THE EVOLVING ROLE OF RAPID RESPONSE CLINICAL NURSE SPECIALIST DURING THE COVID-19 PANDEMIC

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Abstracts

Method From January until the end of March 2021 support was provided to the designated care home in the form of:

- A weekly virtual ward round. Members on the virtual ward round included a GP, the Lead Nurse from the care home, an Advanced Nurse Practitioner, a paramedic and a Palliative Care Nurse Specialist.
- The provision of regular telephone calls throughout the week was dependant on need from the care home.
- If there were any particular patients that the care home staff had concerns about a clinical nurse specialist would be available at weekends and bank holidays for advice and support.
- Telephone calls to relatives.

Results

- Prevention of patients being readmitted to the Acute NHS Trusts following the input from specialist palliative care.
- Quality symptom control provided for patients not for escalation.
- Quality end-of-life care.
- Support for care home staff.

Conclusion The specialist palliative care input made a positive contribution to the care of patients and also to the symptom control of those patients who were end-of-life. Staff felt supported in looking after these patients at a time when care home staff were generally feeling very isolated.

END-OF-LIFE HUB- COORDINATING END-OF-LIFE CARE DURING COVID-19 PANDEMIC

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Background With the concern that demand would overwhelm our local healthcare services our hospice in the home team was expanded to develop an end-of-life care hub. The hub would lead and co-ordinate all non-acute hospital end-of-life care within the locality.

Aim The end-of-life hub would ensure the efficient use of the entire end-of-life resources across the locality and enable timely access to care. This involved working in collaboration with external services including primary care, community nursing, ambulance service and local community hospitals.

Method The end-of-life hub is supported by call handlers, senior staff nurses, healthcare assistants and clinical nurse specialists and was operational 24/7. The main functions of the hub included:

- Single point of contact for all end-of-life matters for professionals, patients and family members 24/7.
- Receive diverted call from NHS 111 and out-of-hours services where patients were either COVID-19 positive and not suitable for acute admission or approaching end-of-life.
- Provision of 24/7 medical advice and specialist palliative care prescribing capability.
- Provision of 24/7 rapid response visiting in partnership with community nursing.
- Coordinating flow through all non-acute community hospital admissions for end-of-life care including medical and pharmacy support.
- Coordinating the expanding virtual ward service.
- Liaising with central continuing healthcare team on care that could not be provided through virtual ward.
- Coordinate the electronic end-of-life register (My Care Choices).

Outcome The end-of-life hub received a total of 45,670 calls into the service over the past year. During this time a total of 4943 referrals were received and processed through the end-of-life hub which coordinated their care and ongoing support within the locality.

Conclusion The end-of-life care hub continues to develop and remains a core service within the community to continue to increase our reach to serve our local population.

TURNING THAT FROWN UPSIDE DOWN; THROUGH COVID-19 AND BEYOND

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