

Compassionate Care Bundle

A South West Health Hospital and Health Service Initiative



The South West Hospital and Health Service is committed to providing Compassionate Care to our communities and our clients. We believe in keeping the client at the centre of their care on every occasion.



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For further information, please contact the Centre for Nursing Excellence, South West Hospital and Health Service, PO Box, Roma QLD 4455. 0745051555

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Compassionate Care Bundle

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Compassionate Care Pledge

We pledge that we will always welcome you into our service.

We will always introduce ourselves so you know who we are and how we can help you.

We pledge to take the time to listen, genuinely hear you, and understand how to make your care the best it can be.

We pledge to work with you to understand your cultural background so that you feel respected and safe.

We will work with you to jointly plan your care needs, respecting your values and wishes.

We will make time to answer your questions, and to regularly speak with you and your loved ones.

When it comes time to return home or to another care environment, we will prepare you and ensure that you have everything you need.

We pledge to make you feel safe and cared for; the care we provide is compassionate and ensures your dignity.

Above all, we pledge to care for you with our hands and our hearts. We will offer a hand to hold, a shoulder to lean on and a compassionate ear to walk with you through your healthcare journey. You are our purpose and our passion.

The SWHHS team.



Person-Centred Care

The World Health Organisation (WHO) defines collaborative practice as multiple health workers from different professional backgrounds providing comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across the sectors (World health Organisation, 2010).

Person centred care achieves this by supporting knowledge, skill and confidence in our clients. Person centred care is tailored care and is crucial to the delivery of dignity compassion and respect (The Health Foundation, 2014).

When clients and families are provided the opportunity to collaborate with health professionals, health outcomes are improved and clients are less likely to utilise hospital emergency departments (The Health Foundation, 2014).

Our patients are our partners and are essential to the delivery of safe, effective, reliable care. The rural/remote environment of the South West Hospital and Health Service (SWHHS) provides the unique platform for genuine continuity of care and holistic health interventions. The SWHHS stands **Shoulder2Shoulder** with our people and our communities to make a genuine difference.

Clients want to be informed, talked to rather than at, and to be active participants in their healthcare (Malott & Ayala in Torpie, 2014). People want simple, nourishing food, someone who they know to check in and care conveyed with a smile and a gentle touch (Torpie, 2014).

Care Bundles

The concept of 'Care Bundles' evolved from taking a number of small evidenced-based interventions and using them together to deliver a set target for a client. The concept of 'bundles' was developed to help care providers deliver the best, most reliable care possible (Institute for Health Improvement, 2016).

Typically, care bundles have been used in a specific clinical context, an example being clients with diabetic foot ulcers or Chronic Obstructive Pulmonary Disease (COPD) (Green, Bell & Mays, 2017). Care bundles however, can be applied to many different contexts.





Care Bundles for the patient experience have been trialled in rural settings with marked success, particularly in the emergency department (Skaggs, Daniels, Hodge & DeCamp, 2018).

'Nursing Bundles' have included evidenced based interventions such as communication, bedside handover, hourly rounding, whiteboards and post discharge follow up and have shown significant improvement in client satisfaction (Weigand, 2013).

Compassionate Care Bundle

Compassionate Care is central to person centred care. Along with the safety and costs reductions associated with person centred care, placing the person at the centre of their care and keeping them informed is the right thing to do.

The Beryl Institute defines the patient experience as the sum of interactions (Wolf, Niederhauser, Marshburn & La Vela, 2014) and this is precisely what the Compassionate Care Bundle aims to achieve; a Compassionate Care experience based on the sum of the interactions during the care episode(s).

Nursing and healthcare staff are in the business of caring, and this philosophy reconnects staff with their caring purpose and places the focus on the person and their health journey. The goal of the SWHHS is to ensure the persons journey is framed within the Compassionate Care Bundle, across all settings and includes all staff.

Defining Person Experience

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

Environment experience

- My board
- Person centred care posters and badges

Emotive experience

- Compassionate care
- Personalised health care and plans





Behavioural experience

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

Comfort experience

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

Social experience (Deshwal and Bhuyan, 2018)

- Holistic care
- Staff are friendly, open and honest

Components of the Compassionate Care Bundle

With the above in mind, the following elements make up the SWHHS Compassionate Care Bundle.

- A.I.D.E.T
- Hello my name is...
- My Board
- Purposeful Hourly Rounding
- Clinical Handover at the Bedside
- Discharge Follow-up

AIDET

Our purpose is to provide care to the person. With the increasing demands of the job, and the unique rural environment adding extra stressors, our clients can be left feeling unimportant and ill informed. AIDET, from the Studer group, provides a consistent framework for staff to follow to focus on the delivery of exceptional care and patient experience (Barber, 2018).

AIDET provides a simple, highly reliable, highly transferable framework to open communication and deliver person centred care. AIDET reduces client and family anxiety and increases client satisfaction. Having been evaluated on multiple occasions across





many streams and environments, AIDET represents best-practice in communication (Sandlin, Tranter, Atkinson, Grothaus, Tracy, Burtshy, Lawson, Stephens, Welch, Dietz, Schletker, Sanborn, Goins, Edwards, Garrett, Klaine, Thomas, Klein, Crone, Herthel, Smith, Adkins, Cummins, Bruggemann & Osborn, 2017).

A	Acknowledge	<i>Benefit:</i> Increase safety and Patient loyalty <i>Key message to patient:</i> "You are important."
I	Introduce	<i>Benefit:</i> Decrease anxiety <i>Key message to patient:</i> "You are in good hands."
D	Duration	<i>Benefit:</i> Increase compliance <i>Key message to patient:</i> "I anticipate your concerns."
E	Explain	<i>Benefit:</i> Increase quality of experience <i>Key message to patient:</i> "I want you to be informed and comfortable."
T	Thanks	<i>Benefit:</i> Increase patient loyalty <i>Key message to patient:</i> "I appreciate the opportunity to care for you."

Figure One, AIDET from the Studer Group.

Hello my name is...

'Hello my name is...' is a fantastic example of the most simple of measures having a great impact on patient experience. This innovation was designed and implemented by Dr. Kate Granger from her time as a cancer patient.

Stemming from her own experiences as a patient, 'Hello my name is...' is a worldwide movement in offering compassionate and considerate care (Peate, 2005). This simple technique provides a collaborative first impression and sparks a relationship. Effective communication can alleviate distress and can influence a client's psychological functioning (Van Vliet & Epstein, 2014).

hello my name is...

Figure Two, Hello my name is...





My Board

In line with 'Hello my name is...', My Board is a tool to keep clients updated and provides an avenue for clients and families to stay connected and ask questions. Patient whiteboards have been found to be a simple and effective tool in opening communication and keeping clients continually informed. A study by Tan, Evans, Braddock and Shieh (2013), found that patient whiteboards significantly improved client understanding of admission and length of stay and improved client satisfaction. Importantly, this study found that patient whiteboards were helpful to physicians and ancillary staff as well as to the client and their families.

My Board South West Hospital and Health Service
Building better health in the bush

Day: <input type="text"/>	Date: <input type="text"/>	My care team members: <input type="text"/>
I like to be called: <input type="text"/>		
What's important to me: 1. <input type="text"/> <input type="text"/>	What's happening today: <input type="text"/>	
2. <input type="text"/> <input type="text"/>		
3. <input type="text"/> <input type="text"/>		
My questions / My family's questions: <input type="text"/>	My care instructions: <input type="text"/>	

South West Hospital and Health Service
Our Values
Building better health in the bush

QUALITY COMPASSION ACCOUNTABILITY ENGAGEMENT ADAPTABILITY

Queensland Government

Figure Three, My Board





Purposeful Hourly Rounding

Good rounding relies on a thorough admission process and information sharing to the client. Referring back to AIDET, explanation should extend to information about the admission process and a discussion around the 'Bedside Patient Information Folder.' This is a requirement of the Queensland Bedside Audit (QBA) and a priority area for the SWHHS. More information can be found [here](#).

Hourly rounding, like all the interventions above, is a simple and highly effective evidence-based intervention designed to improve the quality and safety of the persons stay. Purposeful Hourly Rounding has been found to improve client and nurse satisfaction and has documented improvement in fall rates, reduced skin breakdown, improves pain management and reduces call button use (Rondinelli, Ecker, Crawford, Seelinger & Omary, 2012).

Naturally, with any intervention, local barriers can exist with hourly rounding including non-compliance (Toole, Meluskey & Hall, 2016). The SWHHS has a robust procedure and actively evaluates the compliance of hourly rounding through auditing. The purpose of this is to ensure that this valuable and simple tool is being used to its full potential and to remind direct care staff of the importance of frequent communicating with the person.

The policy for hourly rounding can be found [here](#).

Situational Awareness

It is worth noting that in some situations, clients may not appreciate such frequent touch point communications. Be sure to communicate with the patient and listen to their needs and concerns and exercise professional judgement. If a decision is made to allow a client space, be sure to communicate this with the client.

Clinical Handover at the Bedside

By now, health facilities and care workers are well aware of the safety implications of bedside handover. Clinical handover is one of the five high-risk areas targeted by the World health Organisation (Who) (World health Organisation, 2016) and is representative of one of Australia's 10 national standards for safe, quality healthcare (Australian Commission on Safety and Quality in Healthcare, 2012).

Overwhelmingly, clinicians have embraced handover at the bedside and the results are showing. In fact, one 2016 study showed that nurses prefer bedside handover.





This study found that clients also prefer bedside handover and preferred the option to have a relative or loved-one with them. The key to this satisfaction is the opportunity for a two-way conversation (Whitty, Spinks, Bucknall, Tobiano & Caboyer, 2016).

The SWHHS has a robust clinical handover procedure and this can be found here.

Furthermore, the below tool has been developed to prompt care staff and to inform clients of what they can expect during their stay. This framework is applied to bedside handover to facilitate the Compassionate Care Bundle.



Figure Four, Clinical Handover at the Bedside.





Discharge Follow-up

Discharge planning is central to moving toward positive outcomes for patients and should commence the day a client is admitted/referred to the service or facility.

The intention of follow-up is to improve communication with patients before and after discharge by checking-in with them at key points in their journey (Sawyer, McBroom, Granger, Bride, Harper, 2011).

There is evidence to suggest that appropriate discharge follow up can reduce re-admission to hospital in people with long-term conditions (Harrison, Hara, Pope, Young, Rula, 2011). Discharge follow up increases client and staff satisfaction and follows the person through the care continuum (Naffe, 2012).

South West Hospital and Health Service (Affix identification label here)

URN: _____
 Family name: _____
 Given name(s): _____
 Address: _____
 Facility: _____ Date of birth: _____ Sex: M F I

Post Discharge Phone Call

Prior to patient discharge, discuss and obtain consent for follow up phone call

Patient consents for follow up phone call: Yes No Best time to contact: AM PM Any

Person to contact: Patient Family/Friend/Carer (Relationship): _____

Name: _____ Contact Number: _____

Admission Date: / / Discharge Date: / /

Discharge Diagnosis: _____

Attempt at Contact

Date	Reason not reachable	Action required	Date of next call (if any)

Day of follow-up phone call - Introduction and purpose of call

Date: _____ Time: _____

Script: Hello (patient name), My name is (Caller Name) from (Hospital name/ name of service - SWHHS). As part of our service, we are following up on you after your recent admission. Do you have the time to answer a couple of questions about your hospital stay and your discharge? It will take about five minutes. Is this a good time?

Spoke to: _____ May need to call back at: _____

How have you been since discharge? _____

Questions (tick box if questions asked under section heading are relevant to the patient's care)

Do you know what the condition was that brought you to hospital? No Yes

During your admission were your tests and therapies explained to you? Yes No

Were the discharge instructions clear and understandable? Yes No

Do you have any questions about your discharge information? Yes No

Are you having any unusual symptoms or problems related to the condition that brought you into hospital (specific problem i.e. dressing, pain) Yes No

Medicines

Did you have any medication changes while in hospital? Yes No

If yes, have you filled your new prescription(s) yet? Yes No

Did you receive a Medication Summary on Discharge? Yes No

Do you have any questions about your medications or any possible side effects? Yes No

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South West Hospital and Health Service (Affix identification label here)

URN: _____
 Family name: _____
 Given name(s): _____
 Address: _____
 Facility: _____ Date of birth: _____ Sex: M F I

Post Discharge Phone Call

Clarification of Appointments

Have you seen your GP since being discharged from hospital? No Yes N/A

If no, do you have an appointment? No Yes - when: _____

Are you able to attend? No Yes N/A

Do you have a plan if you are unable to attend? No Yes N/A

Do you have any other appointments planned? No Yes - when: _____

Are you able to attend? No Yes N/A

Do you have a plan if you are unable to attend? No Yes N/A

Coordination of Post Discharge Home Services (if applicable)

Do you have other services visiting or appointments made? (Community Health Nurses, Physio, Blue Care) No Yes N/A

If yes, who with and when? _____

Did you require equipment? No Yes N/A

Has it been delivered? No Yes N/A

Have you received the care you were expecting post discharge? If not, why? No Yes N/A

Can I assist you with this issue? No Yes N/A

What to do if a problem arises

If you have an urgent but non-emergency situation, do you know what to do, who to call e.g. GP appointment or ring 13 432 584 (13 Health)? No Yes

If you have an emergency situation, do you know what to do, who to call e.g. Triple Zero? _____

Service Improvement

Do you have any suggestions to improve our service? No Yes

Is there anything else I can do for you? No Yes

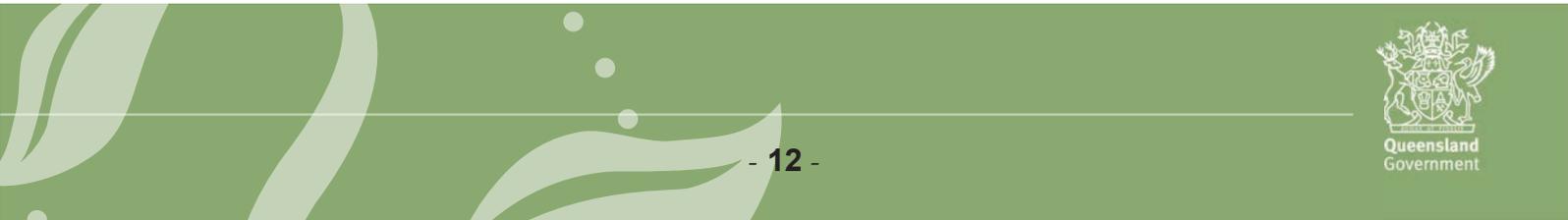
Thank you for taking the time to speak with us about your care and recovery.

Notes

DATE & TIME	Add signature, printed name, staff category, date and time to all entries. MAKE ALL NOTES CONCISE AND RELEVANT.

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Figure Five, Telephone Discharge Follow-up





Compassionate Care Bundle; The Touch-Point Journey

A touch point is a key point of time in the management of a person's care as they navigate through the system. Touch points are particularly important to person centred care as these are the crucial moments during the person's journey.

While there are multiple touch points along the journey, they are all individually important as the experience with one touch point, can negatively affect the next (Patterson, 2012).

The purpose of these touch points is to drive engagement and person centred collaborative care. Applying the Compassionate Care Bundle to the clinical setting is as simple as applying each element of the care bundle to the touch point.

How this may occur in the clinical ward setting is demonstrated and shown in figure seven.

This framework can be adapted to suit multiple care settings including community and allied health, mental health, aged care and emergency.



Taking Stock of Touch Points

Touch Point	Life cycle stage	Operational Purpose	Role in Customer experience	Touch point owner	Importance/ impact
Referral	1	Brings clients to the service based on need	Ease of access and user experience sets the stage for the patient experience	Clinicians, clients,	Impacts on flow of patient experience and engages clients with the service based on need. Can also be self-referral
Triage/ Admission	2	To ensure the client is provided with the most appropriate care pathway- including location	Ensure clients are informed and can make appropriate choices for care	Clinicians, clients, administrative staff, operational staff	Impacts on patient journey and can set the scene for admission process and/or transfer
Rounding	3 and through journey	Ensure consistent collaboration with client. Provides improved quality and safety measures.	Provides comfort to the patient, provides the opportunity to discuss concerns and to educate patient	Clinicians, clients	Impacts on patient satisfaction and comfort. Has significant patient safety implications
Bedside Handover	4 and through journey	Ensures the safe transfer of client information between teams	Is essential to keeping clients at the centre of their care. Provides the avenue to improve health literacy and acts as a safety net for missed information	Clinicians, clients and families	Essential patient safety measure. Essential to person centred care
Doctors Rounds	5	Element of clinician care, review and alteration of planned care	Essential to ensuring care is appropriate, clients have understood and that they agree with care	Clinicians, clients families	Essential to person centred care, health literacy and open communication
Education/ discharge planning	6 and through journey	Should occur from day one of admission to ward or service. Reduces repeat admissions	Essential to building health literacy and ensuring that health and wellbeing are maintained after discharge	Clinicians, clients and family	Improves health literacy, empowers clients to take charge
Discharge	7	The avenue for clients to return home or to the most appropriate area of care	Provides the opportunity to adjust the therapeutic relationship and is the goal of the client	Clinicians, clients families	Is an important touch point as the end of the immediate journey and the start of the next
Follow Up	8	Acts as a safety net, prevents readmission	Builds valued client relationships	Nurse lead service	Builds health literacy, and empowers clients with information

Figure Six, Taking Stock of Touch Points of care in the SWHHS (framework via Paterson, 2012).



The Patient Experience Touch Point Journey



Figure Seven, The Patient Experience Touch Point Journey



Measurements Based on Touch Points

As with any new intervention, it is important to measure the success and impact.

Success will be measured through patient satisfaction, complaints and compliments. However, the greatest success in touch point evaluation has been demonstrated through measuring the touch point experience specifically (Paterson, 2012).

The patient journey, and the patient experience, will be measured through a Patient Experience device; an electronic device that is able to collect patient feedback in real time. This is then sent to a central dashboard for managers to monitor and sends an email alert to managers if experience is sub-optimal.

The questions asked will be a key indicator of the balanced scorecard as per the Accountability and Performance Framework.

Directors of Nursing and senior leaders will engage in 'shadowing' and rounding to ensure the Compassionate Care Bundle is applied to each point of the journey. In addition to this, executive level senior leaders will also evaluate compliance during rounding.

Information on the above will follow as the SWHHS initiates the Person-Centred Strategy.





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