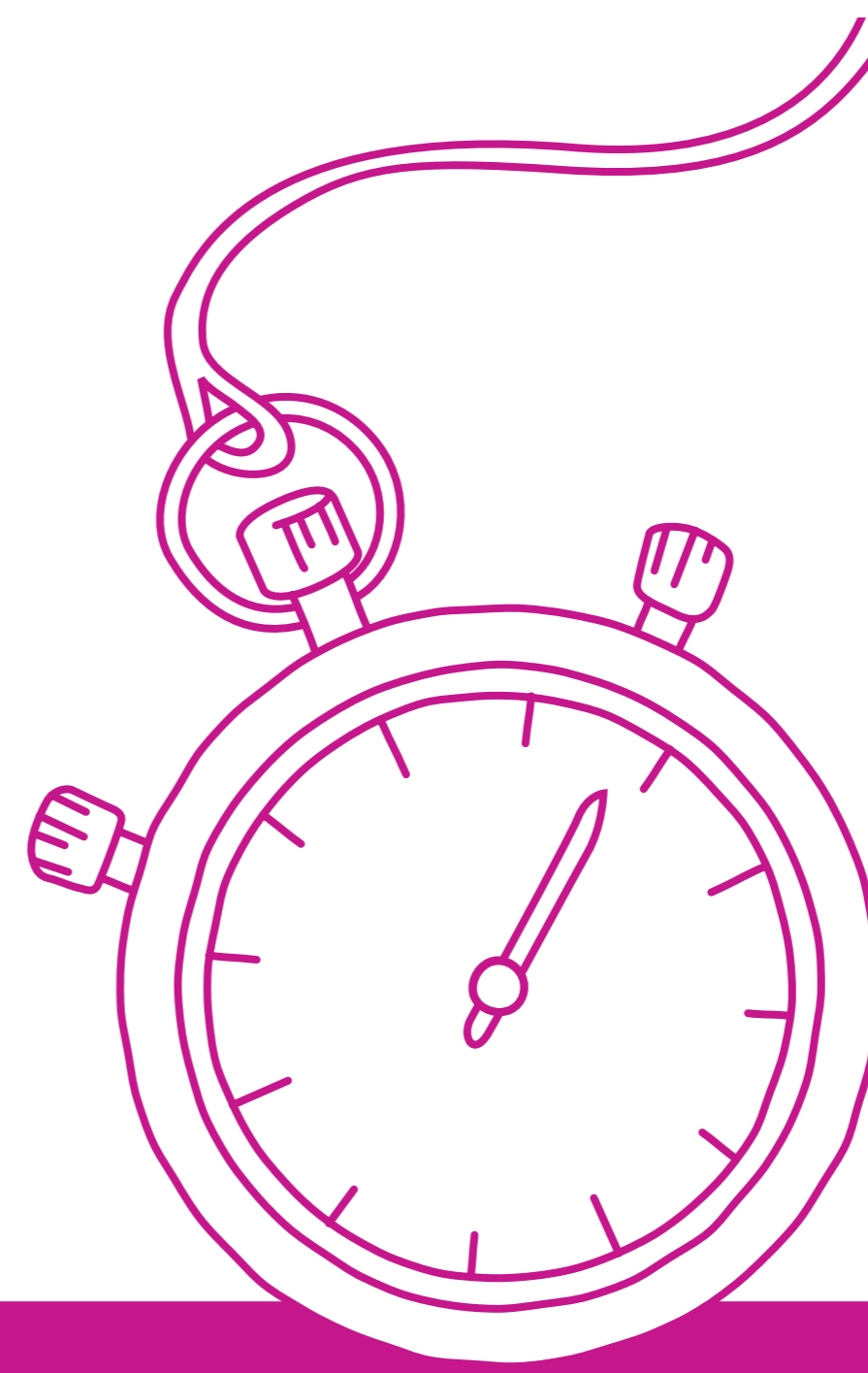


Urgent Response: Meeting needs and changing culture



End of life needs for patients in the community are changing. An urgent response is needed for care crisis, symptom management, emotional distress and end of life care – but with greater pressure on core services, how do we address these changes and respond with the speed needed?

Background

In 2016, Birmingham St Mary's Hospice integrated their Community Services to support a more responsive community approach. A Duty Clinical Nurse Specialist responded to all calls, providing urgent Specialist Palliative Care advice. The role received very positive feedback and due to its success, highlighted the need to provide a visiting service to support the Duty Clinical Nurse Specialist; an Urgent Response Nurse was needed.

Approach

For an effective and responsive service, the Duty Clinical Nurse Specialist and Urgent Response Nurse would liaise closely together. The Hospice at Home team would allocate a band 5/6 Urgent Response Nurse each day to carry out urgent response visits. Each visit involved a holistic assessment and management of urgent concerns and problems.

- Call received by duty CNS
- Triaged – need identified
- Allocated to urgent response nurse
- Visit within 2 hours
- Holistic assessment and management of urgent concerns
- Future plan of care/follow up

Outcomes

Following a 3 month pilot of patient's referred to the urgent response service:

- **95%** of visits were carried out within **2 hours** of referral
- Patients were supported to remain at home in crisis
- Symptoms were assessed and managed
- Palliative care emergencies were identified and patients admitted when needed e.g. sepsis, Metastatic Spinal Cord Compression
- Patients and families in emotional distress were supported

Conclusion

The pilot received very positive direct feedback from patients, relatives and colleagues. Due to this feedback and the results from the audit, the pilot was extended and the service continues. Not only has this pilot had success in addressing the need for faster face-to-face visits, the service facilitated more effective working relationships and team integration between the Hospice at Home and Clinical Nurse Specialist teams.

“ Provided care and support enabling the patient to remain at home, which was their preferred place of care ”

“ Relieved anxieties of patients and families ”

“ So helpful and responsive ”