



A three-month trial of a Palliative Care Virtual Ward

A viable alternative to dying in a hospice

A. Lloyd, M. Bijak, J. Young, T. Duffy

Background

Those wishing to die at home are frequently unable to do so. Enhanced medical and nursing support in a 'Virtual Ward' (VW) offers an alternative to in-patient care and may facilitate death at home. We set up a VW to provide daily specialist medical and nursing assessment of needs, Monday-Sunday, 8am-8.30pm with overnight support from community colleagues.

Aim

To detail the service and evaluate the experience and impact of VW for patients, families, VW staff and associated health care services.

Methods

This was a mixed-methods study using a convergent parallel mixed-methods design. An overview of those admitted to the VW and the nature and use of the service in practice was gathered via detailed service use data and analysed descriptively. Semi-structured interviews with patients or family members and admitting health care professional was sought from a convenience sample of 20 patients, alongside focus groups and interviews with staff delivering the service. Qualitative data were analysed thematically. Questionnaire feedback was sought from primary and secondary care teams regarding their experience of having patients admitted to the VW.

Results

46 patients with a wide range of symptom burden, phases of illness and function were admitted to the VW over three months.



Qualitative data regarding 20 patients highlighted key themes from the experience of Virtual Ward care:

Effectively managing symptoms, lifting the burden of responsibility for care at home from families and enabling care to take place where it was preferred or necessary.

Effectively Managing Symptoms

"It's hard to see Mum like that, but they have actually helped Mum more than they can probably imagine and it's nice to come in and see Mum settled."
(Family of patient 12)

Lifting the burden of responsibility for care at home from families

"It was like a bit of a weight was lifted as somebody medical was listening to what we had to say as a family and our worries as a family. The listened and responded to every question we could have asked. It was just tremendous." (Family of patient 12)

Enabling care to take place where it was preferred or necessary

"Tremendous, he got what he wanted, he wanted to die in his own bed in his own home with his family beside him and not to suffer"
(Family of patient 2)

The VW was associated with increased staff job satisfaction and effective intra and inter agency partnerships, working jointly towards caring for patients.

"although working on the wards is like really rewarding this is just on a whole other level" (Virtual Ward team member)

"we are making changes to medications daily in the home. Patients are settled....we are achieving peaceful deaths." (Virtual Ward Team member)

Primary and secondary care services reported positive views of VW care for their patients and either no increase, or a reduction in their workload. Difficulties described were around information about the service, medication prescribing and effective communication between hospice community teams.

Conclusion

VW support extended hospice care to those dying at home and their families, enabling people with complex palliative and end of life care needs to be supported and cared for in their own with no detrimental impact on associated health care services. Areas for improvement are highlighted.