



Bringing care closer to 'home'

Strengthening integrated palliative care in care homes

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Care homes – increasingly important providers of end of life care

the guardian

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Care homes could become most common place to die by 2040

THE TIMES
Deaths in care homes set to double by 2040

Care homes could overtake hospitals as the most common place to die, according to researchers at King's College London. Just over a fifth of people currently die in a care home, but the number is expected to more than double by 2040, according to an examination of data collected in England and Wales from 2004 to 2014. The number of deaths in care homes rose from 85,000 to 106,000 a year, and could hit 230,000 by 2040. Meanwhile, the number of deaths in hospital fell to 241,335 in 2014, with the trend expected to continue. The authors of the report, published in the journal *Palliative Medicine*, warned of the "urgent need to ensure bed capacity".

EXPRESS

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Care home deaths: More people 'will die in care than in hospital over next 23 years'

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Comment published 11 October 2017

Research on strengthening integrated palliative care in care homes

Integrated Community
Palliative Partnership study 

 vPall Care Homes
Palliative care in care homes during COVID-19

EMBED-Care
Empowering Better End
of Life Dementia Care



- Understanding the problems
- Co-designing potential solutions
- Evaluating the solutions

Care home residents towards the end of life



Residents often have complex needs and uncertain prognosis



Due to residents' high levels of dependency, family and/or staff act as their advocates³



Unplanned hospital attendances increase at end of life, more so in residential homes^{5,6}

Understanding the problem



Ad hoc access to health services, difficult to navigate and coordinate services – “*whose responsibility?*”^{3,4}



Challenge in detecting deterioration in residents' condition^{3,4}



Demanding and skilled work required on an understaffed, undertrained, and undervalued care home workforce^{3,4}

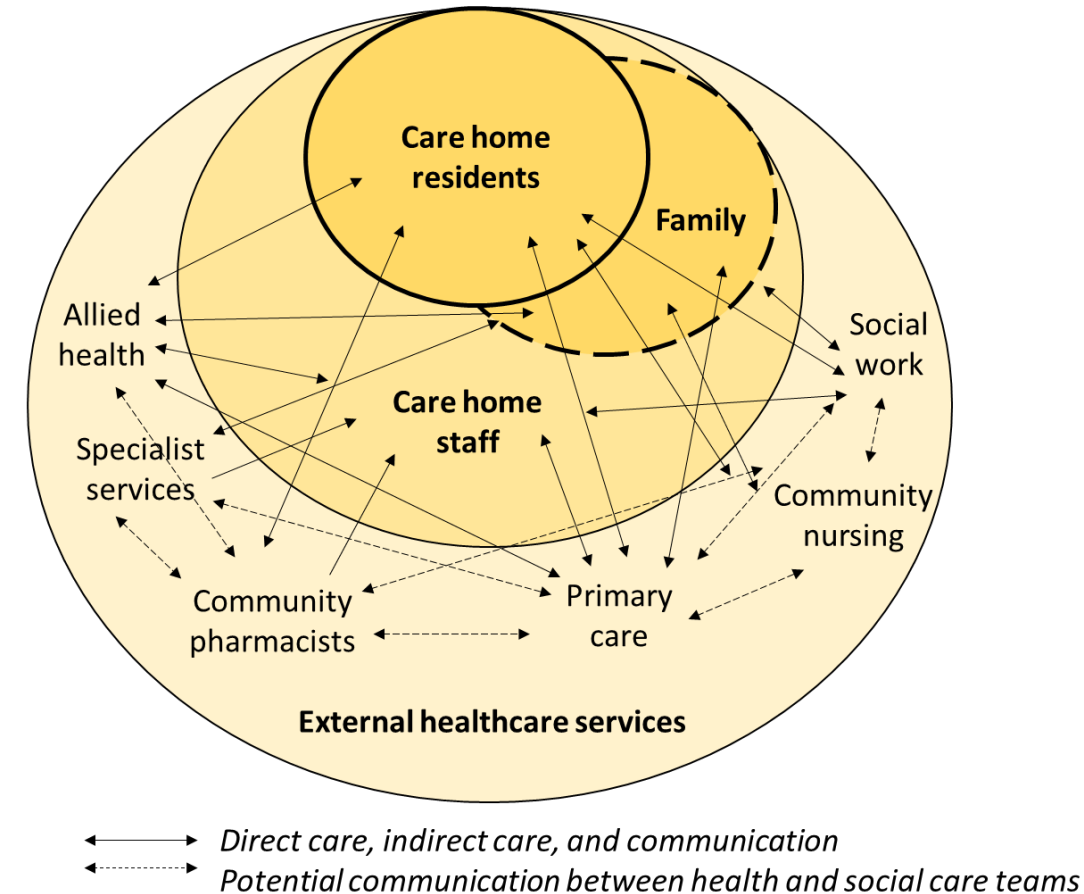


Fig 1. Stakeholders involved in the care of residents³

Codesigning potential solutions (1)

1. Use Integrated Palliative Outcome Scale for Dementia (IPOS-Dem)⁷ <https://pos-pal.org/>

- Regular assessment of **symptoms and concerns**
- Includes **residents'** and **family's** voice
- Useful for **monitoring** and providing a **shared language** for communicating
- Use digital technology (an app) to link IPOS-Dem assessment with clinical decision support tools^{8 9}

I think [the IPOS-Dem] is more of a daily observation ... because conditions can change. So the care teams monitor and then work out ... what they need to do. And I think this is where we as a team struggle because we thought this is brilliant'
(002, Care Home A, focus group discussion)

'I think the way we can actually use this, is say during the handover if there there are concerns, like certain residents, we can actually use [IPOS-Dem] as a form of our observational assessment'
(006, Care Home A, focus group discussion)

Co-designing potential solutions (2)

2. Support for workforce development

- Standardised, free, and easily accessible learning resources
- **Training opportunities** e.g. in advanced assessment skills

I've worked with quite a few nurses in care homes where they've said that they actually avoid the palliative care patients as they are scared or fearful -
Specialist Palliative Care Nurse, qualitative interviews

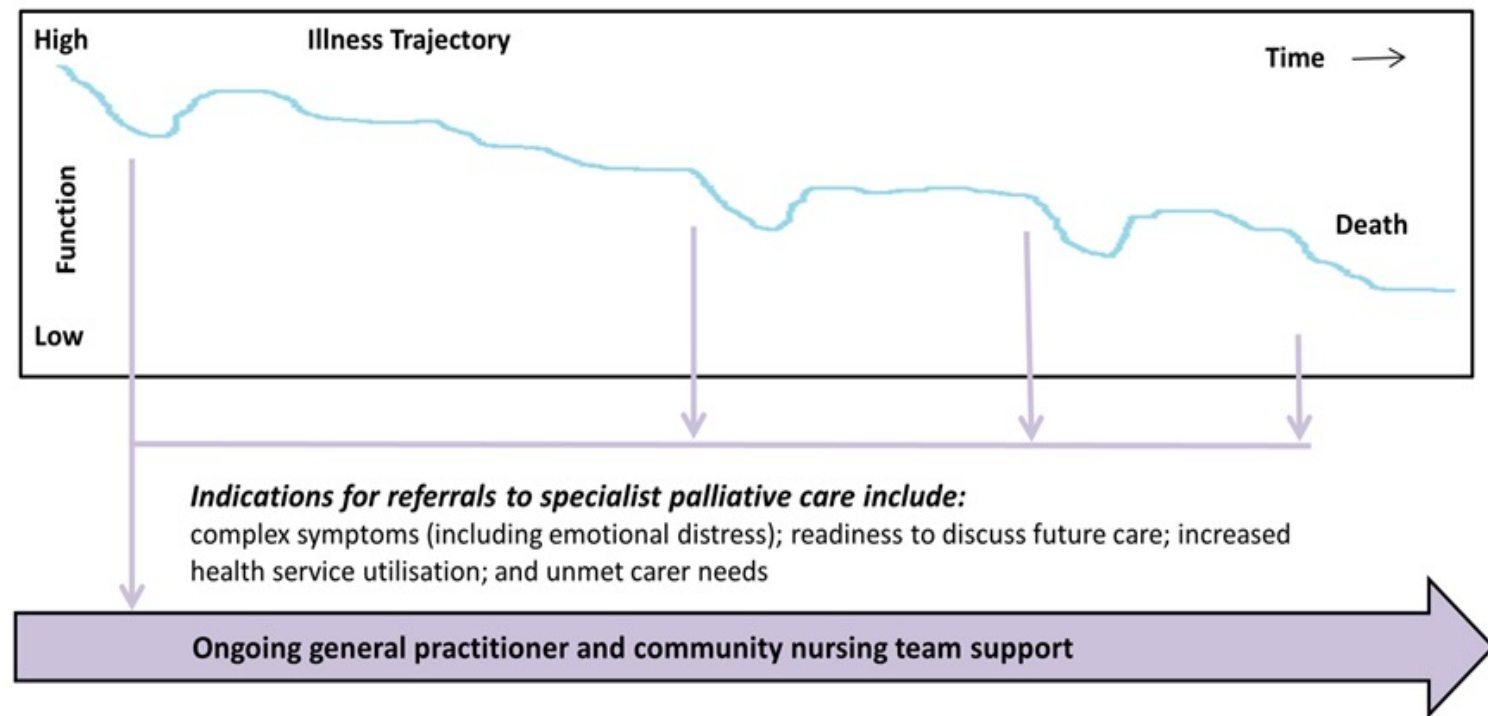
3. Joined up ways of working

- **Multidisciplinary team meetings** including specialist palliative care
- **Joint visiting** to share expertise and upskill

When you work in silos it means that when somebody deteriorates, there's no forum to say okay, we're now into a different mode
- Lead Frailty nurse, qualitative interviews

4. Model of Short-term Integrated Palliative and Supportive Care (SIPSCare)

- Episodic intervention from specialist palliative care team
- Referral based needs
- Single point of contact
- Shown to reduce distress in community dwelling frail older adults



Summary of recommendations

1

Implement IPOS-Dem in care homes with endorsement from stakeholders

- Facilitates communication between staff, family and resident
- Exploit digital technology for assessment, management and communication

2

Support workforce development

- Training in palliative and end of life care
- Career pathways and opportunities; pay; conditions

3

Integration with primary care and palliative care

- Palliative care representation within Multi-Disciplinary Team meetings
- Care home representation within Integrated Care Systems

4

Value the role of care homes and care home staff

- Boost national profile
- Ensure parity of esteem and equal partnership in decision making

Care home staff are heroes too...



<https://www.kcl.ac.uk/news/role-of-care-home-staff-overlooked-pandemic>



Evaluate these **palliative partnership working** practices across care homes nationally

- What is the impact on outcomes for residents, families, staff and systems?
- How is this different for **residential homes**?
- What is the contribution of **community nursing teams**?



Thank you

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