SUPPORTIVE CARE
AT HOME SERVICE

INDIVIDUALIZED CARE
PACKAGES FOR PATIENTS
WHO ARE REACHING THE
LAST DAYS OF LIFE

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WHERE ARE WE FROM?
THE SUPPORTIVE CARE AT HOME TEAM

WHAT ARE WE DOING TODAY?

- We would like to share how we identified the need and opportunity to develop our service
- How we went about implementing that change
- Reflections on the outcomes and process
Background to the Service

Why the need for change?

- The End of Life Care Strategy
- Scoping exercise to evaluate end of life care
- Reflections from staff and patients and families
- Our own understanding
End of Life care Strategy (2008)

Key Messages:
• Give people choice of where they would like to die

• Ensure their personal preferences are met
  individual choice is essential

• Patient and family have control

WHAT WE WERE BEING TOLD

Does the carer have to come at 7pm?

Where is the care coming from and who are they?

Why are there so many assessments?

I need more care who should I speak to?

Have you looked after someone like me before?
So how did we develop our change?

• Developed a working group
• Mapped the pathway with our colleagues in social care
• Looked at options and discussed these with frontline staff
• Developed a pilot project
• Initially over 3 months
• In 2 areas of our Barnsley Borough

Aims of the project

• Develop a service for those patients who were in the last days of life and choosing to die at home
• Improve the coordination of care
• Ensure care is developed in a timely manner
• Streamline processes to avoid duplication
• Ensure an individualized approach
• Ensure the dying patient receives care from appropriately trained staff
What was the pilot?

- Developed our service so it became the central coordination point for all – one number
- Simplified the referral process
- Our service became the first choice care provider with staff who had all received training and included qualified nurses
- The care provided was led by the family and patient
- Packages of care would be developed within 4 hours
- Families and professionals would contact our service directly with any problems or changes required

HOW THE CENTRAL POINT OF COORDINATION WORKS?
Supportive care at home
HEADLINE FINDINGS FROM THE PILOT

100% of responses in 2 hours
95% died in their preferred place - home
78% of cases care started the same day
45% of patients no existing package
65% of patients died within 7 days
Average change of care needed
Average length of package 5.5 days

Reflections

This is a short film about our service and includes feedback from a service user and some of our team members
Our Reflections
Continued development

Where we began?

How we evolved

Why we needed to change

Our future ??

“You matter because you are you, you matter to the last moment of your life and we will do all we can not only to let you die peacefully but help you live until you die”

Dame Cicely Saunders