

SETTING STANDARDS.

Bereavement Suites In Acute Hospitals

**Cheshire and Merseyside
Palliative and End of Life Care
Network**

People's Voice Group.

- **Workshops**
- **Focus groups**
- **Reviewed Trusts bereavement information**

Bereaved relatives' views paramount.

Personal Experience.

- **Hearing bad news in cluttered Environment**
- **No privacy**
- **Could not take in what was happening**

Providing high quality facilities for the relatives of dying patients is not always given priority in hospitals. A trust aimed to address this service gap

Safe haven: transforming relatives' rooms

In this article...

- ▶ Carrying out an audit of existing premises
- ▶ Devising a template for rooms that meet relatives' needs
- ▶ Combining a domestic feel with infection control policies
- ▶ Choosing artwork, colour, furnishings and other contents

Authors Sharon Bird is carer representative on the specialist palliative care practice development unit. Jacqui Canley is lead cancer manager. Paula O'Malley is arts coordinator and fundraiser, all at Antrim University Hospitals Foundation Trust. Michelle Macdonald-Jenkins is clinical information specialist at Edgely Hill University, Ormskirk, Lancashire.

Abstract Bird S et al (2011) Safe haven: transforming relatives' rooms. *Nursing Times*; 107: 5, 16-18.
The quality of facilities available for relatives and carers of hospital patients, which is particularly important when distressing news is given, often receives little attention. This article outlines a project undertaken at a Liverpool trust to improve the environment of relatives' rooms. The project adopted an evidence-based, design-led approach and used standard hospital materials and supplies to refurbish relatives' rooms. Audit and feedback from relatives and

staff was used to inform the project, and literature on enhancing the healing environment was used to formulate a trust-wide standard for all relatives' rooms.

The first End of Life Care Strategy for the UK aimed to promote high-quality care for all adults nearing the end of their lives (Department of Health, 2008). It outlined a number of quality markers and measures for end of life care for both commissioners and providers of healthcare.

One of the quality markers for acute hospitals was "suitable quiet spaces in wards for families and carers, which are specifically used for this purpose" (DH, 2009).

According to Lomas and Timmins (2004), best practice when breaking bad news is to deliver it in a private, non-clinical area where no disturbances are likely, and where patients and relatives can use the space for a time after the event.

Keywords: Relatives' rooms / End of life care / Ward environment / User experience

• This article has been double-blind peer reviewed

However, the quality of facilities available for relatives and carers, particularly when distressing news is being given, often receives little consideration.

After a relative recounted a traumatic experience when receiving bad news (see box), we decided to improve facilities at the hospital.

The relative was invited to become the carer representative on the palliative care practice development unit's (PDU) steering group at the trust. One of the group's aims is to improve facilities for carers and relatives of patients receiving palliative and end of life care.

Using relatives' experiences, as well as user needs and attitudes, to inform the design of relatives' rooms creates a partnership between relatives, patients and healthcare staff in leading service design (Bate and Cleyn, 2006).

Additionally, consultation with users, staff and artists generates greater ownership and commitment, and ensures that the project really meets the needs of users (Waller and Finn, 2004).

The project

To meet the aims of the project, it was vital to secure the involvement of a multidisciplinary team. The team included:

- ▶ PDU steering group.
- ▶ Ward staff.
- ▶ Relatives/carers.
- ▶ Patients.
- ▶ Estates department.

The project was led by the trust's arts coordinator and the carer representative of the PDU steering group, with valuable support from the maintenance manager in the initial stages. It also had the full backing of the trust's executive team.

We took an evidence based approach to designing and refurbishing ward relatives' rooms. This was informed by a review of the literature, audit results and the outcome of a survey of carers, relatives, patients and ward staff. Trust policies were followed.

The rooms serve two purposes:

- ▶ They provide a private space where staff can talk to families in a calming atmosphere;
- ▶ They give family members a place to go when they need rest and respite.

The audit

We carried out an audit of the areas used by carers and relatives of palliative care patients in April 2008. Eight wards were included in the audit, which revealed:

- ▶ Two had no dedicated areas for carers or relatives;

5 key points

1 A poor environment and a lack of privacy can add to relatives' distress when they hear bad news

2 A collaborative approach that involves staff, patients, carers and relatives was vital to the project's success

3 Minimum standards for relatives' rooms were met using existing NHS suppliers

4 An evidence-based, design-led approach was adopted

5 The project helped raise the profile of the needs of carers and relatives of patients who are receiving end of life care



Layout, colour and contents: ideas for a relatives' room

RELATIVES' EXPERIENCE OF BREAKING BAD NEWS

"In 2004, my world turned upside down. My husband was diagnosed with terminal gastric adenocarcinoma.

"A Whipple's procedure was attempted but immediately abandoned. This news was broken to me in a room labelled Sister's Office, but it

was also used as a storeroom and as a thoroughfare for the ward staff toilet.

"What I was told about my husband's chances of recovery left me feeling totally devastated, needing to escape. However, I was in this hectic environment with no safe haven to digest what I was being told or to think about the questions I should be asking. This memory lives with me today."

Refurbishment model

Art and design in health settings has long been recognised as playing an important role in reducing stress, improving outcomes and enabling effective communication (DH, 2007).

To inform the design of the relatives' rooms, we researched four areas.

Colour

We initially thought there may be one ideal colour to improve the environment and reduce stress.

However, research showed that colour and design should be harmonious (Tolle et al, 2004) and reflect colours found in nature. We therefore chose three colour combinations: green and fawn; red and green; and turquoise and mocha.

Lighting

The rooms can be used for intense periods of up to 48 hours, and by families needing a short rest.

After consulting a lighting supplier and the estates project team, we used two types

of lighting – dimmable overhead lighting and dimmable spotlights over the wall art.

This provided high quality light for formal discussions between staff and relatives that could be turned down if relatives needed a short nap.

Music

(Originally we envisaged making a CD player available in the rooms. However, research showed that music can carry memories and associations related to the time it is heard (Ashley and Luce, 2004), so we decided that a television would be installed, which could be used for distraction.

Art

Patients, carers and relatives have a clear preference for nature scenes or unthreatening abstract art (NHS Estates, 2004).

The project team and ward staff were shown a variety of art fitting these criteria, and based their choices on creating harmony with their chosen colour scheme.

Like music, art carries memories so, rather than use widely available prints, we commissioned original artwork for a small fee by a local artist.

After this research, we drew up a design layout, and showed a series of mood boards incorporating all elements of decoration, furnishings and art to ward staff.

Refurbishment plan

Although relatives' rooms are not in the main clinical ward area, the fixtures, fittings and furnishings still needed to comply fully with hospital policies. Therefore, when planning the refurbishment of the rooms, we considered issues relating to health and safety, infection control and people with disabilities.

Discussions with the equality and diversity, infection control, and estates and facilities departments identified a number of standards that had to be met. These related to access, temperature control, sanitary facilities, lighting, suitable fabrics and non-slip flooring. All fixtures, fittings and furnishings were sourced from existing hospital suppliers.

Based on the results of the audit, questionnaire, literature review and trust standards, we devised a new template for the relatives' rooms. This differed from the original minimum standards and included:

- ▶ Redecoration;
- ▶ Artwork;
- ▶ New flooring/lighting;
- ▶ Lined curtains;
- ▶ Wall mounted flatscreen TV;
- ▶ Modular furniture allowing for some flexibility in use;

Setting Standards.

- **Previous research relating to the Relatives Room Project. “Safe Haven”**
(Nursing Times 08.02.2011/Vol 107 No5/www.nursingtimes.net)
- **Literature review of mortuary viewing rooms research.**
- **Driven by feedback from People’s Voice Group concerns and HealthWatch members.**

A Mortuary Viewing Room Experience

- **To view a body of a loved one is a big decision**
- **Little information on what to expect**
- **Memory will be viewed positively or negatively or both**

Negative Experience.

- **Taken into an empty room, no explanation of what to expect**
- **Without warning a curtain swept back**
- **Visceral shock with a lasting memory**

Positive Experience.

- **Timely information for family and friends**
- **Atmosphere of quiet and support.**
- **Respect, privacy & dignity**

Set up a Mortuary MDT.

- Patient Experience Manager
- Estates & PARTIA Managers
- Mortuary Manager
- HealthWatch
- Domestic Supervisor

HealthWatch Involvement.

April 2016 HealthWatch Knowsley inspected the Bereavement Suite to:

- **Gain an insight into the experience of bereaved people who use the Mortuary viewing rooms.**
- **Ascertain if there were any small changes that could be made.**
- **Ensure that visitors are as comfortable as possible during a very difficult time.**

HealthWatch Findings.

- **Although the area was clean and bright**
- **It could be enhanced by the addition of softening features, pictures, cushions, flowers and warming accent colours.**
- **Requires appropriate furniture such as higher chairs suitable for people with limited mobility.**

Mortuary Review.

Reviewed the condition of:

- reception area**
- relatives rooms**
- viewing rooms**

Conclusion disparate and disjointed spaces.

Mortuary Areas.

Reception Area.

Light & clean – pamphlets/booklets scattered around

Relatives Rooms.

Poor flooring, mismatched furniture

Viewing Rooms.

Semi religious motifs, industrial feel

Furniture within all areas was old, low and not fit for purpose.

Multidisciplinary Team.

Negatives.

group large & unwieldy
differing views
almost stalled

Positives.

negatives quickly resolved
goodwill
Trust funding

Estates Officer.

- **Nicky Colcutt - Appointed to the team February 2017.**
- **Secured additional funding from:**
 - Estates for flooring**
 - Organ donation team for furniture**
 - PARTIA for art work**
- **Co-ordinated all works from start to completion March 2017 Ensuring minimum disruption & impact.**

Result.

- **Totally refurbished suite.**
- **Redesigned garden.**
- **Relatives information reviewed and updated.**
- **New bereavement information for staff.**
- **Revised bereavement booklet.**



Reception Before

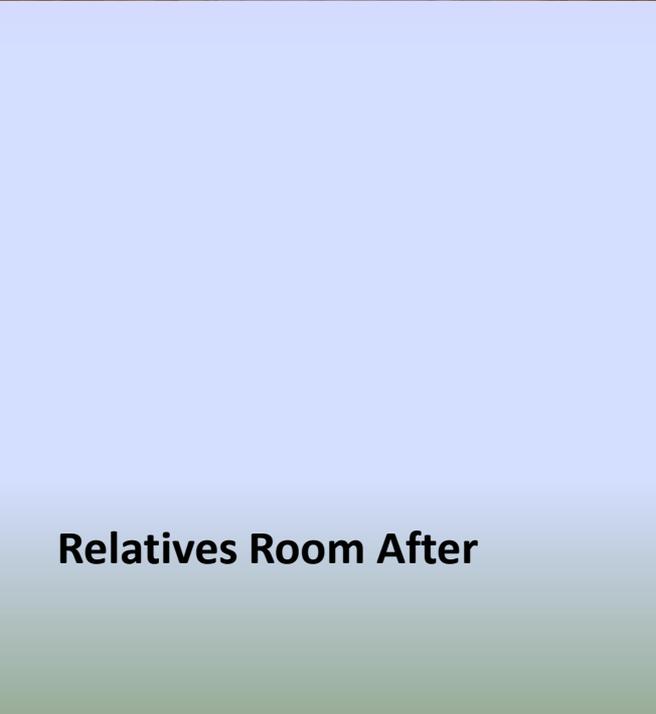


Reception After





Relatives Room Before



Relatives Room After





**Viewing Room
Before**



Viewing Room After



Bespoke Art Work

HealthWatch Report.

Revisited 17th May 2017.

- The entire area has been transformed into a tranquil space where people can sit. The seating is comfortable yet practical, and the warm colours of the walls are complemented by the bespoke artwork that hangs in the areas.
- The rooms are no longer called Viewing Rooms but are named after wildflowers and the names reflect the colour schemes.
- The clinical flooring has been replaced with laminate, which was beyond what we hoped for and again this adds to the warmth of the rooms.

Our reasons for refurbishing the area.

Nothing can ease the pain of losing a loved one. However we can try to ensure that a poor and degraded environment does not add to the distress of the occasion.

The environment should not leave distorted memories of the place where they last saw their deceased loved one.

**I've learned that people will forget
what you said, people will forget
what you did, but people will never
forget how you made them feel.**

'Maya Angelou'