

## KEY MESSAGES



- 1 Rennie Grove's staff have specialist skills and knowledge which compliment other healthcare professionals.
- 2 The Rennie Grove service supports patient's wishes to die at home, and the service provides carers with someone to talk to, helping alleviate their fears and provide a safety net.
- 3 There is evidence to show that some hospital admissions were prevented, although the number is small.
- 4 There are cases where hospitalisations are necessary and appropriate, regardless of the night service provision.
- 5 Carers reported they would have made greater use of the 111 or 999 services without the availability of the night service. The night service may prevent unnecessary calls to these services.

## BACKGROUND INFORMATION

Rennie Grove Hospice Care provides a unique 24/7 Hospice at Home service, offering specialist care at home through a combination of planned and responsive visits by teams of nurses and healthcare assistants. This service is available for any patient with a life-limiting diagnosis requiring specialist palliative care services towards the end of his or her life.

## WHAT WE DID

The evaluation aimed to assess the quality and impact of the Rennie Grove Night Service, with a focus to establish whether a home visit from the Night Service prevents or postpones hospitalisation. This was undertaken using a mixed methods approach:

- Former carer questionnaire (n=84) and telephone interviews (n=18)
- Current carer face to face interviews (n=20)
- Staff face to face interviews (n=9)
- Log of night team activity recorded over 145 nights of 550 patient visits/telephone calls
- Review of patient records (n=42)

## FINDINGS: PATIENT RECORDS

### Reasons for hospitalisations

During the evaluation period, (145 days), 6 patients were admitted to hospital overnight, this was due to:

- Sudden change in condition/symptoms;
- Pain;
- Nausea and vomiting.

During the evaluation period, regardless of time of day, 27 admissions were made for 18 patients:

- 52% were recommended due to the patient's medical condition;
- 26% were planned;
- 89% were identified as non-preventable.

## FINDINGS: CARER PERSPECTIVE

### Appropriate need for hospital or hospice care

There are occasions when hospitalisation or hospice admission is an appropriate course of action, due to the patient's condition/illness

*"Rennie Grove arranged for my husband to go into (hospice name) for last [few] weeks as pain getting too bad to manage at home" (Carer questionnaire)*

*"Yes, I've taken her to A&E now four times since she's been back in January. That's been temperature related because with the cancer, when you get to 38 degrees, then it's a trigger point, speak to (hospital name), and yes, so I've had an ambulance out" (Carer interview)*

### Support and care at home can prevent admissions

Contact with Rennie Grove strengthened and enabled patients and carers in their decision/wishes to stay at home:

- Provided necessary health & medical care 24/7
- Provided holistic support and reassurances for carers and wider family
- Set the conditions for wider family and friends to visit
- Reduced calls to emergency or out of hours services

*It was my mother's wish to die at home and this (night) service helped that be possible aiding my three brothers and I to make it happen (Carer Questionnaire)*

*...thinking about it, that was our biggest anxiety, to make sure that he didn't go to hospital, and the service made it possible for that not to happen. (Carer Interview)*

*(Night service) Enabled us to care for my father at home where he wanted to be and where he was most comfortable and at ease (Carer Questionnaire)*

*My husband would have been unable to stay at home and die there if the night service had not been available - absolutely vital to us (Carer Questionnaire)*

### Connotations of hospitalisation

Carers talked about hospital admissions with relatively negative language, talking about feelings of anxiety, dislike or non-acceptance associated with the prospect of hospitalization.

*"(Hospitalisation) would have been awful, it's the last thing he absolutely wanted on earth" (Carer interview).*

Travelling to the hospital was thought to be challenging and upsetting for the patient and could result in lengthy waits for the ambulance or at the hospital.

*"...we don't want her to go into hospital, but I mean I wouldn't want to ring 999 to be quite honest. I mean I would never dream of ringing 999 knowing that we don't want my mother to go into hospital, and 111, if I didn't want to go into hospital, I simply wouldn't ring it" (Carer interview)*

## FINDINGS: STAFF PERSPECTIVE

### Managing concerns at night

Staff discussed the need to manage patient and carer concerns at night as these can magnify during the late-night hours. The management of these concerns was identified as important in mitigating emergency call outs and hence potentially unnecessary hospitalisations. The night service help patients and carers:

- Through feelings of loneliness and isolation, fear and uncertainty;
- Circumstances which can exacerbate stress;
- Inability to cope;
- Potential carer burnout.

*"It's difficult but it's kind of about managing expectations, talking people through, you know, just getting them to be calm and just reassuring them, because I think we forget what a responsibility it feels like having someone at home who's dying, I always say, you cannot do anything wrong, you can't, but for them it feels like it's all on them, they're on their own." (Band 7 Nurse)*

*"But I also think it's adding comfort to the family that there is somebody there they can talk to and that's what makes a big difference, they know there's somebody there that they can ring up, have a discussion with and give them that reassurance." (Manager)*

### Working together

Working together with patients, their carers and family and other services throughout the disease progression is vital to the work that the hospice at home service provides.

However, different systems/protocols can make care complex to manage between services.

Working with patients and carers can enable them to plan end of life care. These plans should be flexible and renegotiated as changes are experienced by patients. Patient wishes may change as conditions deteriorate and moving from home to hospice/hospital may be the best response.

*"... our role is really to try and keep people at home. I'm involved with one person at the moment who wants to now go to a nursing home. He doesn't feel safe at home at the moment because he's deteriorated." (Band 5 Day Service)*

## CONCLUDING REMARKS

- Some hospitalisations are necessary. End of life care is complex and challenging and occasions arise where the best care can only be provided by a hospital.
- Rennie Grove Hospice Care's service is supporting patient's wishes to die at home.
- Without Rennie Grove night service, carers felt they would have to contact the emergency services.
- Staff encounter fear, anxiety and a sense of isolation from patients and carers during the night.
- The night service recognises the emotional labour which is required from carers to support someone to die at home and reliving that sense of isolation and loneliness which can sometimes be keenly felt at night.