

The implementation of the CSNAT – A project management approach

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(Respite and response community team manager)

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(Family care and AHP manager)

Why CSNAT ?

- Scoping exercise for Hospice at Home model of care
- “Caring for carers” – Carers assessment?
- Hospice strategic plan 2015-18
 - “Increased carer support pre and post bereavement”
- Presented to Senior Clinical Team
- **KEY MESSAGE – Senior Organisational Agreement**



Project facilitation group

Lynne Carmichael – Nurse , Community background

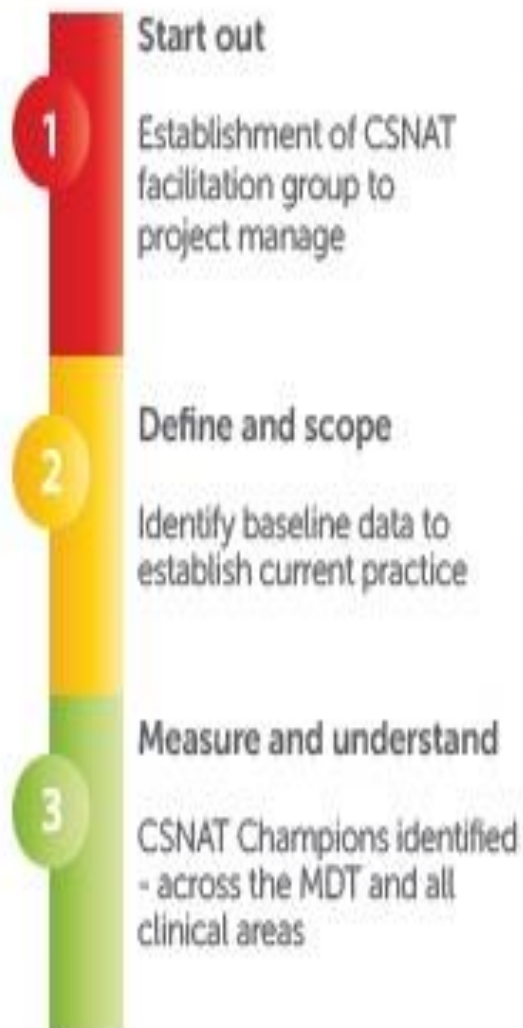
Julie Marshall – Social worker, AHP and Family care

Paula Burns – Nurse, IPU charge nurse

KEY MESSAGE – Representation across all clinical areas



Six stages for project management



Key messages

- Time commitment - regular meetings
- Share the tasks amongst facilitation group
- Project management approach
- Identify champions with the right skill set
- Regular progress meetings with senior management
- Review and adapt in line with feedback from practitioners



Preliminary Findings

- Formal assessment of carers needs is highlighting stresses, concerns and worries much earlier in the patient/carer journey.
- Carers report that they feel listened to.
- Support networks are being offered proactively, enabling carers and patients to utilise community supports.
- **KEY MESSAGE** – Defined pathways to ensure consistent practise

Staff Feedback

"Its like a structured listening tool"

" I would struggle not to use this approach (tool) as part of my every day practise

"I feel using this tool promotes proactive practice – it highlights uncertainty early on and gives us an option to meet need"

"it definitely adds time to the visit but its time well invested"

Conclusion

As we focus on evidence-based outcome measures we need to consider how we change longstanding practice. The key to achieving successful implementation of evidence-based tools is time, resources and commitment, as well as a willingness to adopt structured change management models and processes.

