WHAT ARE THE BARRIERS TO DYING AT HOME IN AYRSHIRE?

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Ayrshire Hospice

Making today matter

Background to the Project

Hospice Strategic Review - 5 Year Plan.

Does Ayrshire need a Hospice at Home Service?

Project Lead appointed.

Opportunity for Project Development

National, regional and local statistics indicate a high prevalence of patients who have been identified as being in the palliative phase of their illness, dying in the hospital setting.

The aim of this study is to identify the factors leading to these admissions.

Case Note Review of all Hospice
Patients Who Died in Hosptal in 2010



49% elderly carers.

33% lived alone.

37.5% patients admitted less than one week to death.
THE STORY: FAMILIES STRUGGLING TO COP

Themes from Questionnaire Analysis When asked:

'Please recall the last patient you were involved with who was admitted to hospital in the final few days of life and list the factors leading to that admission?'

A total of 180 comments were received.

85 families/carers being unable to cope.
13 indicating an acute event.
42 relating to unmanaged symptoms.
20 relating to out of hours care/admission.

RECOMMENDATIONS

To augment and complement existing services with the development of a pilot service to include respite, response and carer education/support.



Masters of Research Degree - Phase 1
Questionnaires to Key Professionals
601 questionnaires - return rate of 33%
GP's, District Nurses, Clinical Nurse
Specialists and Home Care Co-Ordinators

Phase 2 - Focus Groups : Professionals and Lay Carers (October 2012)

Summary of Scoping Exercise

Patients are not always able to die where they want Families are struggling to cope.

No provision for 24 hour care in the home setting. Respite support is limited and inequatable.

Gaps are evident within current service provision.

North, South and East Ayrshire have different services.

Out of hours access to care and equipment is inconsistent,

OVERALL AIMS OF THE SERVICE

The service aims to enable hospice patients with advanced non-curable disease, to be cared for at home, and to die at home if that is their preference. To prevent unneccessary admission to hospital, providing respite and support at a challenging time; allowing patients and their families realistic options about their choices and wishes at end of life.

PILOT SERVICE - SEPTEMBER 2012 TO FEBRUARY 2013 - HOSPICE CARE ASSISTANTS AND VOLUNTEERS - NORTH, SOUTH & EAST AYRSHIRE