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THE ART OF PALLIATIVE CARE: THE ARTIST AS LEADER

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There has been much written about Creative Leadership over the past 10 years (McCauley et al 2006; Stoll 2008). Major issues associated with leadership in hospices in the 21st century were also mentioned in the Final Report of the commission into the Future of Hospice Care (2013) in the form of an undeveloped workforce and also the fact that leaders will need to be developed from within existing hospice staffing structures in order to achieve major change.

This paper will explore the benefits of the artist as leader. The author began a career in the hospice movement over 25 years ago and has moved from working as an Arts Practitioner, through various senior management roles and recently took on the role of Chief Executive at a hospice in the South of England.

Three main topics will be considered:

1. The structures, systems and discipline of artistic processes and the benefits of these in relation to developing strategy and leading teams as well providing frameworks for innovation
2. The importance of the experiences and thinking processes of the disciplined artist when calculating risk and the potential of working through and beyond it in order to take risks to achieve preferred outcomes
3. The impact of 'flow and poise' on succesfully achieving major change within organisations

Examples of innovation and change from within a number of hospices that the author has worked in will be given to highlight the issues rasied, as well as references to the latest research in the field. Specific focus will be given on the benefits that the experienced art ist can bring to leadreship within the 21st Century hospice movement.

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CONTINUOUS LATERAL ROTATION THERAPY: HEALTHY FOR THE LUNGS, SAFE FOR THE SKIN?

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Continuous Lateral Rotation Therapy (CLRT) is a treatment modality used in intensive care units for early mobilization of ventilated patients by mechanically rotating them laterally left-center-right in bed. Research supports its use for the treatment of pulmonary diseases and for the prevention of VAP by mobilizing secretions in the lungs. Some in healthcare believe that CLRT is not sufficient to allow for capillary re-perfusion, which may lead to tissue damage. The purpose of this research is to evaluate the effect of CLRT on posterior skin integrity by asking the following questions: Are there differences in skin pressure readings, skin integrity, or perceived discomfort among three positioning scenarios: Continuous lateral rotation therapy (CLRT) only; CLRT with static wedge (30°) and static wedge (30°). A linear mixed model analysis for repeated measures was used to compare mean and maximum interface pressure. Maximum pressures were recorded to quantify the amount of pressure on capillary beds while mean pressures were recorded to illustrate a pressure over time effect. CLRT alone demonstrated statistically lower interface pressures on ischial tuberosities ($P<0.05$) as compared to any use of a static wedge. Statistically higher pressures were noted on the heels in CLRT alone ($P<0.05$). No difference noted between static wedge alone and CLRT with wedge. Pain noted in wedge positioning: 7/10 subjects; CLRT with wedge: 6/10 subjects; CLRT alone: 1/10 subjects. No erythema or breakdown noted. The results of this study support the use of CLRT to decrease pressure on capillary beds and also decrease patient pain.

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