

# Hospice at Home One Year On

**South Oxfordshire Palliative Care Hub  
April 2018 – March 2019**



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neurological  
and bereavement  
support

# The Service

The Hospice at Home service is delivered by Registered Nurses and Nursing Assistants who provide personal care, management and monitoring of symptoms.

7 days a week, 8am – 8pm

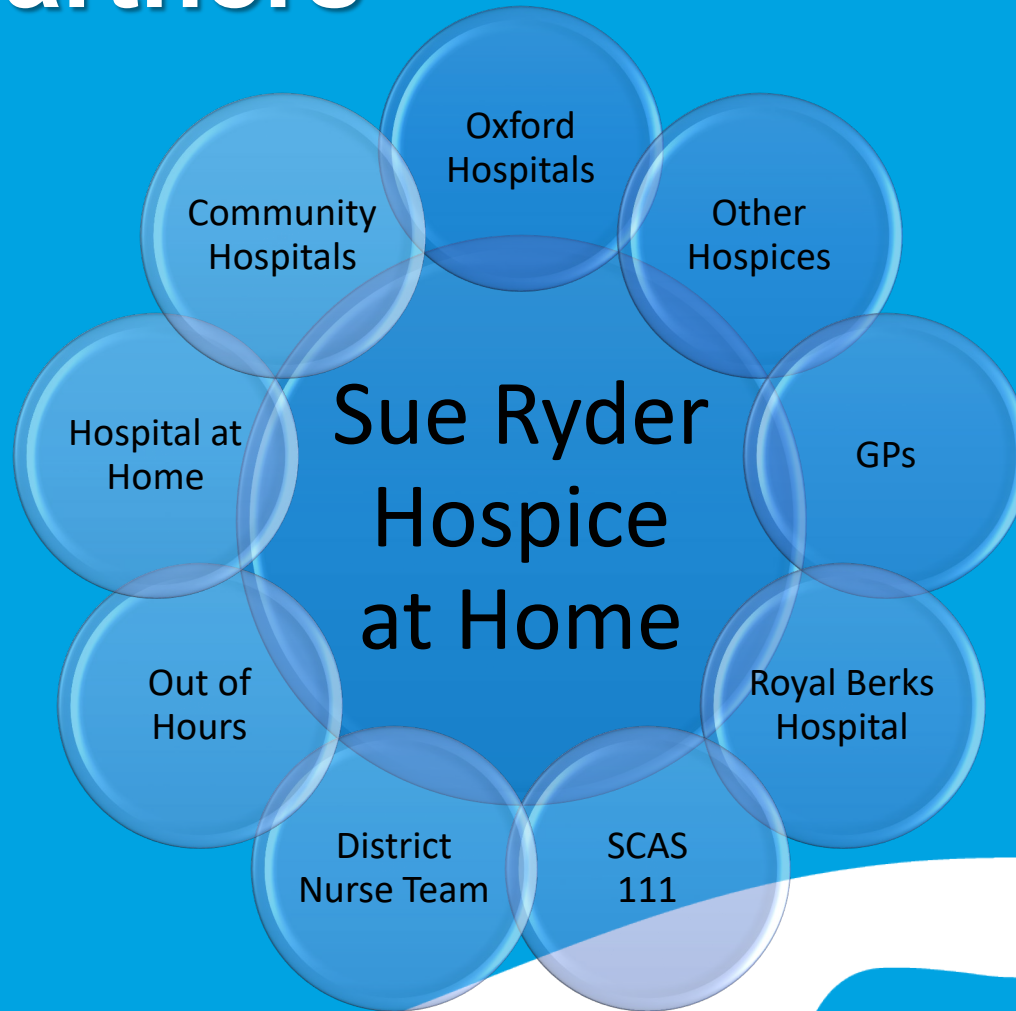
Includes:

1. CNS Planned and Rapid Response Service
2. Fast Track Service, started mid August 2018
3. Crisis Care Service, implemented October 2018
4. Twilight Service from March 2019, 8pm-2am
5. Support/Advice line



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# Key Partners



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# Patients Supported

In year one, 310 patients overall have been supported by Hospice at Home.

The CNS service has supported 267 patients requiring complex care.

From Oct 18, the Fast Track service has supported 63 patients. In total, 3,743 hours of care and 1,384 visits (458 by an RN, 926 by a NA).

From implementation in Oct 2018 the Crisis Care service has supported 57 patients. In total, 227 visits (107 by RN, 120 by NA) have been provided as crisis support.



# CNS Service: Planned Care

The CNS team support patients with complex needs 7 days a week, 8am – 8pm. They can prescribe or refer for medical assessment if symptoms are very unstable.

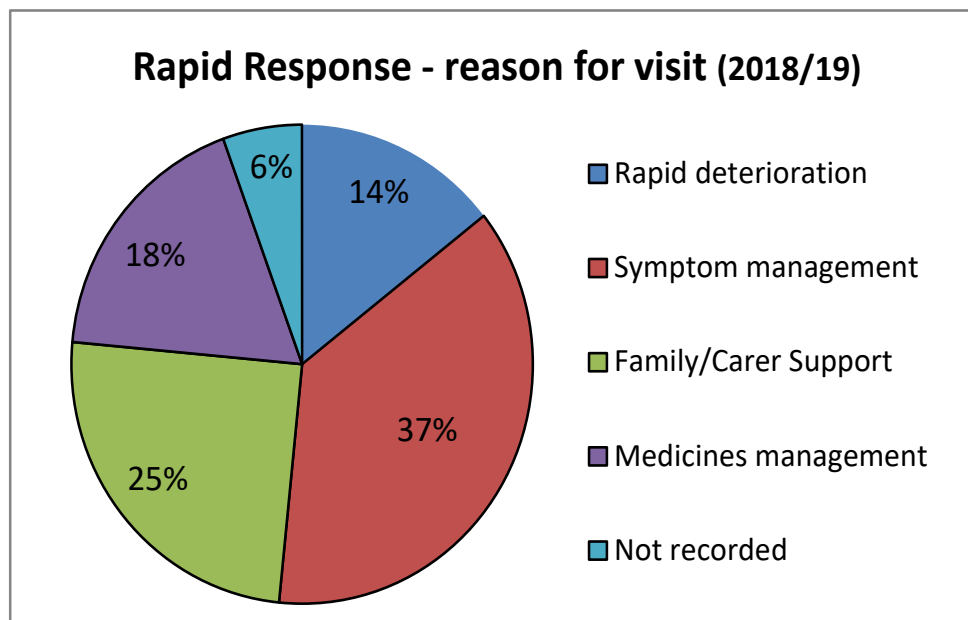
All CNS patients have a Phase of Illness and Karnofsky score recorded to ensure the most appropriate Hospice at Home care is provided at the right time.

A caseload snapshot for the CNS team at end of March 2019 shows an increase in caseload by 40% compared to the same time the year previously.

# CNS Service: Rapid Response

Crisis calls to the Hub receive a rapid response within 2 hours.

To date there have been 273 Rapid Response visits to patients (71% between 8am-8pm) and 80 visits at weekends/bank holidays (29%).



# Fast Track Service

Due to the complexity of patients referred to Fast Track, we also provide RN support for this Service for:

- Patients with unstable symptoms requiring PRN medications prior to personal care
- Change of phase, where a patient moves from a stable phase to a dying phase and requires reassessment of the care plan for delivery of care by NAs
- Where there are complex family issues/care burden
- Weekly reassessment care plan
- Support and training of the NAs



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# Crisis Care Service

This service was implemented in October to fill a gap identified by partners such as SCAS as well as the CNS team.

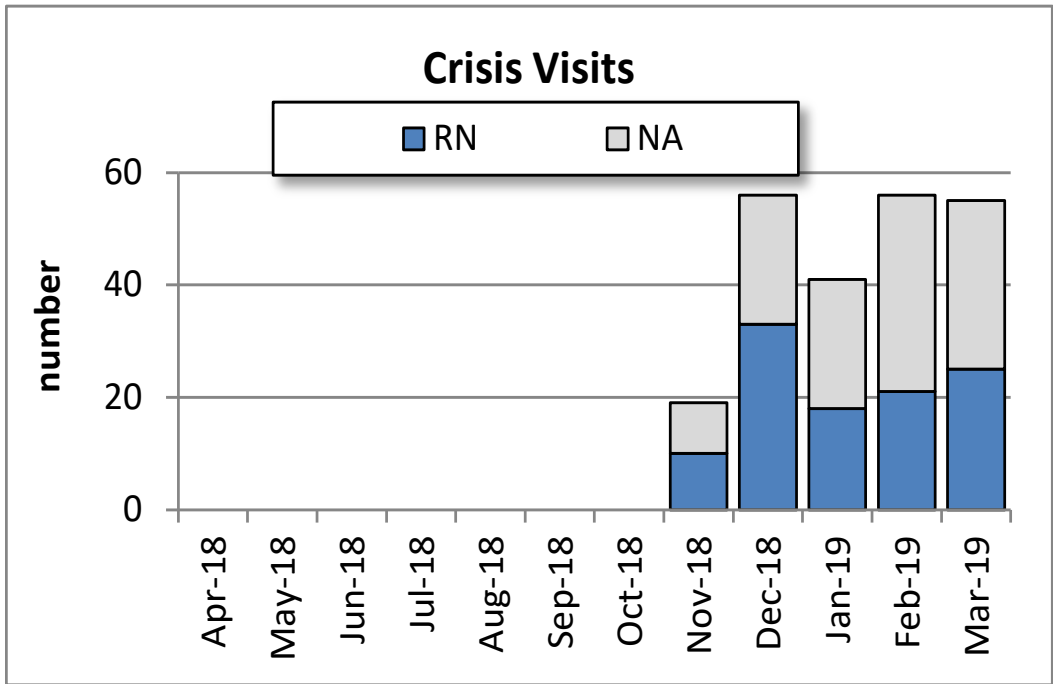
These are patients in a crisis requiring a rapid response visit (within 2 hours) either because of carer burden or a change in symptoms.

In these cases a short provision (72 hours) of intense support to work out a longer plan can prevent a hospital admission.

RN, NA and CNS support is provided depending on patient need, working alongside DNs and GPs as appropriate.



# Crisis Care Service cont'd



Since November:

**107 RN visits** - 72 (67%) weekdays, 35 (33%) weekends

**120 NA visits** – 87 (72%) weekdays, 33 (28%) weekends

# Twilight Service

In March 2019 a Twilight Service was introduced which extends Hospice at Home care from 8pm until 2am on Friday, Saturday and Sunday nights.

The service is run in close partnership with Hospital at Home and the services liaise regularly throughout the night.

In March the service supported 9 patients with a total of 12 double visits.



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# Support/Advice Line

Operational 7 days a week, 8am – 8pm.

All community palliative care referrals, advice, support for patients, carers and healthcare professionals are coordinated through the Palliative Care Hub Support/Advice Line.

The Sue Ryder CNS team triage referrals and calls through the Hub ensuring patients receive the right care at the right time in the right place.

50% of calls are from patients/carers with 45% from HCPs.



# Support Across Services

70 year old female living with husband. History of COPD, heart failure and diabetes. She received 12 weeks Hospice at Home and fast track care provided by CNS, RN and NA's collaborating with the District Nurse SW team to manage the syringe driver. The patient also attended Day Hospice for 4 weeks with her husband saying she felt safe and supported in the day hospice which provided welcome respite to both the patient and her husband.

The patient died in the Hospice IPU achieving her preferred place of death.



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# Outcomes

For those patients who died during 2018/19, 93% achieved their preferred place of death.

Facilitated early discharge from hospital for 20 patients, thereby reducing acute length of stay by 37 days (days only recorded from Jan'19).

Based on clinical judgement 148 hospital admissions have been avoided.

# Outcomes Cont'd

The overarching outcome is to provide the right care at the right time in the right place for people within the last 12 months of life. Achieving patients' preferred place of care, avoiding unnecessary hospital admissions and dying at home if that is that is their wish.

The benefit to patients is improved management of symptoms, individualised care and choice avoiding a crisis situation and maintaining independence and dignity.

# The Future

- Extension of the Twilight Service to 7 days a week therefore providing Hospice at Home Service 8am -2am.
- 24/7 Advice/Support Line for patients and professionals
- Night Sitting Service



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# Questions?



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