ENABLING SUCCESSFUL HOSPITAL DISCHARGE TO HOME AT END-OF-LIFE: HOW CAN WE SUPPORT FAMILY CARERS?

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Background Successful hospital discharge and prevention of readmission often depend on carers’ ability to support patients.

Aim To investigate how carers are supported during patient discharge from acute care towards end-of-life (EOL) and suitability of using the Carer Support Needs Assessment Tool (CSNAT) to improve carer support at discharge.

Methods Qualitative design: focus groups (FGs) with 40 practitioners supporting patient discharge from three English acute hospital trusts; interviews with 22 carers of patients discharged. 14 practitioners and five carers joined two final workshops. FGs/ interviews/workshops explored current discharge processes and potential value of using CSNAT. Thematic framework analysis conducted.

Results Discharge processes were heavily focussed on patients’ needs: there was no systematic approach to supporting carers. Practitioners and carers viewed CSNAT as highly relevant and could be used to facilitate much needed EOL conversations which often were absent and to manage carers’ expectations of their caregiving role at EOL, including support available (or not) in the community. They also provided advice on feasibility of using the five stage CSNAT approach at discharge.

- Stage 1. CSNAT introduction was seen as crucial, to overcome carer reluctance for support for themselves and to avoid it being viewed as ‘another leaflet’
- Stage 2. Carers’ consideration of needs: useful to help manage expectations of caregiving, but carers need to be given time to reflect
- Stage 3. Assessment conversation: CSNAT questions seen as a useful trigger, but a separate space and a separate focus from patents needed.
- Stage 4. Action planning: an essential part of the process – giving out the CSNAT was not ‘job done’
- Stage 5. Review: challenge in this context is the transition to home, but CSNAT as a carer-held record was a possible solution.

Conclusion CSNAT shows good potential to enhance carer support at hospital discharge and play a role in preventing readmissions towards EOL.

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