

The value of a night service for Hospice-at-Home: Reasons for making contact at night

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KEY MESSAGES

- 1 People approaching the end of their lives have physical and psychological needs that should be met in a timely way, at any point during the night or day, and met in a way which addresses their needs and preferences.
- 2 Crises at any time requires prompt, safe and effective urgent care (NICE 2011).
- 3 Rennie Grove Hospice Care (RGHC) provides 24/7 care, with a night service available from 9.15pm to 7.15am. RGHC conducted an independent evaluation of the night service in order to identify the quality, cost-effectiveness and value of the service, including reasons people make contact at night and how many calls are settled without a visit.
- 4 A key objective of the evaluation was :
 - To identify symptoms and situations that precipitates a home visit from the Night Service and to establish the impact of this on carers
- 5 The Research Question was:
 - What are the symptoms and situations that precipitate a home visit from the Night Service?

To answer this question data was collected on the reasons why people make contact with the night service and what impact this had on carers.

WHAT WE DID

A mixed method approach was taken to the evaluation (all methods used are shown below). A telephone call and visit template was designed to capture the number and type of calls made overnight and actions taken as a result of these calls, including visits made to patients' homes and reasons why a visit did or did not occur. Templates were completed by Rennie Grove night service nurses for five months (25th July to 16th December 2016) after they dealt with each telephone call or face-to-face visit. In addition, interviews were conducted with carers: 20 face to face and 18 telephone interviews. Researchers trained Rennie Grove volunteers as co-researchers who conducted the face to face interviews, (range 12-71 minutes). Researchers conducted the telephone interviews, (range 10-40 minutes).

Template and demographics

FINDINGS: REASONS & SYMPTOMS

- 550 calls were received, resulting in 335 visits.
- On 7 nights there were no visits, the highest number in a night was 9, with an average 3.79 visits per night.
- Only those consenting to participate were analyzed, reducing eligibility to 351 calls and 208 visits.
- Of these, reasons for a night visit were as follows:
 - symptom control (64%)
 - carer support (19%)
 - death (13%)
 - death verified by night team (9%)
 - message (7.5%)
 - planned visit (7%) and
 - "other" (4%)
- Major symptoms reported were:
 - pain (42%)
 - anxiety (32%)
 - nausea (17%)
- A small number called about chest problems, bowel issues, pyrexia and syringe pumps.
- In 143 cases a visit was not necessary due to:
 - telephone reassurance (55%)
 - another service being more suitable (12%)
 - the team were too busy (8%) and
 - 12% were handed to the next shift

Total calls	351 (550)*
No. days with no calls	7
Total No. visits	208 (335)*
Mean No. calls/visits per night	2.42 (3.79)*
Highest No. calls for one night	9
Lowest No. calls for one night	0
Mean No. calls/visits per patient	1.06 (2.02)*
Highest by one patient	8 (10)*
Lowest by one patient	1
No. of deaths	59

Figure 1: Reason for visiting a patient at night*

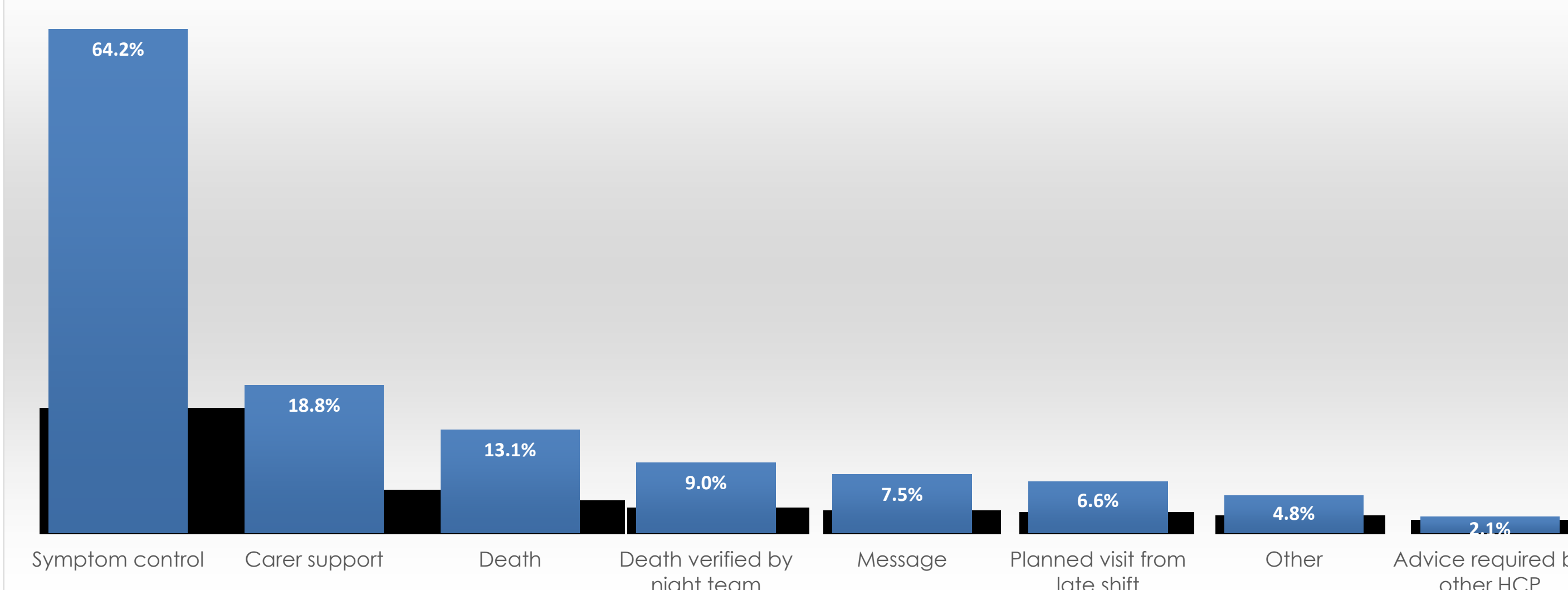
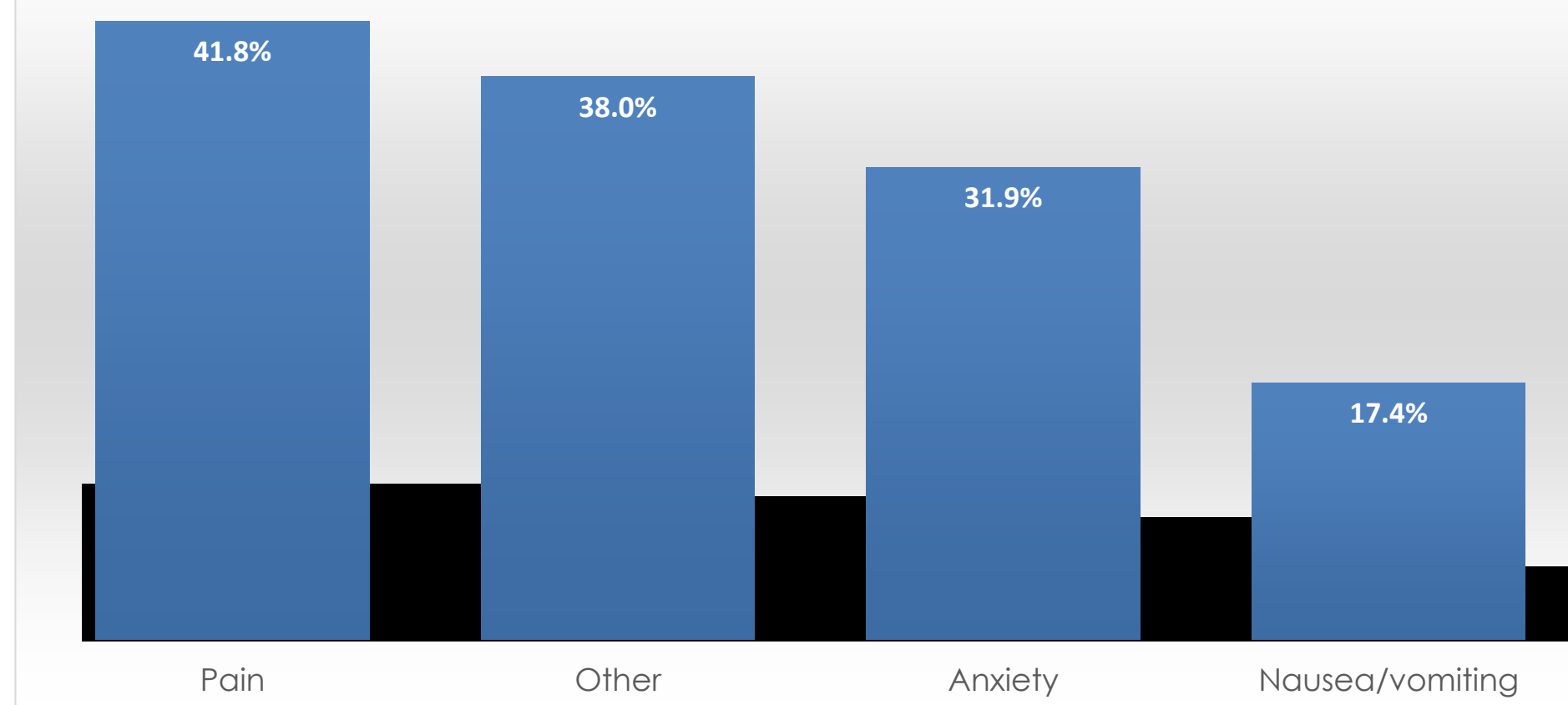


Figure 2: Type of Symptom Control*



*Figures are taken from multiple response questions

Interviews with carers were thematically analysed into 3 themes indicating their reasons for making contact at night. The themes were::

- Medical support and pain relief
- Providing physical support and comfort
- Providing emotional support

Medical Support and pain relief

"...she woke up, she was in pain, and of course no one had explained anything with this slow release, could I give her any other medication? I hadn't got a clue." (Carer interview)

"...but then suddenly it went downhill very, very quickly. I mean he was, we got a hospital bed in on the Friday and he passed away the following Saturday..." (Carer interview)

"So it was over the course of a week, it was very, very quick. And obviously during the course of that week, Rennie Grove visited, oh I wouldn't like to say how many times but a lot, and both during the day and at night" (Carer interview)

Providing physical support and comfort

"... so he was taking a variety of medication and it got to a point when he said, 'I'm not taking it anymore', and actually nobody said, 'oh well we think you should'. But that was about him being in control, and they just said, 'right OK [name], if that's what you want, that's OK'" (Carer interview)

"We were gobsmacked really by the attention and the prompt nurse and the willingness to sort of change tack and try other medicines" (Carer interview)

Providing emotional support

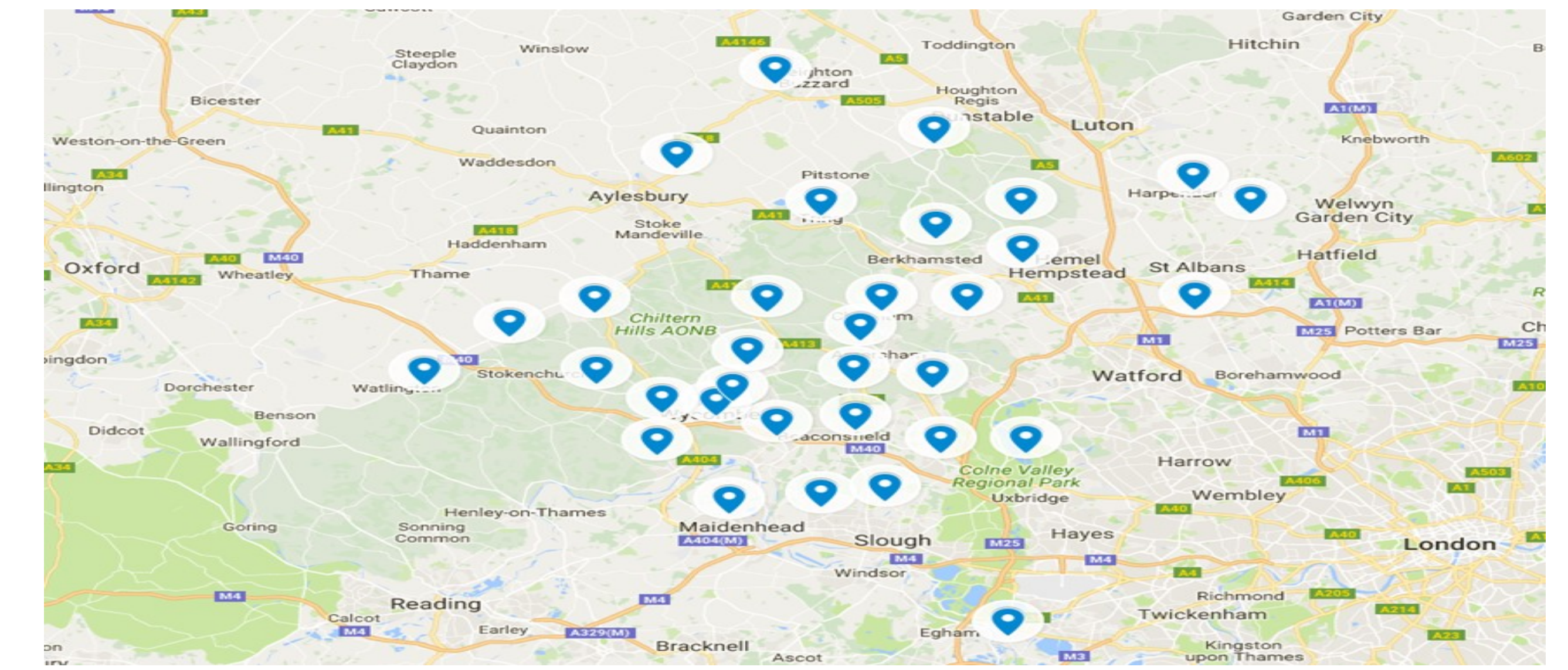
"She would wake up at night very frightened, very restless, in pain and wanting to get out of bed all the time, and even if I gave her the medicine that had been prescribed, it didn't seem to calm her down, and so when I tried everything, when we'd tried everything there was to try, I then rang the service..." (Carer interview)

"we needed to be equipped with as much information as we needed to get through the night, which I think we were able to do, and called on that night service when we felt that we were out of our depth" (Carer interview)

HOW CARERS FELT

Carers were clear that despite difficult symptoms arising, the Rennie grove service enabled them to stay longer at home and return home from hospital in a supported way:

"We've lived in this house for 60 odd years and we didn't want to leave, neither my wife or I, I still don't want to leave, and of course we don't like the idea of going into hospital unless it's absolutely necessary, but she was able to have all the benefits of the nursing profession in her own home..." (Carer interview)



HEALTH & WELLBEING IMPACT

Interview data indicated that the impact the night service had on carers was:

- Anxiety and stress reduction
- Reassurance that all was being done to support their loved one at the end of their life
- Pain and symptom management dealt with so carer felt more in control
- Achievement of home death for loved one where possible
- Not feeling alone
- Ability to rest
- Feeling that they were able to give their loved one good quality care
- Avoidance of unnecessary hospitalizations

CONCLUDING REMARKS

- The night team plays a vital role in 24/7 care, with 40% of calls being managed without a visit.
- Reassurance during calls can avoid a call out
- Visits were, in the main, for symptoms or problems concerning support.
- With a responsive service, stress and anxiety can be reduced and carers can feel more in control of their situation
- Death, for a Hospice at Home service also becomes a significant issue requiring a prompt and caring response.