

AGEING & MENTAL HEALTH

Professors **Marita Klooseck** and **Deborah Fitzsimmons**, from Western University, Canada, use a technology-enabled capacity building approach to enhance community palliative services and support

Leveraging scarce resources

The majority of healthcare in the future will be provided in the community, and rapidly growing ageing populations are challenging community care delivery systems. Innovative models of collaboration between communities, healthcare providers and businesses are required to enable optimal health service delivery and 'ageing in place' in an economical way. With the ageing of populations worldwide, living and dying with dignity in one's own home has become a global priority. The benefit is twofold: enhanced quality of life for individuals and substantial cost savings for healthcare systems.

Currently, too many people nearing the end of their lives continue to experience preventable hospitalisation and struggle to access the services and support they need in a fragmented healthcare system.

The goal of the Sam Katz Community Health and Aging Research Program, funded by the Canada Foundation for Innovation (CFI) and directed by Dr Klooseck, is to develop and test innovative models of collaboration between communities, healthcare providers and businesses to enable optimal ageing at home, in an economical way, for frail, older individuals.

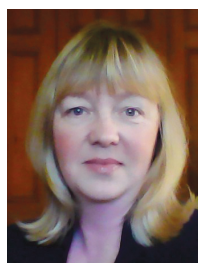
The Enhanced Community Palliative Support Services (EnComPaSS) model in the UK, a consortium of international care providers, researchers, healthcare funders and industry partners led by Dr Fitzsimmons, addresses this significant gap in community-based palliative care service provision.

A novel approach

In Canada, a new approach has been developed and is being used to deliver specialist care in the homes of palliative patients. Personal support workers work at the bedside in the home of patients requiring palliative care. These PSWs receive training on how to observe and



Marita Klooseck



Deborah Fitzsimmons

report signs and symptoms – which has never been part of their working role in the past – and use a smartphone to communicate with specialist palliative nurses, providing them with information the nurse would collect during a visit and delivering the care plan developed and managed by the nurse.

Working within regulations, the nurse monitors and delegates appropriate interventions in real time to the PSW or to a visiting district nurse where appropriate, ensuring safety and enhancing the quality of the care. This approach leverages the skills of the palliative care specialist, enabling them to care for four patients at the same time when traditionally they would only be able to care for one.

EnComPaSS

A recent survey of 200 sets of case notes in the city of Sheffield, UK, identified possible alternatives to hospital-based end of life care for 40% of cases. The potential savings in acute bed expenditure is £4.5m (~€5.7m) per annum, equivalent to a national saving of £450m. A similar, smaller UK study indicated that 52% of admissions might have been avoided.

According to the Sheffield study: "In terms of where patients had been admitted from, only the nursing home residents showed an above proportion who might have avoided admission: 17 out of 29 admissions from nursing homes (59%) might have been avoided. In most cases it was felt that the patient could have remained in the nursing home, or at least returned there after suitable assessment, in some cases with additional specialist or palliative nursing input." The study concluded that approximately 600 people a year in Sheffield who die in acute care are admitted from a nursing home. Following alternative care pathways could raise the percentage of people able to die in their nursing home from 61% to 80%, thereby almost





halving the number of people dying in acute care following admission from a nursing home.

Supported through the National Institute of Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) and the Yorkshire and Humber Academic Health Science Network (Y&H AHSN), the Ontario approach is being tested in the UK nursing home setting.

To provide EnComPaSS in the UK, specialist palliative nurses employed by a hospice will manage and mentor trained care assistants working in several nursing homes across Sheffield. Within each study site nursing home, any residents requiring palliative care will be cared for by care assistants trained in observation and reporting, using the Canadian technology to communicate with the specialist nurses.

The trained care assistants will be supported by nurses employed by the nursing homes who will provide care acts beyond the remit of the care assistants at the request of the remote specialist palliative nurse. Once this initial proof of concept is completed, the EnComPaSS approach will be

expanded to provide technology-enabled palliative care in the home and to hard-to-reach populations across Europe and North America.

The benefits

This approach presents an opportunity for people to die with dignity in the place of their choosing, in familiar surroundings, whilst receiving around the clock care and health advice from specialist nurses via a technology-supported intervention.

Following extensive stakeholder engagement, our community partners have identified that finding a way to provide high quality, yet affordable, palliative care in the community is of key importance to them, and in our stakeholder meetings they have identified that the EnComPaSS approach may well fill this gap.



Marita Kloseck, PhD
Director, Sam Katz Community Health & Aging Research Unit

Deborah Fitzsimmons, PhD
Technology Research Cluster Lead, Sam Katz Community Health & Aging Research Unit
Programme Lead, Enhanced Community Palliative Support Services (EnComPaSS)

Western University

browse www.uwo.ca/fhs/shs

Reproduced by kind permission of Pan European Networks Ltd, www.paneuropeannetworks.com
 © Pan European Networks 2014