

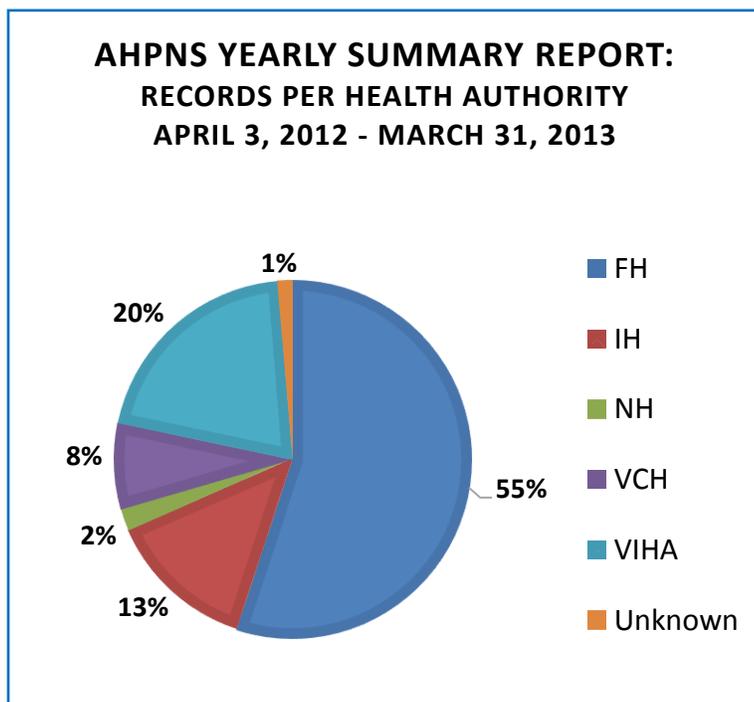
After-Hours Palliative Nursing Service Summary

What is the After-Hours Palliative Nursing Service?

After-Hours Palliative Nursing Service (AHPNS) provides telephone nursing support to palliative patients and their families in their homes from 9pm – 8am PST, seven days a week. It was expanded in April 2012 to include all regional health authorities, from an existing service provided by HealthLinkBC (HLBC) and Fraser Health (FH). The AHPNS involves home care staff across all health authorities, telenurses at HLBC, and specialist hospice palliative care nurses in FH.

The AHPNS complements existing services available to adults nearing the end of their life and their families who are receiving home health services during the day. The dedicated AHPNS phone number is given to eligible patients by a home health nurse. Patients are eligible if they receive home health services and qualify for the BC Palliative Benefits program. These calls are managed by telenurses at HLBC, who have enhanced skills to provide confidential information and advice. If additional support is required, calls are transferred to a FH palliative response nurse who specializes in end of life care. After the call, a record is securely forwarded to the patient's home health office for follow up. Kelowna, Vancouver and Victoria patients are currently supported by their existing after-hour's services. Interpreters are available as needed.

Results achieved over the past year



From April 3, 2012 to March 31, 2013, the AHPNS managed 365 calls (207 managed by HLBC, 150 transferred to the FH palliative response nurse and 8 duplicate calls). The majority of calls were managed by the telenurse by reinforcing the patient's care plan or providing direction/advice and reassurance. The palliative response nurse supported the transfer of patient to hospital in 24 of the calls, while 13 calls involved a change in prescription. Twenty-nine palliative response nurse calls involved consultation with a physician (14 calls), a hospice palliative care clinical nurse specialist (11 calls) or both (4 calls). The table represents a yearly summary report of all the calls grouped by the health authority.

Who is calling and why?

While the patient is registered in the AHPNS, the majority of calls are made by family members: adult child of a patient (37%), the patient's partner (27%), a parent/ guardian (13%), the patient (9%) and other (9%). Night time can be challenging at times. The telenurse first supports the caller and then supports the reason for their call. The majority of calls (77%) were related to a symptom –whether previously experienced, expected or new to the patient. Other calls were for caregiver information/support (8%), equipment issues like blocked catheters, beeping pumps, trouble with injection sites (6%), and medication supply issues like unfilled prescriptions or a lack of syringes in the home (4%).

For calls transferred to the palliative response nurse, the most frequent issue callers discussed was pain (26%), followed by respiratory symptoms (20%), and gastrointestinal symptoms (14%). Other concerns included anxiety, decreased consciousness, and issues related to medications or equipment.

The Outcomes of the AHPNS FH Palliative Response Nurse Calls

For the calls that came to HLBC, 49 per cent were handled by the HLBC telenurse, 9 per cent were transferred to emergency services and 42 per cent were transferred to the FH palliative response nurse for additional support. Of the calls managed by the palliative response nurse, only 15 per cent of patients were transferred to hospital for further assessment or treatment, while 76 per cent of patients were able to remain at home. Nineteen percent of the calls were to support patients who died within 24 hours of the call to the AHPNS (27 at home and two in hospital). Other calls included those who were unsure if they would stay home or go to hospital, callers who had already called emergency services, and those who had an unreported outcome.

A HLBC TELENURSE'S EXPERIENCE

A woman called the AHPNS phone line about her father's restlessness. He had been deteriorating over the past two weeks, but the restlessness was new. She was wondering what she could do to help him sleep. The telenurse reviewed her father's symptoms and plan for care with the daughter to determine what else could be done. The telenurse was able to help the daughter with home treatment suggestions that she was able to carry out during the night. Plans for next day follow up with the family doctor were made. With support from the telenurse, she was able to follow through on the plans already in place.

A FH PALLIATIVE RESPONSE NURSE'S EXPERIENCE

A call was forwarded by HealthLinkBC from the adult granddaughter of an elderly palliative patient living in a remote area. The patient was possibly dying, in pain and short of breath. The caller was alone with her and didn't know what to do. Other family members were expected in an hour. As I talked to the caller and assessed what her concerns were, we were able to do small things that made her grandmother more comfortable. More importantly, I was able to reassure that she was doing the right things. I soon recognized that the best I could do was just be there on the phone and offer my support in this difficult situation. By the end of the conversation, help was arriving; grandma was settled and had even been able to take some pain medication. And the caller was feeling much less distressed.

