How satisfied are carers/families with a Night Team Service as part of 24/7 Hospice at home care?

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INTTEGRATED CARE

In general, carers felt that the Rennie Grove night team acted as the service which mediated between other services to provide a relatively smooth wrap around, more family centered service.

However, frustrations were voiced when problems arose in communications between services which translated into loved ones receiving less that optimal care.

CARERS VOLUNTEERING

Satisfaction with the service was also expressed by many of the carers in their willingness to volunteer and raise money for the charity.

“For those who have been on it and really helped us get through it” (Carer interview).

BARRIERS & FACILITATORS

Interview data indicated several barriers and facilitators to the service which impacted levels of satisfaction, anxiety and stress reduction. Barriers and facilitators could be mutually defined such that perceived barriers could also be perceived as facilitators depending on context. Barriers and facilitators identified by carers were:

- Reluctance/lack of confidence to telephone, especially at night, as they were: not sure of the process; concerned they would be waking staff up; not sure who they contacting; not sure what constituted a valid reason to contact the night service.
- The vast geographical area covered meant occasional slow service. Staff could cover between 5-15 miles per night (data derived from staff completion of the visit template).
- Being kept informed was a key facilitator in terms of: being given information about the care/treatment being informed of travel times; knowing that the night team were there to contact; knowing the night team were on their way to provide care.

CONCLUDING REMARKS

- A night team service can provide excellent, reassuring and holistic care that meets the care needs and wishes of the patient and family. Psychological reassurance is as important as actual care activities, and can be delivered over the telephone as well as in home visits at night-time.
- Service responsiveness is a key feature of service satisfaction, however this can be compromised by the large geographical distances the night team cover.
- The high levels of carer satisfaction identified in questionnaires and interviews suggest a high quality night service which enabled carers to manage the care of a family member more confidently at home, where they wanted to be reducing the level of stress which can often result when caring for a loved one at the end of life.
- Brokering between different services was an aspect of carer satisfaction.
- Carer satisfaction was expressed not just verbally, but in terms of volunteering activity.

KEY MESSAGES

1. Within palliative and end-of-life care, it is important to provide for both quality of life and quality of death. Satisfaction with services contributes to the attainment of both quality of life and quality of death.
2. Rennie Grove Hospice Care is a charity providing care and support for patients diagnosed with cancer and other life limiting illnesses, and their families. Every year through their 24/7 Hospice at Home service, Family Support services and the range of Day Services they give thousands of patients the choice to stay at home, surrounded by their families and friends.
3. A main component of Rennie Grove Hospice Care (RGHC) is the provision of 24/7 care, with a night service available from 9.15pm to 7.15am. An independent evaluation of the night service was commissioned to identify the quality, cost-effectiveness and value of the service.
4. A key objective of the evaluation was to establish levels of satisfaction with care received from the Night Service.
5. To access information with respect to this objective, the following Research Question was designed:

WHAT WE DID

A mixed method approach was taken to the evaluation (all methods used are shown below). With respect to the evaluation of service satisfaction qualitative and quantitative methods were used.

Quantitative data collection: A questionnaire was designed in collaboration with the Rennie Grove staff team and management. This was piloted, amended then sent to 268 carers who had experienced the death of a relative under the care of RGHC within the last 6 weeks to one year. 84 completed questionnaires were returned constituting a success rate of 31%.

Quantitative data collection: Follow-up face-to-face semi-structured interviews were carried out with 20 carers who self-identified as willing to take part in interviews about their experience of the service. These were conducted by volunteers who were trained by the research team. A further 18 interviews were carried out by telephone.

Analysis: Quantitative data was analyzed using SPSS v.22, while qualitative data was thematically analysed. Analysis workshops were conducted in collaboration with Rennie Grove staff to ensure nuances of meaning were captured.