HOSPICE OUTREACH TEAM

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The primary objective of the service is to provide Individualised packages of care, increased/reduced according to need for patients in the last 6 weeks of life and those closest to them. Through this provision of home care, we are demonstrating that we can improve the assessment and management of symptoms.

Typical 4-month stats (April - July 2019):

- Referrals - 296
- Home visits - 748
- Triage calls - 1307
- Care Hours - 6,331.75

Conclusion

The community nursing service was restructured to ensure that all adult people, regardless of their diagnosis, have choices and access to specialist palliative and end of life care; to strengthen the integration with our community colleagues; to improve anticipatory and advanced care planning; to reduce unplanned hospital admissions; and to ensure a timely response during episodes of palliative care crises.

Method

To evidence a proposal for change an activity audit was completed, a triage system was tested, and views sought from GPs and community nursing leads. The team was changed and became comprised of two tiers of specialist nurse - Outreach Nurses and Outreach Practitioners who have extended skills of physical assessment and prescribing as well as overall responsibility for the wider caseload and the team. The service aimed to support GP’s and District Nursing teams within cluster locations. The telephone triage facility was used to determine the appropriateness of referrals and the location for the first assessment, allowing care to be prioritised and the team to offer a responsive service to complex and urgent cases.

Results

By managing complex, individual and changing information and supporting patients in choices around treatment and care we have demonstrating improvement in quality and experience along with an increase in referrals. Using and applying clinical knowledge to oversee and coordinate services, we can personalise the palliative pathway for individual patients and support the needs of their families. Additionally, we can act as the key accessible professional for the multidisciplinary team, undertaking proactive case management and using clinical acumen to reduce risk.

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Abstracts

OFF-LABEL PRESCRIBING RECOMMENDATIONS BY A HOSPITAL PALLIATIVE CARE TEAM (HPCT)

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Background

It is well recognised that the off-label prescribing of medications is an essential part of practice in palliative care. ‘Off-label’ generally refers to a medicinal product that is used beyond the specification of its Marketing Authority. There are many reasons for the high incidence of such prescribing in palliative care including that the costly and time-intensive process of obtaining or expanding a licence can only be performed by a pharmaceutical company. Additionally, there is common use of subcutaneous medications, the majority of which are used off-label. While this is widely accepted as normal practice, there is a lack of standardisation regarding gaining informed consent from patients and its documentation.

Aims

- Set up a unit for tracheostomy ventilated children within a Children’s Hospice in partnership with the hospital. This unit would provide accommodation and nursing support for 3 children and families in preparation for discharge home.
- Facilitate care of child outside the hospital environment.

Methods

- Literature review
- Partnership working with respiratory team
- Agreed practice framework

March 2017–October 2017:
- Collaboration with specialist paediatric respiratory, and hospice palliative care teams