

12 months of Enhanced Hospice Care at Home virtual beds

Clinical, systemic and personal impacts of complex care provision in the home



Marie Curie Lothian Enhanced Hospice Care at Home (EHC@H) Service

Service

Short-term (4-6 day) 24/7 support in a patient's home (including care home) for up to **5 virtual beds** in the Midlothian, City of Edinburgh (South) and West Lothian areas

Eligibility

Patients have a palliative illness, wish to be cared for at home, and either:

- Have uncontrolled symptoms that require daily review
- Are actively dying with significant symptom burden and/or escalating symptoms
- Are currently cared for in an inpatient setting (hospital or hospice), wish to be at home, but current level of symptom burden requires a daily review

Without EHC@H intervention, patients would require admission to an acute hospital or hospice inpatient setting (or would continue to reside there)

Staffing

- Senior Doctor in Palliative Medicine, M-F
- Charge Nurse Coordinator, M-F
- 1 x RN per shift, 7 days/week, 08:30-21:00
- Overnight Urgent Hospice Care at Home team (to 9am)
- Consultant oversight, plus access to: Hospice Care at Home teams, OOH on-call doctor & duty CNS, MDT

Aims

1. Reduce **unnecessary acute admissions** and **facilitate acute discharge** at end of life
2. Provide responsive palliative care for those with **complex physical and psychological needs** in their homes
3. Support patients to achieve their **preferred place of care**

Marie Curie's Impact and Evaluation Team evaluated service May 24-May 25, using:

OACC suite data for whole patient cohort May 2024-2025



19 in-depth interviews with patients and people close to them



24 interviews and focus groups with Marie Curie and local healthcare staff



Service activity data

What the team do



Provide **holistic** care and **full clinical audits**

- Full medication review
- Rapid access to medication and equipment
- Regular monitoring of changes to treatment plan



Provide **rapid** and **regular** visits, **continuity** of care and **24/7** access to support, advice and reassurance

“Anything at all that we needed, with one phone call ... I think the fastest that a team got to the house was seven minutes. We had an out of hours phone number that would be answered almost instantly”

- person close to patient



Support carers in **learning** to manage a patient's needs, **communicating** their own needs and maintaining their own **wellbeing**



Listen to patients and those close to them, **communicating honestly** and **openly**

“It's having somebody to say, you know, “This is what you can expect,” or “This is normal, these feelings, these, challenges.” For me, it's almost like a security blanket”

- person close to patient



Signpost and **refer** to other sources of care and support, and onward Marie Curie care



Manage **complex** and atypical end-of-life situations with **specialist knowledge** and **skill mix**

“So it's that general support of having enough hands in a really tricky situation, you guys come together and there's enough people to handle the really complex situations”

- local healthcare professional



Prioritise **collaborative working** and **clear communication** practices with District Nurses, GPs, Hospital at Home teams and other local healthcare providers, aiming to ease workload

“We were getting updates of what's going on. So I think it took quite a lot off us as well”

- local healthcare professional

Impact

Statistically significant change in total IPOS scores, showing decreased symptom burden

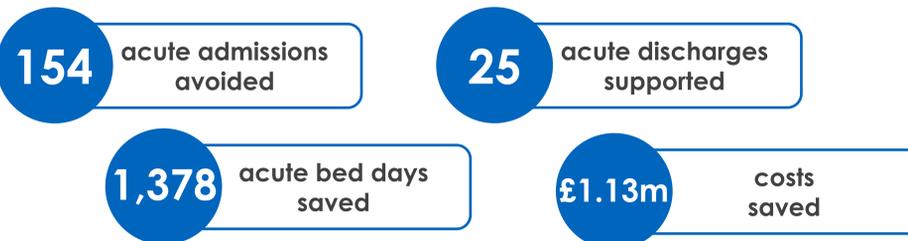
| First | Last | |
|-------|------|--------------|
| 1.71 | 1.45 | Physical |
| 1.63 | 1.31 | Psychosocial |
| 1.68 | 1.41 | Total |

Statistically significant improvement in these domains:

- + Pain
- + Shortness of breath
- + Vomiting
- + Patient worry
- + Family worry
- + Feeling at peace

OACC suite data overall showed that patients are advanced in their disease trajectory, with complex and changing needs, but are supported in that decline in a way that stabilises and improves their experience of dying

Prevention of unnecessary hospital admissions and savings to local primary healthcare services



- ✓ Average referral wait time 1 day
- ✓ 85% Return on Investment
- ✓ Younger patient cohort than Hospice/Hospital at Home

Profound physical and psychological impact on patients and people close to them

- Reduced symptom burden and better symptom management
- Achieving preferred place of care
- Feelings of confidence, security, comfort and relief for patients and support network
- Feeling listened to, comprehensively looked after and safe
- Ability to open up about challenging topics
- Improved skills and ability to manage patient's needs at home

“It's much better for him to be at home. It's much better for us to be at home ... It was so good that he could get all that care and we could get the reassurance without having to be admitted anywhere”

- person close to patient