THE COST OF A NIGHT NURSING SERVICE AT RENNIE GROVE HOSPICE CARE, AND THE TOTAL COMMUNITY COST OF CARE AT HOME COMPARED TO AN ADMISSION TO HOSPITAL


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Background Rennie Grove (RG) runs a 24/7 Hospice at Home service. An independent study calculated the cost of a visit and the total community cost of home care, including all health care professional (HCP), carer, and family member visits.

Methods Over a period of 145 days, 550 calls and 335 visits made to/by the night team were recorded, averaging 3.79 per night. The salary cost per hour for each nurse, plus organisational add on costs, were calculated. To derive a total community cost, 35 families, able to consent, kept a diary for up to two-weeks, recording all HCP, carer and family support visits and duration of each visit. 17 diaries were returned.

Descriptive analysis was used with the Statistical Package for the Social Sciences (SPSS v22). Costs were taken for HCPs and social care services from the PSSRU data 2015/2016.

Results Average length of the diaries was 10.4 days. For 3.79 visits per night the cost per visit was £195 (RG nurses travel visits comprised 4% of visits but 15% of total costs. MacMillan/Marie Curie nurses accounted for just 2% of visits but 19% of cost as they stayed overnight. The cost of 177 days of care for 17 patients was £11,814; i.e. £66.7 per day as care was not needed every day of each diary period.

Conclusions The cost of home care seems acceptable, compared to the national average cost of a day in an inpatient specialist palliative care bed at £397-£400 (Data.Gov.UK, 2015).

DOES A 24/7 HOSPICE AT HOME SERVICE PREVENT OR POSTPONE ACUTE HOSPITAL ADMISSIONS?


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Background Most people wish to die at home but in England almost 50% die in hospital, suggesting that more can be done to keep people at home. Some studies have shown this may be possible, especially with adequate support and good pain control.

Methods Rennie Grove Hospice Care carried out an independent study to identify the value of their night team in providing 24/7 care over a period of 145 nights. The study considered whether the provision of overnight care affected decisions to make hospital admissions. Data from a night nurse template recording all overnight visits, a review of 42 patient/carer records of those who had called the night team, a carer questionnaire (n=87), carer interviews (n=18) and staff interviews (n=9), were analysed.

Results The night nurse template recorded 5 overnight admissions made during the study period, all for acute reasons and considered unavoidable. Review of 42 patient records showed 23 hospital/hospice admissions occurred, most during the day-time (18 to hospital, 5 to a hospice) of which only 3 were considered avoidable. The carer questionnaires showed 13 (16%) of their cared for persons had been admitted to hospital in the last few weeks of life, with most reporting the admission was necessary. Staff interviews identified a pride in supporting patients to stay at home, while information from carers gave a clear indication that Rennie Grove nurses enabled their cared for individual to remain at home; that contact with the night team helped prevent or postpone an admission; and without Rennie Grove their alternative would have been 111/999, district nurse or out-of-hours GP.