we want to deliver and improve our services. As healthcare providers, this gives us a great opportunity to learn from people's own experiences of End of Life Care provided in our hospitals, and make real changes and quality improvements to enhance the experiences of those who are dying and to their loved ones at the most difficult time.

Communication with the dying patient and their loved one was identified as priority for improvement for each of the hospitals in the Dublin Midlands Hospital Group, including delivering bad news in a sensitive and caring way, being understood, assisting staff in End of Life communications, building confidence and trust, supporting emotional needs, and generally improving communications between medical professionals and patients and loved ones.

Supporting conversations with children and young adults was also identified by the majority of hospitals in the Group as a key area to build on. Improvements have been identified in provision of help and support by healthcare staff to families to prepare children or young adults for the death of a loved one, supporting children to visit loved ones at End of Life and ensuring all staff are aware that this can be a key part of the child grief and bereavement experience.

Providing help and support to families with emotional needs, worries or concerns at the End of Life journey of a patient is also a key theme within the Group to improve the emotional and practical supports and information and generally improve the End of Life experience for patients and their loved ones.

At the Dublin Midlands Hospital Group, we are committed to making sure that patients who die in our hospitals experience comfort and dignity. We aim to provide the highest standard of End of Life, palliative and bereavement care for all of our patients and their families. These findings provide a comprehensive picture of bereaved relatives' experiences, offers insights into what matters for patients and their families and importantly, informs the development of plans for patient engagement and quality improvements. These patient experiences enhance the Group's understanding of End of Life wishes and needs. It augments the work that hospitals in the Group undertake in the 'Hospice Friendly Hospital' initiatives and the 'Final Journeys' work done locally. The increase in the End of Life Coordinators in the Group's hospitals will assist the dissemination and learning from the survey to all of our hospitals and to all levels of staff. We welcome all of the Quality Improvement Projects identified by each of our hospitals and look forward to seeing the progress across the Group.

Ní neart go cur le chéile.

**Trevor O'Callaghan**

*Chief Executive Officer, Dublin Midlands Hospital Group*



**COMMUNICATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Delivering bad news in a sensitive and caring way and answering questions in a way that can be understood.	<ul style="list-style-type: none"> <li>• Ensure bad news is broken to patients, relatives/friends in a sensitive and caring way.</li> <li>• Questions are answered in a way that can be understood.</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction of new End of Life Module 10 as part of the HSE National Healthcare Communications Programme.</li> <li>• Increase awareness of new 'Multidisciplinary Guideline to Breaking Bad News to Adults in MRHP', available on QPulse (Healthcare Quality Management System).</li> <li>• Continue to deliver 'Final Journeys' workshops to all clinical and non-clinical staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication of bad news to patients, relatives/friends and answering questions in a way that is understood.</li> </ul>	Q4 2024

**EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provision of help and support to families with emotional needs, worries or concerns at the End of Life.	<ul style="list-style-type: none"> <li>• Improve emotional support and bereavement support to families at the End of Life.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide End of Life Care Induction Training for all new staff and students to include emotional and bereavement support at the End of Life.</li> <li>• Advocate for Bereavement Support Social Worker/Bereavement Coordinator.</li> <li>• Continue to provide Remembrance Services in MRHP.</li> <li>• Develop an End of Life Nursing Care Plan to include documentation that emotional needs, concerns and worries are addressed and the offer of IHF&amp;HSE booklet 'When someone you care about is dying in hospital- what to expect' to friends/families as appropriate.</li> <li>• Review Care of the Deceased Policy and introduce Care of the Dying Policy to include addressing emotional needs, worries or concerns at the End of Life and bereavement support for families.</li> </ul>	<ul style="list-style-type: none"> <li>• Support for families with worries and concerns at the End of Life.</li> <li>• Staff will be supported with education to adequately support families with their emotional and bereavement needs at the End of Life.</li> </ul>	Q3 2024
Provision of practical information on what to do after a relative or friend dies, including information on registering a death.	<ul style="list-style-type: none"> <li>• Improve relatives/friends awareness of practical information after a death to include how to register a death.</li> </ul>	<ul style="list-style-type: none"> <li>• Launch MRHP Bereavement Information Pack to include HSE 'Bereavement - When Someone Close Dies' Booklet and MRHP Bereavement Information Leaflet to raise awareness.</li> <li>• Provide education on the use of the Bereavement Information Packs and End of Life Care Resources to all staff on induction and at End of Life education sessions.</li> <li>• Develop an End of Life Nursing Care Plan to include documentation that a bereavement pack has been given to relatives/friends.</li> </ul>	<ul style="list-style-type: none"> <li>• Signposting for relatives/friends to local and national bereavement supports.</li> <li>• Relative/friend will be provided with practical information to include registering a death.</li> <li>• Improved staff awareness of bereavement supports and practical advice to relatives/friends after a death.</li> </ul>	Q2 2024

The End of Life Care Coordinator in Midland Regional Hospital Portlaoise is a shared resource with Midland Regional Hospital Tullamore.

## CONVERSATIONS WITH CHILDREN AND YOUNG ADULTS

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provision of help and support by healthcare staff to families to prepare children or young adults for the death of a loved one.	<ul style="list-style-type: none"> <li>Improve help and support by healthcare staff to families to talk to children or young adults at the End of Life.</li> <li>Provide education to healthcare professionals to raise awareness of supporting children and young adults who are bereaved.</li> </ul>	<ul style="list-style-type: none"> <li>Educate Clinical Nurse Managers (CNMs) at CNM meeting on supporting children (no age restrictions) to visit loved ones at End of Life and ensuring all staff are aware that this can be a key part of the child/young adult grief and bereavement experience.</li> <li>Develop education for healthcare staff on preparing children and young adults for death and bereavement.</li> <li>Advocate for a Medical Social Worker for Bereavement Support/ Bereavement Coordinator to include advice to families on communicating with children and young adults about End of Life and bereavement care.</li> <li>Introduce resources on communication with children and young adults at the End of Life and resources on childhood and adolescent bereavement.</li> </ul>	<ul style="list-style-type: none"> <li>Staff are supported to educate families on preparing children and young adults for death, End of Life Care and bereavement support.</li> <li>Staff provide practical resources and supports to the family to communicate with children and young adults about End of Life and bereavement care.</li> </ul>	Q3 2024



## COMMUNICATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Delivering bad news in a sensitive and caring way and answering questions in a way that can be understood.	<ul style="list-style-type: none"> <li>• Ensure bad news is broken to patients, relatives/friends in a sensitive and caring way.</li> <li>• Questions are answered in a way that can be understood.</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction of new End of Life Module 10 as part of the HSE National Healthcare Communications Programme.</li> <li>• Increase awareness of new 'Multidisciplinary Guideline to Breaking Bad News to Adults in MRHT', available on QPulse (Healthcare Quality Management System).</li> <li>• Provision of family rooms and renovation of existing family rooms in line with the Irish Hospice Foundation (IHF) Design and Dignity Guidelines. Encourage staff to deliver bad news in family rooms.</li> <li>• Continue to deliver 'Final Journeys' workshops to all clinical and non-clinical staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication of bad news to patients, relatives/friends and answering questions in a way that is understood.</li> </ul>	Q4 2024

## VISITING

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Ensuring visitors feel welcome to visit at any time at the End of Life.	<ul style="list-style-type: none"> <li>• Increase public awareness of compassionate visiting at the End of Life to include the new Visiting Policy.</li> <li>• Ensure all visitors who have been granted compassionate visiting feel welcome to visit at any time, including children and young adults.</li> <li>• Compassionate visiting will not be affected by a patient's infection status provided visitors follow the infection prevention and control guidance from healthcare staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an End of Life Nursing Care Plan to include provision of compassionate visiting and car park passes for friends/relatives.</li> <li>• Improve visibility of Visiting Policy posters and leaflets in public areas of the hospital.</li> <li>• Update information on the MRHT website in relation to compassionate visiting to include visiting for children with no age restrictions.</li> <li>• Add compassionate visiting access for children on to the Visiting Policy on QPulse.</li> </ul>	<ul style="list-style-type: none"> <li>• Standardisation of compassionate visiting as patients approach End of Life.</li> </ul>	Q2 2024

The End of Life Care Coordinator in Midland Regional Hospital Tullamore is a shared resource with Midland Regional Hospital Portlaoise.

## EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provision of help and support to families with emotional needs, worries or concerns at the End of Life.	<ul style="list-style-type: none"> <li>Develop, launch and educate staff about a local bereavement information leaflet, supporting the patients and their families in both practical and emotional concerns at the End of Life.</li> </ul>	<ul style="list-style-type: none"> <li>Offer 'End of Life Care' Induction Training for new staff and students to include family support with emotional needs, worries and concerns at the End of Life.</li> <li>Continue to provide Remembrance Services in MRHT.</li> <li>Develop an End of Life Nursing Care Plan to include documentation that emotional needs, concerns and worries are addressed, offer of IHF&amp;HSE booklet 'When someone you care about is dying in hospital- what to expect' to friends/families as appropriate.</li> <li>Review Care of the Deceased and Care of the Dying Policies to include emotional and bereavement support.</li> <li>Advocate for Bereavement Support Social Worker/Coordinator.</li> </ul>	<ul style="list-style-type: none"> <li>Support for families with worries and concerns at the End of Life.</li> <li>Staff will be supported with education and training to adequately support families with their emotional and bereavement needs at the End of Life.</li> </ul>	Q3 2024
Provision of practical information on what to do after a relative or friend dies, including information on registering a death.	<ul style="list-style-type: none"> <li>Improve relative/friend awareness of practical information after a death to include how to register a death.</li> </ul>	<ul style="list-style-type: none"> <li>Develop an MRHT Bereavement Information Leaflet to include signposting to local bereavement support, the HSE Bereavement website, Citizen's Information website and Irish Hospice Foundation Bereavement Support Line.</li> <li>Introduction of MRHT Bereavement Information Pack to include HSE 'Bereavement When Someone Close Dies' Booklet and MRHT Bereavement Information Leaflet.</li> <li>Launch Bereavement Information Pack and provide an information stand to raise awareness, and include the launch in the MRHT Newsletter.</li> <li>Provide education on the use of the Bereavement Information Packs and End of Life Care Resources to nursing staff and HCAs during 'Huddles' and CNM Meetings.</li> <li>Develop an End of Life Nursing Care Plan to include documentation that a bereavement pack has been given to relatives/friends.</li> </ul>	<ul style="list-style-type: none"> <li>Relative/friend signposting to local and national bereavement support. Relative/friend will be provided with practical information to include registering a death.</li> <li>Improved staff awareness of bereavement supports and practical advice to relatives/friends after a death.</li> </ul>	Q2 2024

## CONVERSATIONS WITH CHILDREN AND YOUNG ADULTS

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provision of help and support by healthcare staff to talk to children or young adults with preparing children for the death of a loved one.	<ul style="list-style-type: none"> <li>Improve help &amp; support by healthcare staff to talk to children or young adults at the End of Life.</li> <li>Provide education to healthcare professionals to raise awareness of supporting children who are bereaved.</li> </ul>	<ul style="list-style-type: none"> <li>Educate Clinical Nurse Managers (CNMs) at CNM meeting on supporting children (no age restrictions) to visit loved ones at End of Life and ensuring all staff are aware that this can be a key part of the child grief and bereavement experience.</li> <li>Develop education for healthcare staff on preparing children and young adults for death and bereavement.</li> <li>Advocate for a Medical Social Worker for Bereavement Support/ Bereavement Coordinator to include advice to families on communicating with children or young adults about End of Life Care and bereavement.</li> <li>Introduce resources on communication with children and young adults at the End of Life and resources to signpost to appropriate bereavement supports.</li> </ul>	<ul style="list-style-type: none"> <li>Staff are supported to educate families on preparing children and young adults for End of Life Care, death and bereavement.</li> <li>Staff provide practical resources &amp; supports to the family to communicate with children and young adults about End of Life and bereavement care.</li> </ul>	Q3 2024

**CONVERSATIONS WITH CHILDREN AND YOUNG ADULTS**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Supporting children to visit loved ones at End of Life and ensuring all staff are aware that this can be a key part of the child grief and bereavement experience.</p> <p>There should be no age restrictions.</p> <p>Supporting and preparing children for the death of a love one.</p>	<ul style="list-style-type: none"> <li>Identifying and supporting children when a loved one is at End of Life and when bereaved.</li> </ul>	<ul style="list-style-type: none"> <li>Development and implementation of a visiting policy for children to visit loved ones at End of Life. Inclusion of children within the visiting policy. Raising awareness of the importance of children visiting loved ones at End of Life and highlighting changes to the policy through Training &amp; Education.</li> <li>Development of an appropriate poster to inform staff and family members of the visiting policy for children, whereby time will not be restricted.</li> <li>Updating the website with most up-to-date information on the visiting policy and supports for children.</li> <li>Development of an evidence-based Guide for staff on how to support children with anticipatory grief. This guide will be located in the Palliative Care Resource Folder on every ward.</li> <li>Provide training &amp; education to all healthcare professionals to raise awareness of supporting children with both anticipatory grief and bereavement.</li> <li>Information &amp; training to staff on how to support families to talk to children and help prepare them for the death of a loved one.</li> <li>Development of 'Think Adult – Think Child' practical resources to support children, before, during and after the death of a loved one. Education for the implementation of the Palliative Care Needs Assessment Framework to focus on Level 1 &amp; 2 support, whilst staff being able to recognise instances when a child/family need additional supports.</li> <li>Social Work Referral form will be amended to include a referral Reason 'Supporting Children when a Loved one has a life-limiting illness'.</li> <li>A referral is made for each case that requires further support to the Social Work Team regardless of available resources.</li> <li>Business case for Palliative Care Social Work post.</li> <li>Integration on initial assessment or reassessment 'Think Adult-Think Child' prompt sticker.</li> <li>Purchase of books exploring loss and bereavement with children for the hospital library.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will recognise the importance of supporting children to visit patient during End of Life. Full access for families, inclusive of children. Standardisation of compassionate visiting for children as patients approach End of Life.</li> <li>Enhance care for patients approaching End of Life by making meaningful, evidence based contribution to the policy environment in Naas General Hospital.</li> <li>Staff are able to establish and identify key children in the patient's life. Conversations and resources are provided at appropriate times by staff to families before, during and after the death of a loved one.</li> <li>Staff are confident and competent in carrying out their roles in supporting families with children. Staff signpost children/ family to additional supports as required.</li> <li>Staff have access to bereavement resources and books in the library to assist them to become more grief informed.</li> </ul>	<p>Q4 2024</p>

COMMUNICATION				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Encourage an agreed framework of language about a patient dying.	<ul style="list-style-type: none"> <li>Creation of an evidence-based training video to assist staff in End of Life communications.</li> <li>Key areas in the video will address how to identify patients at the End of Life; having the conversation; how to help your patients plan; supporting the family/children; role of the mortuary.</li> </ul>	<ul style="list-style-type: none"> <li>The video will encourage an agreed framework of language to be used to explain that someone is actively dying e.g., 'imminently dying' as opposed to 'Palliative Care Measures'.</li> <li>The video will be incorporated in all induction days for new staff and all End of Life Care education. Hospital agrees on a clear set of language.</li> </ul>	<ul style="list-style-type: none"> <li>Patients with advanced life-limiting disease and their families will receive consistent, sensitive and timely communication from all staff involved in their care.</li> <li>Enhanced staff confidence and ability to have difficult conversations regarding End of Life matters. Staff involved in care will have the words and confidence to communicate when they recognise that a patient is deteriorating/dying.</li> <li>Patients and family will have the opportunity to discuss their worries and fears if needed.</li> </ul>	Q4 2024

PRACTICAL SUPPORTS AND INFORMATION				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Practical Information following death of a patient.	<ul style="list-style-type: none"> <li>Provision and distribution of hospital designed NGH bereavement booklet and HSE bereavement booklet will be sent by the Quality, Risk and Patient Safety (QRPS) department and Mortuary Senior Technician to bereaved families.</li> </ul>	<ul style="list-style-type: none"> <li>Following the death of a patient, the practical documentation HSE Bereavement booklet will be sent with the death notification and sympathy card by registered post to the family post bereavement, or provided to the family, in person, if the death notification is collected from the hospital. The mortuary staff will provide the bereavement booklet to families of deceased patients from the community.</li> <li>Develop a custom designed sensitive bereavement pack for dissemination on the wards to families in a compassionate manner.</li> <li>Update the Naas General Hospital website to include a section for supports and resources for patients and families.</li> </ul>	<ul style="list-style-type: none"> <li>Staff involved in the care of patients at End of Life are aware of and can access the necessary practical resources to support the family.</li> <li>Families are offered written practical information regarding on what to do after the death of a loved one, including how to register the death.</li> </ul>	Q4 2024

## CARE IN THE LAST THREE MONTHS OF LIFE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Help and support patients with their emotional needs.	<ul style="list-style-type: none"> <li>Retrospective chart review to evaluate the Multi-Disciplinary Team (MDT) consultations and support provided on the End of Life journey.</li> </ul>	<ul style="list-style-type: none"> <li>Draft study proposal.</li> <li>Apply for ethics approval.</li> <li>Review Electronic Patient Records.</li> <li>Draft report.</li> </ul>	<ul style="list-style-type: none"> <li>The EOLC Steering Committee will have greater knowledge of the areas for improvement.</li> <li>The findings will report areas of improvement and inform the hospital's next steps.</li> </ul>	<p>Commencing Q1 2024.</p> <p>Findings available Q4 2024.</p>

## COMMUNICATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Supporting emotional needs, timely help from staff, questions answered, confidence & trust, family worries, talking to children & young adult's religious & spiritual needs.	<ul style="list-style-type: none"> <li>Increasing staff awareness and knowledge of the End of Life Care needs of patients and their relatives.</li> </ul>	<ul style="list-style-type: none"> <li>Raise awareness of the findings of NELS at Grand Rounds, Medical Intern &amp; Senior House Officer (SHO) training, Nursing Council &amp; Nursing Executive and through EOLC Champions &amp; facilitators, patient flow and discharge team.</li> <li>Ensure staff are aware of information materials and resources, such as Medical Social Work, Palliative Care Team.</li> <li>Provide information stands and presentations during EOL and palliative care weeks.</li> <li>Ensure learning from NELS is included in 'Final Journeys' training.</li> <li>Encourage and support staff to attend 'Final Journeys' training.</li> <li>EOLC Steering Committee to establish 'Final Journeys' training KPI.</li> </ul>	<ul style="list-style-type: none"> <li>The care provided in the final months and days of life will improve.</li> <li>Patients and their relatives will be more informed and supported.</li> </ul>	<p>Commencing Q1 2024.</p>

## VISITING

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Feeling welcome to visit at any time.	<ul style="list-style-type: none"> <li>Improving visitors experience.</li> </ul>	<ul style="list-style-type: none"> <li>Refurbish the visiting facilities/pods.</li> <li>Ensure all relatives and friends are aware that visiting is permitted and the process for booking visits.</li> <li>Review of each ward's visiting policy as distinct differences exist across the hospital. Need to incorporate into the policy greater discretion for patients who have life-limiting illnesses as well as imminently EOL.</li> <li>Future SJH clinical infrastructure designs to include single rooms and break out spaces for relatives.</li> </ul>	<ul style="list-style-type: none"> <li>Family and friends will be aware of visiting arrangements in place in the hospital and feel welcome to visit.</li> <li>Facilities in which visiting takes place are comfortable and pleasant.</li> </ul>	<p>Q3 2024</p>

## CONVERSATIONS WITH CHILDREN AND YOUNG ADULTS

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Help and support to talk to children or young adults about their relatives' progression of illness and dying.	<ul style="list-style-type: none"> <li>Pilot Intensive Care Unit (ICU) resource pack for children.</li> </ul>	<ul style="list-style-type: none"> <li>Funding awarded.</li> <li>Compile packs.</li> <li>Ensure appropriate staff training regarding distribution of packs to children and relatives.</li> <li>Distribute to relatives.</li> <li>Evaluate effectiveness with view to implementing hospital wide.</li> </ul>	<ul style="list-style-type: none"> <li>Relatives will feel supported by health care staff to talk to children and young adults about illness.</li> <li>With training, staff will feel more confident in distributing information.</li> </ul>	<p>Q1 2024 commence using packs.</p> <p>Q3 2024 evaluation.</p>

## COORDINATION OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication & coordination between the hospital and external services.	<ul style="list-style-type: none"> <li>Improve discharge information provided to GPs and PHNs.</li> </ul>	<ul style="list-style-type: none"> <li>Include the topic of timely and quality discharge information in intern and SHO training and nursing in-service training.</li> <li>EOLC Steering Committee to liaise with hospital's Medical Director to identify training opportunities and support.</li> <li>Medical Social Worker to support pan hospital wide MDT Discharge Awareness program.</li> <li>Align to Organisation of European Cancer Institutes (OECI) standards.</li> </ul>	<ul style="list-style-type: none"> <li>MDT colleagues, including Nursing and medical staff, will be aware of the importance of timely and quality discharge information. Delays will be avoided.</li> </ul>	Q3 2024

## EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve the End of Life experience for loved ones.	<ul style="list-style-type: none"> <li>Promote distribution of HSE Information Booklet 'When someone you care about is dying in hospital – What to expect'.</li> </ul>	<ul style="list-style-type: none"> <li>Make the booklet available in each department and offer to all relatives of patients who are actively dying.</li> <li>Increase awareness among all staff of the importance of giving the booklet to relatives through electronic means e.g. E-mail/Memo.</li> <li>EOLC Coordinator to attend the Nursing Executive and CNM Meeting with the Director of Nursing to increase awareness of the booklet and to request that the CNM/Nurse in charge will promote use at ward huddles and staff meetings.</li> <li>Promote the booklet through all EOL Care education opportunities e.g. Induction/'Final Journeys' Workshop/ Team Meetings.</li> <li>Consult the Patient Community Advisory Council (PCAC) and EOLC Committee to ensure that the HSE Booklet meet the needs of the families of TUH patients.</li> </ul>	<ul style="list-style-type: none"> <li>Improve both patient and family experience at End of Life.</li> </ul>	Q2 2024

## COMMUNICATION

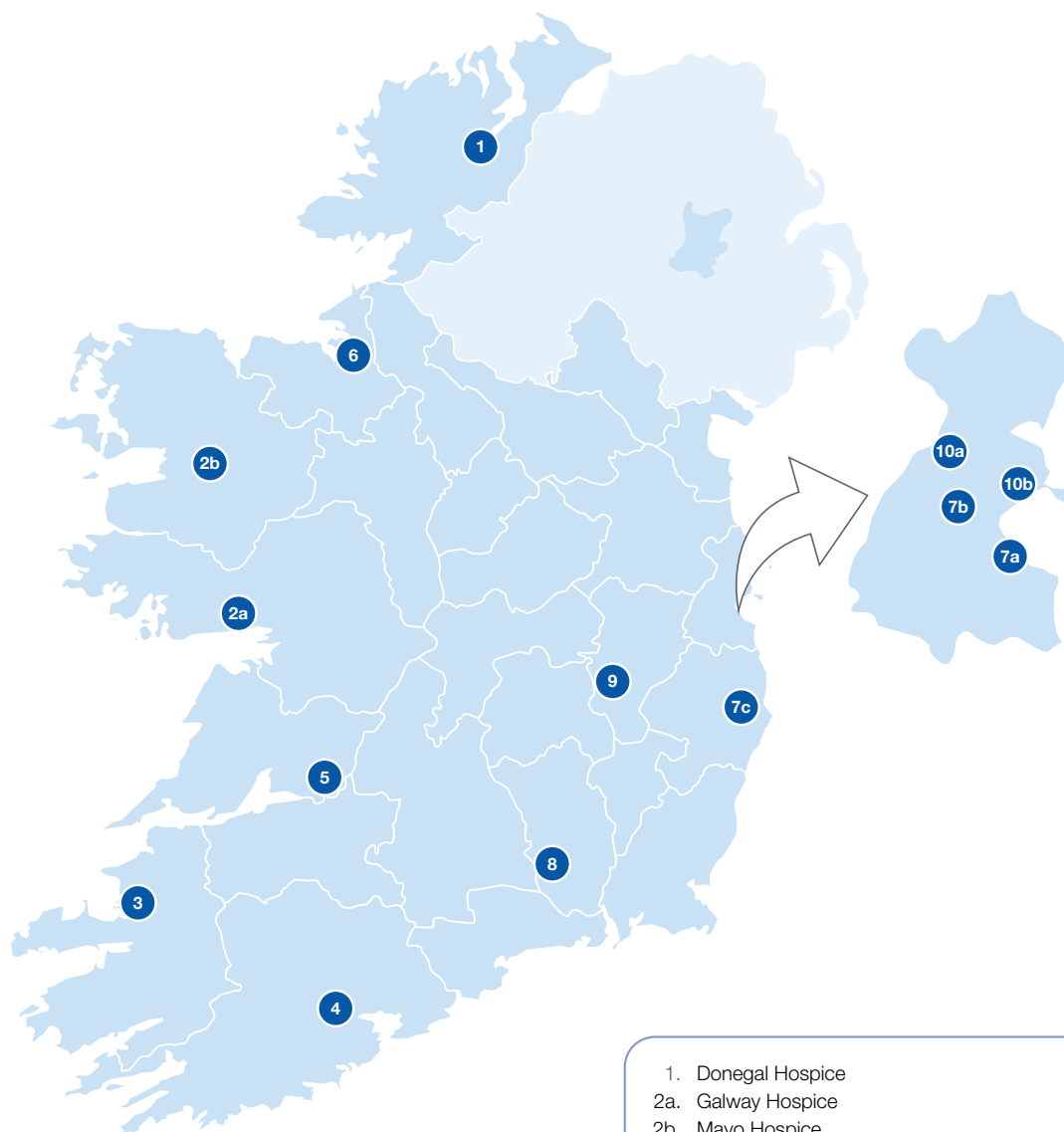
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve communication between medical professionals and patients/loved ones.	<ul style="list-style-type: none"> <li>Inclusion of communication skills training at EOL in NCHD Induction.</li> <li>EOLC Coordinator to present at each NCHD &amp; Nursing Induction.</li> </ul>	<ul style="list-style-type: none"> <li>EOLC Coordinator to present at each NCHD Induction Programme.</li> <li>Ensure EOL Education is included in all Medical &amp; Nursing Induction Programmes.</li> <li>Promote attendance by all Clinical Staff at National Healthcare Communication training around EOLC Conversations.</li> </ul>	<ul style="list-style-type: none"> <li>To improve communication with patient and their loved ones.</li> </ul>	Q3 2024

## BEREAVEMENT SUPPORT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve bereavement support for loved ones after a death	<ul style="list-style-type: none"> <li>Ensure loved ones are given the bereavement packs available in all inpatient wards/ departments</li> </ul>	<ul style="list-style-type: none"> <li>Ward staff give a bereavement pack to bereaved loved ones and to signpost bereaved loved ones to bereavement resources, including services for children and adolescents, via the Irish Hospice Foundation Bereavement Support Line 1800 807077 (Mon – Fri 10-1pm) – contact card is included in the bereavement pack.</li> <li>End of Life Care Coordinator to audit use of bereavement packs.</li> </ul>	<ul style="list-style-type: none"> <li>Improved bereavement support to loved ones following a death.</li> </ul>	Q3 2024



# Hospices



- 1. Donegal Hospice
- 2a. Galway Hospice
- 2b. Mayo Hospice
- 3. Kerry Hospice
- 4. Marymount University Hospital & Hospice
- 5. Milford Care Centre
- 6. North West Hospice
- 7a. Our Lady's Hospice & Care Services - Blackrock
- 7b. Our Lady's Hospice & Care Services - Harold's Cross
- 7c. Our Lady's Hospice & Care Services - Wicklow
- 8. South East Palliative Care Centre
- 9. St. Brigid's Hospice Kildare
- 10a. St. Francis Hospice - Blanchardstown
- 10b. St. Francis Hospice - Raheny

**INFORMATION & CONVERSATION ON DEATH & DYING**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information & conversation on Death & Dying.	<ul style="list-style-type: none"> <li>Focus on death &amp; dying conversation at weekly Inpatient Multi Disciplinary Team meeting, and at daily morning handover.</li> </ul>	<ul style="list-style-type: none"> <li>Checklist to be developed in conjunction with ward managers to allow us to ask the question at morning handovers and Multi Disciplinary Team meetings if this conversation has been had with patient/Family/Children.</li> <li>Leaflets to be sourced or developed to aid us with this by means as a conversation starter for families.</li> </ul>	<ul style="list-style-type: none"> <li>Patient and/or family will be verbally informed around death &amp; dying, from staff and what to expect, when this happens with an idea of time frames for this.</li> </ul>	Q1 2024

**PSYCHOLOGICAL SUPPORTS FOR FAMILIES AT HOME**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Psychological supports for families at home.	<ul style="list-style-type: none"> <li>Education specific to community Clinical Nurse Specialist to support them to recognise patients/families with psychological needs. This will then enable them to suggest other services that could benefit like bereavement support groups, counselling services or primary care social workers.</li> </ul>	<ul style="list-style-type: none"> <li>We will continue to campaign for the urgent appointment of a social worker.</li> <li>Discussion at fortnightly Multi-Disciplinary Team meetings to ensure cases are discussed and that signposting has happened.</li> </ul>	<ul style="list-style-type: none"> <li>Psychological distress will decrease, Clinical Nurse Specialist will be aware of the signs of same early on.</li> </ul>	Q1 2024

**SUPPORT FOR CHILDREN**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Support for Children.	<ul style="list-style-type: none"> <li>The development of a Child Champion for the hospice from our existing staff team will allow us to support children who access our service.</li> <li>We will also look at assistance where suitable from play therapists. This will assist us to have these conversations about death &amp; dying with children.</li> </ul>	<ul style="list-style-type: none"> <li>Member of staff will be appointed to focus on Childs supports in Hospice.</li> <li>Guidance from play therapist/Social worker to be sought to support us in developing play area &amp; purchase of appropriate books.</li> </ul>	<ul style="list-style-type: none"> <li>Children who visit will have a designated area to go to play and read.</li> <li>Resources to be available to child and family to continue that support after they leave here.</li> </ul>	Q3 2024

**RELIGIOUS AND SPIRITUAL NEEDS**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Religious and spiritual needs	<ul style="list-style-type: none"> <li>To gain a clear understanding if patients Religious or Spiritual needs have been met whilst in the care of the hospice.</li> </ul>	<ul style="list-style-type: none"> <li>Revision of the annual hospice patient experience survey.</li> <li>Inclusion of a new question to reflect the assessment of patients spiritual and religious needs.</li> <li>Distribution of patient experience survey – (This was sent out the first week of December 2023).</li> <li>Survey translated to Gaeilge to support inclusion of Language accessibility for patients and significant others.</li> <li>Findings from the survey will be analysed and further QIP will be devised based on results.</li> </ul>	<ul style="list-style-type: none"> <li>A greater organisational understanding of how the hospice meets patients religious/spiritual needs across the service.</li> <li>Patients and significant others will have the opportunity to express their experiences of the spiritual/religious care they received.</li> <li>Create awareness amongst staff on this specific aspect of care.</li> <li>Based on the survey findings, the MDT will be able to meet to discuss and develop a specific QIP on how to improve our meeting the religious and spiritual needs of patients- Promoting team work.</li> </ul>	Oct-23 Mar-24

**PATIENT AND FAMILY INVOLVEMENT IN THEIR OVERALL CARE IN THE HOSPICE**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patient and family involvement in their overall care in the hospice.	<ul style="list-style-type: none"> <li>To assess patient and family experiences and involvement in the services that the hospice provides.</li> <li>To strategically include patient and family members in the continual improvement of the care and service provided in the hospice in line with an evidence based framework.</li> </ul>	<ul style="list-style-type: none"> <li>Discussed and agreed at the Hospice structural committees to implement patient engagement as a QI.</li> <li>Review of the Better Together: The Health Services Patient Engagement Roadmap.</li> <li>Review of current family and patient engagement across the services (Patient engagement mapping). Patient Engagement added onto all hospice meeting agendas.</li> <li>Patient/Family Representative expression of interest campaign commenced through the use of; social media, hospice newsletters, surveys, written correspondence to all suitable patient/family who have availed of the services.</li> <li>Shortlisting of candidates and nomination of patient and family reps.</li> <li>Staff involvement, including staff and organisational readiness assessment for patient engagement. Based on the outcome of the readiness assessment – QIP specific development.</li> <li>Patient engagement education campaign for staff within hospice.</li> </ul>	<ul style="list-style-type: none"> <li>Inclusion of the voice of the patient and family Representative on committees as the services progress and continually improve.</li> <li>Integration of the patient and family voice will be included in all aspects of care in line with the evidence base.</li> </ul>	Oct-2023 Oct-2026



**IMPROVE/ENHANCE THE EMOTIONAL SUPPORT PROVIDED TO PATIENTS/FAMILIES/CARERS**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Supporting patients, families and carers with their emotional needs.</p>	<ul style="list-style-type: none"> <li>• Improve/enhance the emotional support for patients/families/carers attending the Kerry Specialist Palliative Care (KSPC) IPU.</li> </ul>	<ul style="list-style-type: none"> <li>• Kerry Specialist Palliative Care Services (KSPCS) currently use a suite of quality assessment tools called Palliative Care Outcome Collaborative (PCOC). Part of the assessment tools is Problem Severity Score (PSS) which is clinician rated to assesses the patients/family/carer psychological and spiritual wellbeing. The other tool that is used to assess all symptoms is the Symptom Assessment Score (SAS) and this is patient rated. The PSS and SAS are reviewed at Multidisciplinary Team (MDT) meetings and at daily MDT handovers. Analyses of SAS and PSS scores and comments on 20 patients will be completed by June 30th 2024.</li> <li>• Ensure staff education is ongoing at MDTs and handovers with regard to providing/enhancing emotional support to patients/families and carers.</li> <li>• Provide specific education on providing emotional care to patients/families/carers to 100% of the staff working in IPU.</li> <li>• Ensure providing emotional support education is part of induction for all new staff.</li> <li>• Commence a working group to review and revise the current IPU Patient Questionnaire that monitors feedback from service users, to ensure question included to assess if emotional needs at met.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve/enhance the emotional support provided to patients/families/carers attending the Kerry Specialist Palliative Care IPU.</li> </ul>	<p>Q2 and ongoing</p>

COMMUNICATION				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Our philosophy of care is to follow our patients in whatever care setting they need or choose to be in at any given time. This single first assessment will enhance the quality of information we share between clinical sites to ensure better, safer patient care.</p> <p>This assessment will also reduce duplication in clinical activity involving patient data collection, to ensure better optimisation of valuable clinical time.</p>	<ul style="list-style-type: none"> <li>• Single first assessment - To improve specialist palliative care team communication between clinical sites.</li> </ul>	<ul style="list-style-type: none"> <li>• To convene a single first assessment working group.</li> <li>• Process mapping of current triage process and information sharing processes' at all clinical sites, and between all clinical sites, providing Specialist Palliative Care in Cork.</li> <li>• Designated working group to design a streamlined, lean process to enhance the quality safety and efficiency of information sharing between the palliative care service.</li> <li>• Roll out of the new single first assessment and mechanism for information sharing between all specialist palliative care providers in Cork.</li> </ul>	<ul style="list-style-type: none"> <li>• This single first assessment will enhance the quality of information we share between clinical sites to ensure better, safer patient care.</li> <li>• This assessment will reduce duplication in clinical activity involving patient data collection, to ensure better optimisation of valuable clinical time.</li> </ul>	Q4 2024

COMMUNICATION				
AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication	<ul style="list-style-type: none"> <li>• Healthmail for correspondence with GPs.</li> <li>• Communication and coordination of patient care between hospital, hospice and community services.</li> </ul>	<ul style="list-style-type: none"> <li>• Arrange a stakeholder engagement meeting. Convene a meeting with GP Network GP Lead and lead for South Doc to understand current process, and appetite for change.</li> <li>• Meet with Specialist Palliative Care colleagues in Kerry to understand their current process to achieve our shared goal.</li> <li>• Engage with E health Ireland to establish access to HealthLink for all specialist palliative care services in Cork, in line with colleagues in Specialist palliative Care Services in Kerry.</li> <li>• Education of our staff in the use of health mail for all correspondence with general practitioners.</li> <li>• Further GP Network engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve clear communication and enhance patient safety.</li> <li>• Improve Coordination between GPs and hospital, reducing discordance between services.</li> <li>• Ensure safer patient care with information sharing in a more timely manner.</li> <li>• Contribute to Green Campus ethos of being environmentally friendly (reduce paper waste)</li> </ul>	Q3 2024

**PRACTICAL SUPPORTS AND INFORMATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provision of practical written information regarding the role and contact details for the specialist palliative care services in Cork.	<ul style="list-style-type: none"> <li>• Development of Information Leaflets – Communication with patients and caregivers.</li> <li>• Provision of practical written information regarding the role and contact details for the specialist palliative care services in Cork.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a new booklet and leaflet which would be available for patients and/or carers' at the time of referral or first assessment.</li> <li>• An awareness campaign around newly developed resources. All members of the MDT to be aware of their role in the provision of written information.</li> <li>• Liaise with Managers to take responsibility for ensuring hospital staff distribute booklets.</li> <li>• Encourage all staff members to take responsibility in ensuring families consistently receive the written information and practical resources that are available.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure patients and their caregivers have a better understanding of the role and scope of the specialist palliative care services.</li> <li>• Ensure patients and their carers receive written information with the contact information for all community healthcare provider, including a better understanding of who to contact out-of-hours.</li> </ul>	Q2 2024

## COORDINATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Clear information is needed to specify the different services and supports that are provided by Milford Care Centre Inpatient Unit and the Specialist Palliative Care Community Services.</p> <p><i>It will be important to highlight that we operate as part of a network of community care including GP, public health nurse, community intervention team etc who may all play a role in the patients and families care in the community on discharge from the palliative care inpatient unit (hospice).</i></p>	<ul style="list-style-type: none"> <li>A patient information leaflet will be developed on the service that is provided in the Specialist Palliative Care Inpatient Unit.</li> </ul>	<ul style="list-style-type: none"> <li>Quality and development officer to develop leaflet in consultation with department heads.</li> <li>Consultation to occur with patients/families, GP's/CHN and UHL EOLC.</li> <li>Printable version of leaflet to be made available on Milford Care Centre Website.</li> <li>Develop a process to communicate the availability of the leaflet to GP's, CHN's and University Hospital Limerick.</li> </ul>	<ul style="list-style-type: none"> <li>Patients will have clear information from the point of referral to the Inpatient Unit on what service is provided.</li> </ul>	Q1 2024

## COMMUNICATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Increased information is needed for patients and families on (a) syringe drivers and (b) what to expect at End of Life.</p>	<ul style="list-style-type: none"> <li>Patient information leaflets to be developed on; (a) syringe drivers (including information explaining what a syringe driver is, why it might be used and common concerns/misconceptions) (b) what to expect at End of Life.</li> </ul>	<ul style="list-style-type: none"> <li>Patient information leaflet to be developed on syringe drivers in consultation with clinical staff and patient representatives.</li> <li>Patient information leaflet to be developed on what to expect at End of Life.</li> <li>Patient information leaflets to be displayed in family rooms in the Inpatient Unit.</li> <li>Syringe driver leaflets to be provided to nursing and medical teams to be offered to patients as and when required.</li> </ul>	<ul style="list-style-type: none"> <li>Patients will have access to written literature explaining aspects of End of Life Care that were identified as sometimes misunderstood through the National End of Life Survey. This literature will support and compliment the verbal information that is provided by the nursing and medical teams.</li> </ul>	Q2 2024

## COMMUNICATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provision of Information regarding communicating with children in relation to death, dying and bereavement.	<ul style="list-style-type: none"> <li>• Education rollout for existing staff.</li> <li>• Ensure training and education for new staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Social Work Department to deliver education sessions at Journal Club which covers the multidisciplinary team.</li> <li>• Incorporate education into induction programme for new staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Skills for new and existing staff will be enhanced as a result of the additional training.</li> <li>• Staff will become more competent in communication with children around death, dying and bereavement.</li> </ul>	Q1 2024

## SUPPORT FOR CHILDREN

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provision of a comfortable and safe play area for children.	<ul style="list-style-type: none"> <li>• Renovation of our family room to incorporate a children's play area which enables some disciplines to work with children through play.</li> </ul>	<ul style="list-style-type: none"> <li>• Funding secured from the Board of Management at North West Hospice and a children's play area was completed on 24th November 2023.</li> </ul>	<ul style="list-style-type: none"> <li>• Children who visit North West Hospice now have a dedicated play area where staff members can communicate with children through play also.</li> </ul>	Q1 2024



**EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Raising awareness about what to expect when a relative or friend is dying.	<ul style="list-style-type: none"> <li>Increase Hospice staff awareness (across our three palliative care units) of the types of information patients and/or their family or friends may need to know about, in order to support them as the patient is dying.</li> </ul>	<ul style="list-style-type: none"> <li>Raise awareness: Feedback sessions to the palliative care teams across the three Hospices regarding the National End of Life Survey results.</li> </ul>	<ul style="list-style-type: none"> <li>Increased staff awareness of the importance of providing pertinent information regarding what to expect at End of Life for family/friends tailored to their specific needs.</li> </ul>	Nov-2023
		<ul style="list-style-type: none"> <li>Family Meetings: Family meetings provide a formal opportunity to check in with families at family meetings regarding any questions they have regarding what to expect.</li> </ul>	<ul style="list-style-type: none"> <li>Increase formal and informal opportunities to provide information around what to expect.</li> </ul>	Nov-2023
		<ul style="list-style-type: none"> <li>Increase awareness of the need to check in with friends &amp; family around their understanding.</li> </ul>		
	<ul style="list-style-type: none"> <li>Provide information for patients and their family or friends in an easy to access format.</li> </ul>	<ul style="list-style-type: none"> <li>Multidisciplinary group to develop an information leaflet about what to expect when their loved one is dying.</li> <li>Revise information which is provided in the Bereavement Pack relating to practical and administrative issues which follow a death. Review current information to ensure clarity and relevance.</li> </ul>	<ul style="list-style-type: none"> <li>Access to relevant information which will support bereaved people.</li> </ul>	Dec-2023
Jan-24				

**CONVERSATIONS WITH CHILDREN AND YOUNG ADULTS**

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Providing help and support to relatives or friends to talk to children and young adults about illness, death and dying.	<ul style="list-style-type: none"> <li>Introduce material for parents and guardians, encouraging them to avail of the social work service to support them with talking to their children and young people.</li> </ul>	<ul style="list-style-type: none"> <li>Design leaflet incorporating feedback from parents who were involved in research on their experiences of communicating with children about dying.</li> </ul>	<ul style="list-style-type: none"> <li>Parents/guardians who wish to avail of support with preparing their children/young people for the death of their relative will be aware of the support that is available and will know how to access it.</li> </ul>	Q1 2024
	<ul style="list-style-type: none"> <li>This material will be informed by research carried out in the social work department with bereaved parents.</li> </ul>	<ul style="list-style-type: none"> <li>Trial with relevant stakeholders. Incorporate relevant feedback. Print. Provide information sessions for staff on use of leaflet.</li> </ul>	<ul style="list-style-type: none"> <li>Members of the multidisciplinary team will have access to additional resources relating to parents talking to children/young people about death and dying.</li> </ul>	
	<ul style="list-style-type: none"> <li>Introduction of staff education sessions on supporting parents to have conversations about death and dying with their children/young people.</li> </ul>	<ul style="list-style-type: none"> <li>Drawing on recent research, develop and deliver education sessions for staff to enhance skills and confidence in supporting parents to involve their children and young people in conversations about death and dying.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will have enhanced skills and confidence in how they support and encourage parents to include their children in conversations about death and dying.</li> </ul>	Q2 2024

N.B.: Residents and their families in Anna Gaynor House (residential care unit for older persons at Harold's Cross) will also benefit from the above QIPs, as staff will be associated to the actions.



## CONVERSATIONS ABOUT END OF LIFE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Conversations about End of Life.	<ul style="list-style-type: none"> <li>Better preparedness of team and families when patient is approaching End of Life on Oak Ward - IPU.</li> </ul>	<ul style="list-style-type: none"> <li>Introduction of documentation to the multi disciplinary team to enhance clear communication at End of Life, family meeting record.</li> <li>All conversations in relation to End of Life are to be recorded on this document, kept in the patient medical notes in chronological order, with Treatment Escalation Plan, specific to each patient.</li> <li>To ensure team are clear when a patient is approaching End of Life and is for comfort measures.</li> <li>Education of all grades of staff re these documents and their appropriate use.</li> </ul>	<ul style="list-style-type: none"> <li>Improve preparedness and understanding about End of Life, ease the burden of bereavement.</li> <li>Improve communication and awareness in team.</li> </ul>	Q1 2024

## PRACTICAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Advice for families on obtaining a death certificate.	<ul style="list-style-type: none"> <li>Assist families in the practical aspects of obtaining a death certificate.</li> </ul>	<ul style="list-style-type: none"> <li>Information sheet compiled by the ward clerk, outlining the step by step process of how to obtain a death certificate when a patient has died on Oak Ward - IPU.</li> </ul>	<ul style="list-style-type: none"> <li>Ease of obtaining death certificate for a loved one in a time of distress.</li> </ul>	Q1 2024

## EMOTIONAL AND PRACTICAL SUPPORTS AND INFORMATION

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Access to bereavement service.	<ul style="list-style-type: none"> <li>Plan to source bereavement resources to support families going through bereavement.</li> </ul>	<ul style="list-style-type: none"> <li>Awaiting recruitment of staff chaplain.</li> <li>The social worker is developing a booklet for families to issue in preparation for death and bereavement.</li> <li>The booklet is developed jointly with nursing staff, pastoral care, social worker and also linking in with other local hospital to build on resources already developed in this area.</li> <li>The booklet will include suitable material to guide a parent of children if one of the parent is nearing the End of Life.</li> <li>The booklet will be piloted and will invite users feedback.</li> <li>Pastoral care services is available to patients twice a week on Tuesday and Thursday. If urgent access to pastoral care is required, the local priest calls to St. Brigid's Hospice.</li> </ul>	<ul style="list-style-type: none"> <li>On completion, there will be a signposted pathway of resources in place to help with bereavement towards End of Life.</li> </ul>	Q2 2023

## SUPPORTING FAMILY TO SPEAK WITH CHILDREN ABOUT DEATH

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Supporting Family to Speak with Children About Death.	<ul style="list-style-type: none"> <li>Expand information and support available to patient and families to support them in communicating with children about dying, death and bereavement.</li> </ul>	<ul style="list-style-type: none"> <li>Update wording in the Patient Information Booklet to include explicit mention of the availability of social work support and resources for children and their families around preparing and supporting them when someone close to them is dying.</li> <li>Build awareness among clinical staff on leaflet 'Supporting Children and Teens When Someone Close to Them is Dying' and ensure availability.</li> <li>Children's book on grief, 'Always in My Heart', launched in May 2023, braille and audio formats launched November 2023.</li> <li>'Finding Your Way Through Grief: For Teenagers and Young Adults' (originally launched Sept 2021), braille and audio formats launched November 2023.</li> <li>Develop Children's Champion to support engagement and involvement of children within the service. Develop Charter for Children's Rights.</li> <li>Expand leaflet on 'Supporting Children's and Teens When Someone Close to Them is Dying' into more substantial resource.</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness of patients, family and staff of available resources, within St. Francis Hospice Dublin including social work staff, to support them in preparing children in coping with dying and bereavement.</li> </ul>	Q2/Q3 2024

# Appendices

# Acknowledgements

## National Care Experience Programme Steering Group

Angela Fitzgerald (Chair)	Chief Executive Office, HIQA
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## HSE National Care Experience Programme Steering Group

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# Glossary of Terms and Abbreviations

ANP	Advanced Nurse Practitioner
CCU	Critical Care Unit
CIT	Community Intervention Team
CNM	Clinical Nurse Manager
CNME	Centre for Nursing and Midwifery Education
CNS	Clinical Nurse Specialist
DONM	Director of Nursing and Midwifery
DNAR	Do Not Attempt Resuscitation
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DNF	Death Notification Form
DOH	Department of Health
ECHO (Project)	Extension of Community Healthcare Outcomes
ED	Emergency Department
EOL	End of Life
EOLC	End of Life Coordinator/End of Life Care
HCA	Healthcare Assistant
HCP	Healthcare Professional
HDU	High Dependency Unit
HFH	Hospice Friendly Hospitals
HIQA	Health Information and Quality Authority
HMT	Hospital Management Team
HSCP	Health and Social Care Professional
HSeLanD	HSE Learning and Development Platform
ICBN	Irish Childhood Bereavement Network
ICPOP	Integrated Care Programme for Older Persons
ICU	Intensive Care Unit
IPU	In-Patient Unit
IHF	Irish Hospice Foundation
KPI	Key Performance Indicators
MDT	Multi-Disciplinary Team
MSW	Medical Social Worker
NCEP	National Care Experience Programme
NCHD	Non-Consultant Hospital Doctor
NCHP	National Healthcare Communication Programme
NELS	National End of Life Survey
OEIC	Organisation of European Cancer Institutes
PALS	Patient Advice and Liaison Service
PCOC	Palliative Care Outcomes Collaboration
PHN	Public Health Nurse
PPPG	Policies, Procedures, Pathways and Guidelines
QCI	Quality Care Indicator
QIP	Quality Improvement Plan
SHO	Senior House Officer
VOICES MaJam	Views Of Informal Carers Evaluation of Services Mater Misericordiae Hospital – St. James’s Hospital



# Support

The death of someone close can be the greatest loss we will experience in our lives. Many people find their own way through bereavement with support from friends and family, however support is also available from the following organisations. We appreciate reading the HSE Response could have been a challenge and you might need support following it.

## **Irish Hospice Foundation**

The HSE, in partnership with the Irish Hospice Foundation, provides a helpline to support people who have experienced the death of a family member or friend. You can call this Freephone service on 1800 80 70 77 to talk to a bereavement support volunteer. The Freephone service is available from 10am to 1pm, Monday to Friday. You can also access support through the website [www.bereaved.ie](http://www.bereaved.ie).

## **Samaritans**

Samaritans provide emotional support for anyone who is struggling to cope or needs someone to listen to them without judgement or pressure. You can contact Samaritans 24 hours a day, 7 days a week on Freephone 116 123 or by emailing [jo@samaritans.ie](mailto:jo@samaritans.ie). For more information, please visit [www.samaritans.ie](http://www.samaritans.ie).

## **The HSE**

The HSE website and a dedicated booklet provide information about grieving and includes contact details for bereavement services:

<https://www2.hse.ie/mental-health/life-situations-events/bereavement/>

<https://www.hse.ie/eng/services/publications/health-and-wellbeing/hse-bereavement-when-someone-close-dies-booklet-2022.pdf>

## **Patient Advocacy Service**

If you have been impacted by any issues with regard to End of Life Care and would like information or support, or if you would like to provide feedback on the care provided to your loved ones, you can do so by contacting the Patient Advocacy Service on 0818 293 003 or at [info@patientadvocacyservice.ie](mailto:info@patientadvocacyservice.ie). For more information, please visit [patientadvocacyservice.ie](http://patientadvocacyservice.ie).

About the National Care Experience Programme (NCEP) and this survey: <https://yourexperience.ie/>



## **Feedback**

All feedback in relation to this report is welcome.

**Please send feedback to the report editor:**

Patient and Service User Experience Unit

E: [ncep.opi@hse.ie](mailto:ncep.opi@hse.ie)

