THE POSITIVE IMPACT OF A LIVING WELL SERVICE
PROACTIVE DISCHARGE

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10.1136/bmjspcare-2017-hospice.230

Background Patients attend Day Hospice for a limited period enabling monitoring and management of symptoms. Once symptoms are managed, the discharge process has proven difficult. The beneficial support and care patients receive mean they are reluctant to terminate attendance, causing anxiety and distress for patients and families.

Aims

- Initiate a structured programme for patients whose symptoms were stable and not requiring specialist medical palliative care
- Help facilitate discharge while empowering patients with information and education
- Utilise the service as a step up or step down tool, for patients that may deteriorate or stabilise, enabling us to offer a flexible, responsive service.

Methods Patients identified by the multi-disciplinary team from the cohort attending Day Hospice that no longer may need to wait to benchmark against other similar services or a baseline population.

Over 10 months, 156 referrals, 78 of whom accessed the service
Average 18 patients on waiting list
72% average attendance/week
71% malignancy; 29% non-malignant condition
IPOS data shows mixed scores but tool clinically useful for identifying patients’ unmet needs
Quality of life increased from 3.0 to 4.3 despite overall deteriorating health
Patients/carers report Day Hospice makes a significant difference with most saying it gives ‘a lot of benefit’
Patterns in phase of illness have emerged and may help to guide decision making regarding follow-up
100% patients discharged from hospice, had consecutive ‘stable’ status throughout care
All patients needing specialist follow-up had ‘deteriorating’ or ‘unstable’ phase during programme.

Conclusions The redesign has been successful and patient feedback good. Measuring hospice outcomes remains challenging but our experience of the OACC suite has been positive and we are now implementing Karnofsky. A clearer pattern, particularly with IPOS may emerge with more data. However, we may need to wait to benchmark against other similar services or a baseline population.

THE POSITIVE IMPACT OF A LIVING WELL SERVICE OFFERED WITHIN A PALLIATIVE DAY HOSPICE SETTING

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Background Patients attend Day Hospice for a limited period enabling monitoring and management of symptoms. Once symptoms are managed, the discharge process has proven difficult. The beneficial support and care patients receive mean they are reluctant to terminate attendance, causing anxiety and distress for patients and families.

Aims

- Initiate a structured programme for patients whose symptoms were stable and not requiring specialist medical palliative care
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- Utilise the service as a step up or step down tool, for patients that may deteriorate or stabilise, enabling us to offer a flexible, responsive service.

Methods Patients identified by the multi-disciplinary team from the cohort attending Day Hospice that no longer required specialist medical input. Programme is nurse-led with input from the multi-disciplinary team. These patients were reluctant to be discharged as felt they benefited emotionally and psychologically from the social aspect of the service. A sixteen-week plan was devised which included optional education sessions and circulated to potential attendees. Activities were also available which patients could access if desired. A drop-in session is available on completion of the 16 week programme, ensuring an open door policy to hospice services or enabling people to access social contact. Patients can now join the programme at any point and can be referred directly from other professionals.

Results The pilot is still continuing and evaluation has been ongoing and positive. (Pilot completes 22/6/17). Everyone has benefitted from the education sessions. Patients seem reassured by the offer of drop-in sessions and expressed a desire to attend these.

Conclusion By offering information and tools needed to feel empowered to live well independently with the option of drop-in sessions, appears to be a successful way of supporting patients’ discharge from the day hospice.