The Impact of an Increase in Medical Sessions for a Hospital Palliative Care Team

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Since January 2017, the consultant input of the Hospital Palliative Care Team (HPCT) at Inverclyde Royal Hospital has been increased from 2 to 4 sessions/week. This was in line with the rise in referrals to the HPCT. Since the increase in consultant sessions, the time from admission to referral to the HPCT has reduced from 19 days (Sept-Oct 2016) to 11.4 days (Jan-March 2017). Additionally, three times the number of patients were seen by HPCT despite only a doubling in sessions. We attributed the growth of referrals to our team to the increased presence on the wards of the HPCT, thus building relationships with colleagues (see table). There was also an increase in referrals to Ardgowan Hospice Supportive Care Clinics and other hospice services.

An increase in sessions also meant more familiarity with each ward, leading to an increase in HPCT involvement with complex patients and therefore more efficient working.

We initiated sending letters to the primary care team for complex patients; this was to provide important information on the HPCT involvement during the patient’s hospital stay.

The team used the Integrated Palliative Outcomes Scale (IPOS) to gain insight into the impact of the HPCT with symptom management.

We found that earlier intervention by the HPCT allowed more time for palliative care input and working with ward teams on symptom control, end of life care and plans for transfer to patients’ preferred place of care.

AB wife expressed thanks to HPCT for arranging quick transfer to the hospice for her husband. His condition was deteriorating and was grateful their wishes for preferred place of care were met.

HDU staff had remarked on the fast response time from referral to visit for a lady in HDU. CNS worked with staff with medication for a patient at end of life. Supported staff in trying to make this process less medicalised.

Charge nurse fed back that a relative I was supporting whose husband died, was grateful for the HPCT input and felt this had really helped her and her 17 year old son.

Junior medical staff said that we were an excellent service and our response to referrals was prompt. They said they had learned a lot from the team; I had noted an increase in anticipatory prescribing by the FY1 team before a first visit.

JD stated since the involvement of the palliative care team, she feels as though her pain is under control. She had felt out of control and was very distressed. She said she can’t believe the difference in her pain in less than a week. She feels that we work with her and listen to her. Her pain was over 10/10 a week ago; she is now planning for home and follow up treatment.

Mrs M commented on the improvement she felt after suggestions from HPCT for her symptoms. She had initially felt concerned about ‘palliative’ care being involved.

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Future

As a result of the increased consultant sessions, the CNS in the team has applied to complete the non medical prescribing course. This involves consultant mentoring. We have increased our education both formal and informal to each ward and intend to continue this.

We aim to build on our success by maintaining our increased presence in the wards and trying to increase our presence in other areas, allowing earliest input to support patients and optimise their outcomes.