

'Every day counts' - Pilot service for improving access and consistency in palliative care seven days a week



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Background

- National Institute for Clinical Excellence (NICE) highlighted need for 7-day palliative and end of life care ^{1, 2}
- Hospice Isle of Man is the sole specialist provider for ~85,000 residents
- A&E, urgent care, district nursing provide generalist services on weekends and holidays

Aims:

- To determine the need for, use of and impact of 7-day Palliative Care Clinical Nurse Specialist (PCCNS) service.
- To improve quality of care, experience of care and outcomes of patients and their families.
- To facilitate patients achieving their preferred place of care.

Methods

- Pilot 7-day service offered 1/10/2016 – 31/3/2017
- Weekend coverage established by reallocating existing team (**Figure 1**) with small extra cost for weekend working
- Weekend service available for urgent telephone calls and visits, routine caseload and requested visits from other PCCNS

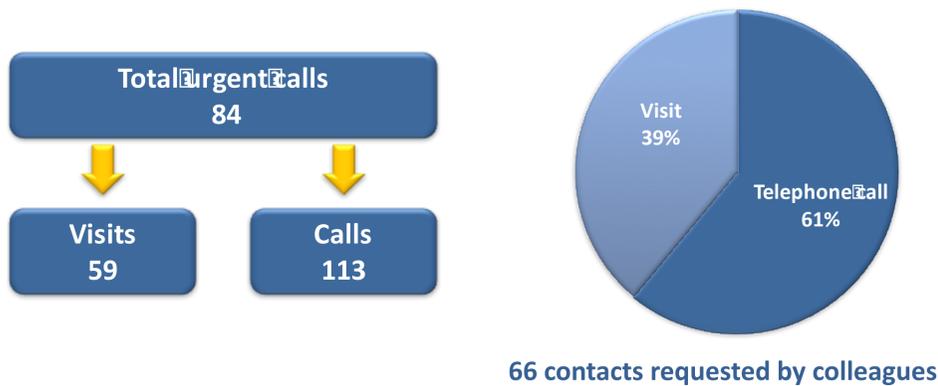
Staff	H/W	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Manager	37.5	Study	Study	Study	On	On	Off	Off
CNS	37.5	On	On	On	A/L	A/L	Off	Off
CNS	22.5	Off	Off	Off	On	On	On	Off
CNS	22.5	On	On	On	Off	Off	Off	Off
CNS	37.5	On	On	On	A/L	A/L	Off	Off
CNS	37.5	On	On	On	On	On	Off	Off
CNS	37.5	Off	On	On	On	On	Off	On
Bank Staff								
Total staff		4	5	5	4	4	1	1

Figure. 1 Schedule reallocating time to weekend working

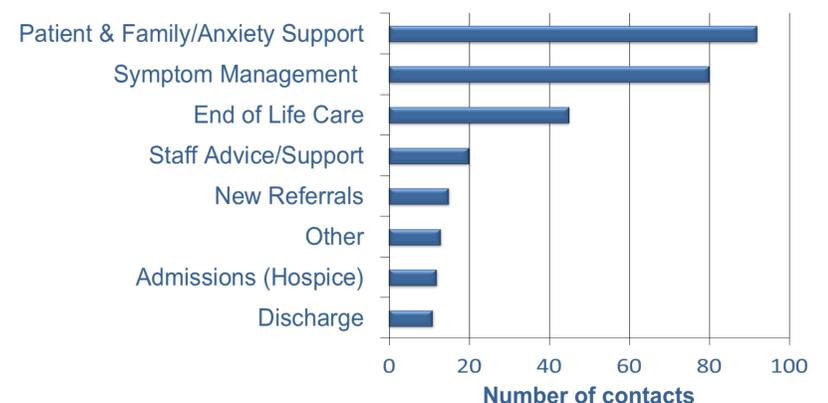
Legend: Study leave (green), Weekend working (red), Annual leave (blue), Bank / extra hours (orange), Oncology & Palliative Care Clinic (yellow), Days off for weekend working (pink)

Results

The need for and use of 7-day service was present for both urgent and anticipated cases in the 6-month period



Family distress and symptom management were the most common reasons for contact*



Patient & carer comments on 7-day service

"We were very glad of support on Christmas day when Mum was dying."

"It was beneficial for the PCCNS to visit on a Saturday when my wife and sister were off work to meet PCCNS, ask questions and get advice"

"How relieved I was that my husband was able to transfer to hospice from Nobles (Hospital) at the weekend rather than staying on an acute ward." – Wife of end of life care patient

"I first thought, 'Oh, no!' It's the weekend, I'll have to get MEDS. Then I remembered the service. I was so grateful to have someone to talk to and then have a visit for symptom management."
– Patient upon return from Christie's Hospital

Common themes from stakeholder feedback

- Patients**
 - Better and faster symptom management, especially when PCCNS was a qualified nurse prescriber
 - Received a responsive, supportive service regardless of location
 - Helped achieve preferred place of death and/or care
- PCCNS**
 - Greater job satisfaction due to improved ability to facilitate preferred place of death, prevention of hospital admissions, ability to reassure patients and families 7-day a week, and improving continuity of care
- Other professionals**
 - Increased demand on medical staff time for admissions to Hospice and for Hospice at Home services
 - Increased support for Hospice In-Patient Unit (IPU), Hospital and District Nursing staff

Conclusions

- The number of unanticipated calls and the actions generated from the calls during the 6-month period demonstrate a need for and use of a PCCNS weekend service
- Having a PCCNS on duty helped patients to achieve their preferred place of death (hospital, home or hospice)
- Patients and staff benefited when PCCNS on duty was a nurse prescriber

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Recommendations

- Continue with 7-day PCCNS service at Hospice Isle of Man
- Consider the benefits of adding advanced nurse practitioners
- Explore the value of nurse-led admissions to the IPU for end of life care
- All PCCNSs encouraged to qualify as non-medical prescribers
- Recruit more Hospice at Home staff to ensure service

References ¹ National Institute for Clinical Excellence Cancer Service Guideline *Improving supportive and palliative care for adults with cancer* (2004). ² National Institute for Clinical Excellence Guideline *Care of dying adults in the last days of life* (2015)



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