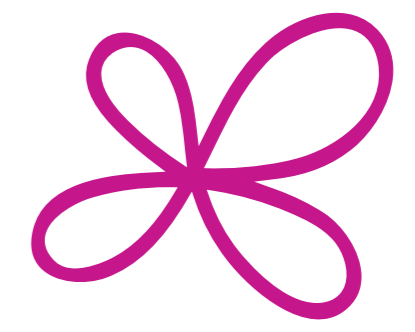


Giving praise where praise is due: Learning from Excellence in a hospice



BIRMINGHAM
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Healthcare settings have traditionally focused on ensuring patient and staff safety by learning from incidents and errors.

Considerable time and energy is spent on activities including incident reporting and root cause analysis, whilst less attention is paid to learning from, and replicating, situations where things go well. Birmingham St Mary's Hospice introduced a system of Learning from Excellence (LfE) to address this. This was modelled on the work by Plunkett et al at Birmingham Children's Hospital.

We hypothesized that this would improve staff morale and retention, provide evidence of good practice for team learning, quality reports and marketing and be useful for team appraisal and revalidation.

Aim

To institute a Learning from Excellence scheme within a hospice setting, across all hospice teams.

Method

- Support was obtained from the executive team and board of trustees.
- A small task and finish group was set up. Having accepted advice from other local healthcare providers, a simple form was generated.
- An IT apprentice supported the team to generate an intranet based, electronic version of the form. A paper version was offered to team members who did not have intranet access or preferred paper.
- A volunteer was recruited to support the initiative.
- A soft launch was conducted across the whole hospice, emphasising that this was open to both clinical and non-clinical teams, and form submission invited, with the task and finish group encouraged to role model by reporting.
- Reporting was monitored by the volunteer and administrative team.
- Recipients were provided with a copy of the LfE report on headed notepaper for their records and to allow use in appraisal. This was copied to their line manager to highlight excellence in the workplace.

Results

With the right people in place to support this initiative, the set up process was relatively straightforward. Informal feedback from staff was positive. Uptake has been fairly limited, but we anticipate organic growth as we hope that when people receive a positive report, they will be motivated to generate one themselves. 75% of reports have been from clinical teams, with 25% used by non-clinical teams. Reports have often been about individuals in different clinical teams and have varied in scope from support with challenging situations, to service development.

Future developments

Staff will continue to be encouraged to report and learn from excellence and themes will be generated to review at clinical governance committee. There has been limited advertising of the initiative, so this will be considered in the future. All reports so far have been from and about staff members rather than volunteers, and this will be an area for development in the future.

Conclusions

Learning from Excellence has been a positive experience, allowing us to focus on what is done well within the hospice setting. Some aspects of set up have been novel within our hospice and we recommend more widespread use within hospices.

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