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HOSPICE AT HOME SERVICES—THE IMPORTANCE OF INTEGRATION AND MEDICAL SUPPORT

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Background Hospice at home services are an increasingly important part of specialist palliative care support to patients in the community. Most hospice at home services consist of different nursing interventions, but don't include medical support.

Aims We describe outcome data including a service evaluation of a hospice at home service model that includes full medical support. This service model comprises a nurse lead sitting component, a nurse lead accompanied transfer home, but also consultant lead specialist palliative care medical support for complex clinical situations in patients referred to the service. The service is firmly integrated into a specialist palliative care provider that provides the full spectrum of specialist palliative care including inpatient and outpatient services for the locality.

Results 170 patients were supported by the service in an 18 months period from 1/2012–6/2013. 80 (47%) received a specialist palliative care medical visit as part of their intervention. 135 patients died within the 18 months period. Of these 114 (84%) died in their usual place of residence (100 at home, 14 in a nursing home). Sixteen (12%) died in hospice inpatient unit and only five (4%) died in hospital. A service evaluation was carried out for a ten month period from 1/2012–10/2012. Health care professionals who had referred to the service and families of patients who had used the service were sent questionnaires. Both patients and health care professionals rated the service in general very highly. Particularly health care professionals commented that the medical intervention component had helped to avoid crisis situations and allowed patients to stay at home.

Conclusions These results suggest that firm integration of hospice at home services into existing specialist palliative care services and medical support including consultant leadership should be key components of this type of service.