

# Good Gossip; Using Appreciative Inquiry to further End of Life Care in care homes

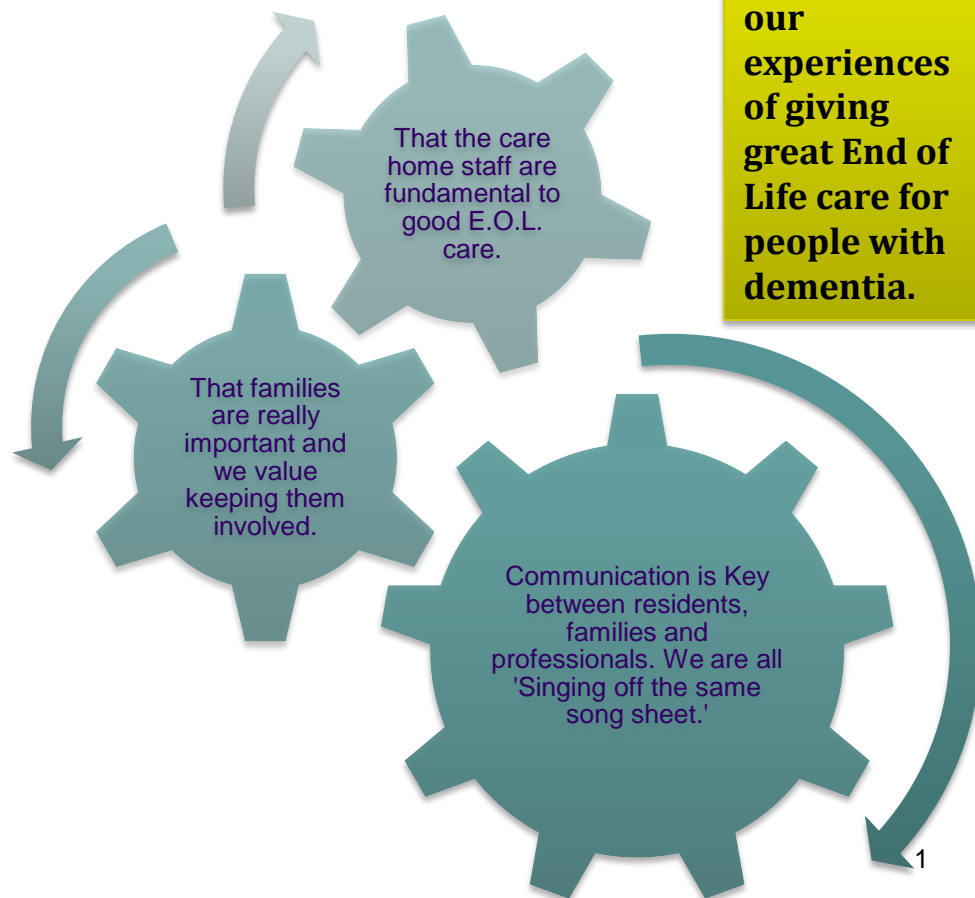


**Caroline  
Nicholson**

*National Nursing  
Research Unit  
King's College London*

***caroline.nicholson@kcl.ac.uk***

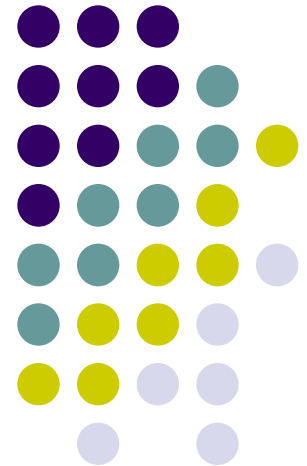
**What we  
value and see  
already in  
our  
experiences  
of giving  
great End of  
Life care for  
people with  
dementia.**

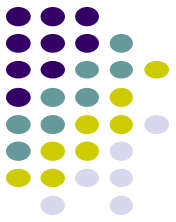


# EVIDEM End of Life: Working with primary health care supporting people with dementia living and dying in care homes

**Claire Goodman (PI) & the Evidem team**

Centre for Research in Primary and Community Care (CRIPACC), University of Hertfordshire





# Aims of presentation

- Brief outline of study aims and Phase 1
- Phase 2 – promoting collaborative working using Appreciative Inquiry ( A.I.)
  - Intro to A.I.
  - Good Gossip
  - Outcomes so far
  - Challenges

# Aim of EVIDEM eol: phase 1



To understand the need for support and end of life (eol) care of older people with dementia living in care homes

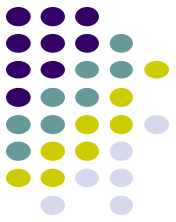
- Tracked care of 133 people with dementia in 6 care homes over 18 months
- Methods:
  - 4 monthly case note reviews of care and key life events of residents
  - Interviews with care home managers, staff, and NHS professionals
  - Interviews with people with dementia
  - Field notes and observational data

# Key messages phase one

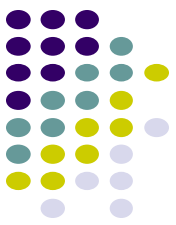


- **Uncertainty around end of life and coping with this**
- **Limited training for end of life care, and limited dementia training, especially for DNs and GPs.**
- **End of life care puts extra pressure on care home staff**
- **Difficulties in deciding when someone is for TLC/EOL/palliative care & seen as decision of GP. Involvement of care homes in this?**

# Phase 2 Objectives

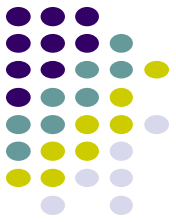


- To identify with care home and primary care staff, strategies to support integrated working between care home staff and primary health care services for end of life care for people with dementia
- To test ways that primary health care services and care home staff can work together to identify resident and organisational outcomes to support end of life care that reflect the priorities, experiences and concerns of older people with dementia living in care homes
- To consider how available palliative care support tools and frameworks act as a resource for primary health care services and care home staff, to manage uncertainty at the end of life.



# Methodology Phase 2

- Participatory approach
- ‘Appreciative Inquiry’
- Modified A.I approach with 3 care homes and associated NHS practices that were recruited in phase 1
  - D.N.’s, /G.P’s /Care Home Managers
  - Facilitated meeting in the care homes for an hour three times over a 5 month period.
  - Researcher and resource input to support practice development outside of the meetings.



# Appreciative Inquiry

‘Human systems  
grow in the direction  
of what they  
persistently ask  
questions about’

- Cooperrider and Whitney (1999, p. 248).







# AI principles

- We see the world we describe
- we get more of what we choose to focus on...
- Stories have wings...and everyone participates in talking about their best experiences

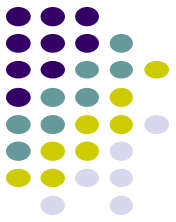




# In principle



- Change begins straight away
- Our positive images of the future lead us to take positive action
- The power of the positive – broadens outlook and builds resilience
- Wholeness – working with whole system
- Small things make a big difference



# Good Gossip

Good gossip not only makes you feel better but also your listener and the organisation in which you are working

- ✚ You can only gossip by talking to others, no one gossips on their own.
- ✚ Good Gossip is ongoing conversation where you talk and listen to colleagues in your organisation, about what you are proud of, you do well, you have seen others do that makes you feel good.

Think of a time when you really felt you had done a good job, it may be that everything fitted into place, you gave great care, you worked with others and felt supported in a difficult situation..( quality rather than how big it was) ...

# Good Gossip

- NHS & Care home staff  
Valuing each others roles and  
telling each other this!
- Recounting stories of what is  
working well in and outside of  
the meetings
- Building on that to sustain  
and develop more excellent  
practice in EOL care for  
people with dementia



## *How do we do this everyday?*

- Talk to each other ( Slow down to speed up)
- Make time to think ahead with the whole team.
- Involve the D.N./
- Manager to be seen more on the floor/
- Think about palliative care register for some residents

*It is the small things  
that we do over and  
over again that make  
the difference.*

# Where we are so far...interventions



- Creating a resource to support staff talking about dying with residents and relatives and recording in care notes.
- Out of hours GP checklist (what information do Out of Hours GPs need so that calls can facilitate timely and appropriate care)
- An Audit of DNR wishes within the home. Clarifying local DNR policy and documentation. Working with paramedics.



# Challenges

- Honesty and risk to start with what is rather than what we want.
- Sustainability: linking into other processes e.g. C.P.D.
- Remembering that what we do well, and valuing who we are caring for and with, is itself an intervention.



*“No problem can be solved from  
the same level of  
consciousness that created it.  
We must learn to see the world  
anew.”*

Albert Einstein