

CALVARY NORTH ADELAIDE HOSPITAL PRIVATE PALLIATIVE HOME CARE SERVICE

Model

The Calvary North Adelaide Hospital (CNAH) private palliative home care service is a nurse-led model delivered to a defined catchment area.

Background

Established in 1976, the Mary Potter Hospice has developed an excellent reputation in the delivery of acute specialist palliative care for people with terminal illness through the skilled and dedicated services provided by a multidisciplinary team. There is an increasing desire to provide patients with increased options as to where palliative and end of life care is provided and ultimately where the patient will die. The literature identifies that the majority of patients, if possible, would choose to be cared for and to die at home. The literature also reports that dying and a death at home correlated with a higher quality of patient and family carer experience. CNAH wanted to explore opportunities to develop a community based palliative care service that would offer specialist palliative care into the homes of the Adelaide community.

Fortuitously at that time, BUPA Health Insurance were looking for an opportunity to partner with a provider in Adelaide to trial a program to deliver private community palliative care nursing services to their members.

The BUPA Palliative Care Choices Program was established and commenced in September 2018 and subsequently Calvary were able to engage in negotiations with other health funds.

What changed?

An option for palliative care at home, the CNAH private palliative home care service was established for residents of a defined catchment area (within a 20km radius of CNAH).

The service is a Nurse-led care model that is accountable to the CNAH executive through the nursing department. Medical oversight and accountability is delivered

through the CNAH and with GP's in a shared care model. The Nurse Practitioner led team ensures timely access to initiation of diagnostic investigations, symptom management and prescribing / de-prescribing and management of complex drug regimens using a quality of palliative medicines approach.

Patients and family carers have 24/7 telephone access to the CNAH specialist palliative care service to support them over the phone.

Workflow diagram

Person with advanced life limiting illness who wishes to remain at home.



GP, Specialist or hospital refer person to the CNAH Private Palliative Home Care Service



- CNAH Palliative Care Home Care Service provide a comprehensive initial assessment and care plan developed with the person and their carers / family.
- Team consists of Palliative Care Nurse Practitioners, Clinical and Registered Nurses, and a Social Worker.
- The service is supported medically by CNAH Oncology/Physician VMO's or the persons treating specialist/GP.



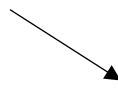
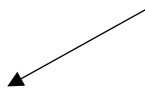
Referrals are made to Allied Health team as required



GP remains provider of patient's primary medical care.



24/7 telephone access to the CNAH Specialist Palliative Care Team service for urgent clinical advice



Nursing

Allied Health

Provision of Equipment

Social Workers



Care can be escalated including direct admission to Mary Potter hospice when bed available

Family feedback on the CNAH Private Palliative Home Care Service

The initial team were positive, cheerful and made every effort to connect with mum in her home and be inclusive and part of her life on a medical, emotional and personal level. Support and check-ins with the nurse who visited did not waiver in these areas. Mum felt comfortable and supported during the nurse visits and that any concerns medically or fears around her future were answered calmly and honestly.

As a family, we were grateful for being able to talk openly about mum and to have open communication via texts and phone calls. The insight and awareness of our situation was ever valued when hard decisions needed to be made – again, the firm, honest answers and situation were appreciated and the calm way arrangements were made for mum, made it easier to transition from home to Mary Potter; again in a positive yet realistic manner. We as a family are ever grateful for the support and life-line they provided for us, but more importantly for mum.
January 2022






I cannot thank the Calvary Palliative Home Care team enough. My mum's wishes were to die at home and without the support we received from Calvary this would not have been possible. The support I received via 24 hours a day phone support after mum's diagnosis was very helpful in assisting me to adjust from seeking urgent medical assistance to acceptance of mum's diagnosis and shift to palliative care. Phone support was always patient, caring and supportive.

The in-home care received was amazing. Nothing was too much trouble; there were always plenty of medications on hand to keep mum comfortable and I am certain that she did not suffer in her final weeks. The support I received to care for mum was amazing and I will be forever grateful to everyone that assisted my mum in her final weeks; and providing me with support in caring for mum and after she passed away.

April 2022

Table 1: Benefits of the model

BENEFITS	
<p>Resident</p> 	<p>The CNAH Private Palliative Home Care Service provides increased choice for patients to remain under the care of Calvary and choose the location of their care (home or hospice).</p> <p>Integrated specialist model between home based and inpatient hospice palliative care to ensure patients receive continuous and the best care in the most suitable location that best meets their care needs and preferences.</p> <p>Family survey ratings show a high level of satisfaction with the service. FAMCARE-2 patient family survey data is a survey of 17 questions with a rating from 1 (unsatisfied) to 5 (fully satisfied). As of April 2023, survey rating across the 17 questions is 4.87 out of 5.</p>
<p>Staff</p> 	<p>As part of an integrated palliative care service[#], staff can be given the opportunity to rotate between the inpatient and the private home care service. This increases their understanding, skills and palliative care experience, to encourage greater work schedule flexibility, reduce role stress and increase job satisfaction.</p>
<p>Service</p> 	<p>The private palliative home care service has helped to ensure hospice beds are available for those who really need them.</p>

[#] Integrated palliative care service refers to the Calvary Palliative Home Care Service providing palliative care support across their defined catchment area in both the inpatient (Mary Potter Hospice) and community settings.



Reference list

1. Roberts B, et al (2021) "Home based palliative care : Known benefits and future directions" National Center for Biotechnology Information. 10(4): 141–147