



Dying at Home is a Choice

hospice@HOME

13th Rural Health Conference May 2015

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The Better Access to Palliative Care program is funded by the Australian Government.
Proud Program Partners are Tasmanian Association for Hospice & Palliative Care,
The District Nurses, hospice@HOME and the Tasmanian Government.



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Hobart District Nursing Service

- Founded 1896
- Delivering a wide scope of nursing and care support services
- Tasman Health and Community Service
- The District Nurses and hospice@HOME (h@H)

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Tasmanian Health Assistance Package (THAP)

- THAP – 2012
- Better Access to Palliative Care (BAPC) – 2013
- 3 elements – Palliative Care

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Hospice Care defined

‘Hospice is not a place, but a *concept* for healthcare delivery to those dealing with life-limiting illness. Hospice focuses on creating a natural and comfortable end-of-life experience for those confronted with a terminal condition. Through a range of palliative, medical, nursing, psychosocial, and spiritual care provided by an interdisciplinary team of experts, hospice seeks to manage symptoms and provide comfort when cure is no longer possible’.

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Who is eligible for hospice@HOME?

“hospice@HOME is available to any Tasmanian residing in the community with an end of life or life threatening outlook, who is assessed to be within the final 12 months of life, or as determined by a Medical Doctor”

- No cost to the client
- No age limitation

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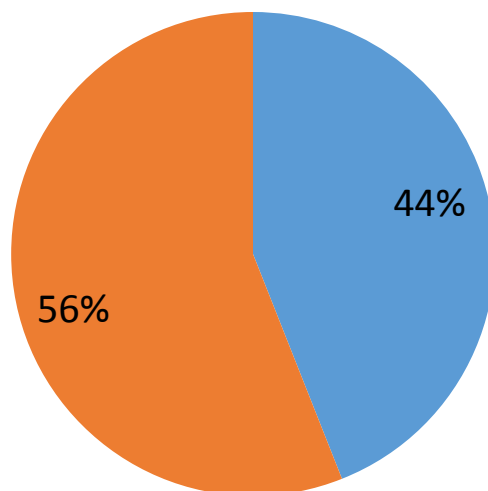
Achievements to date

- Development of policies and procedures
- Rigorous quality improvement processes
- Stakeholder engagement and establishing contracts with brokered services
- Delivering 'Wrap Around Care'

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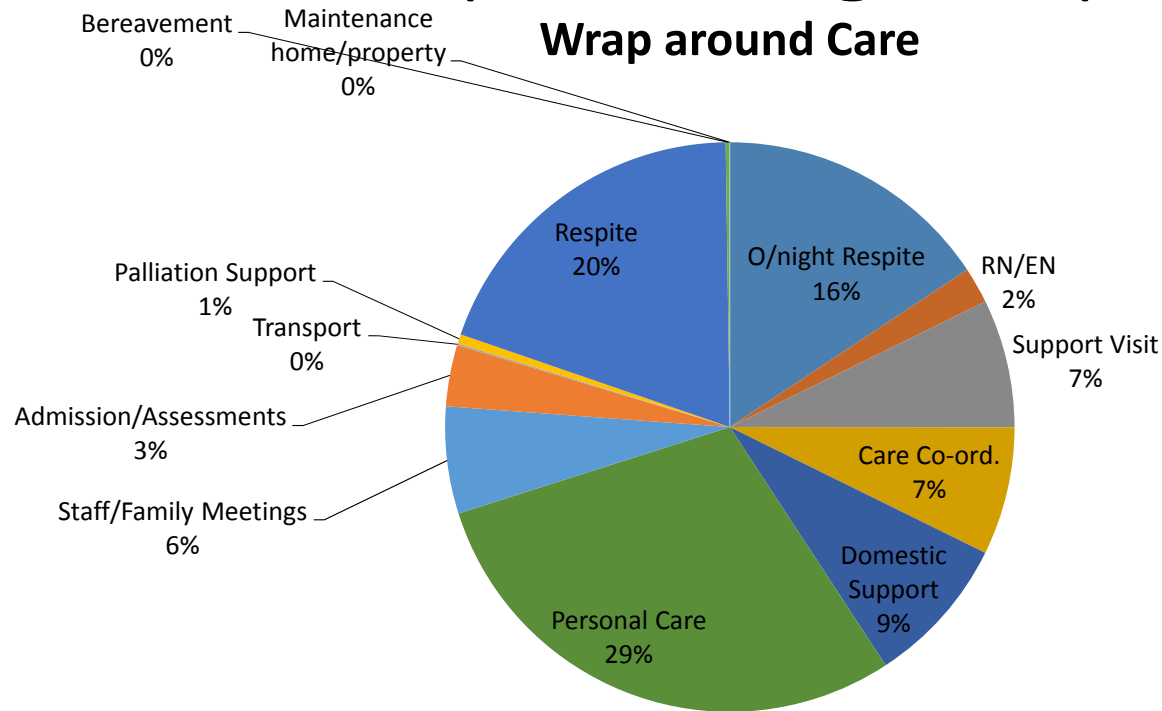
Dying at home is a choice

■ Home ■ Acute/Pall/Resi



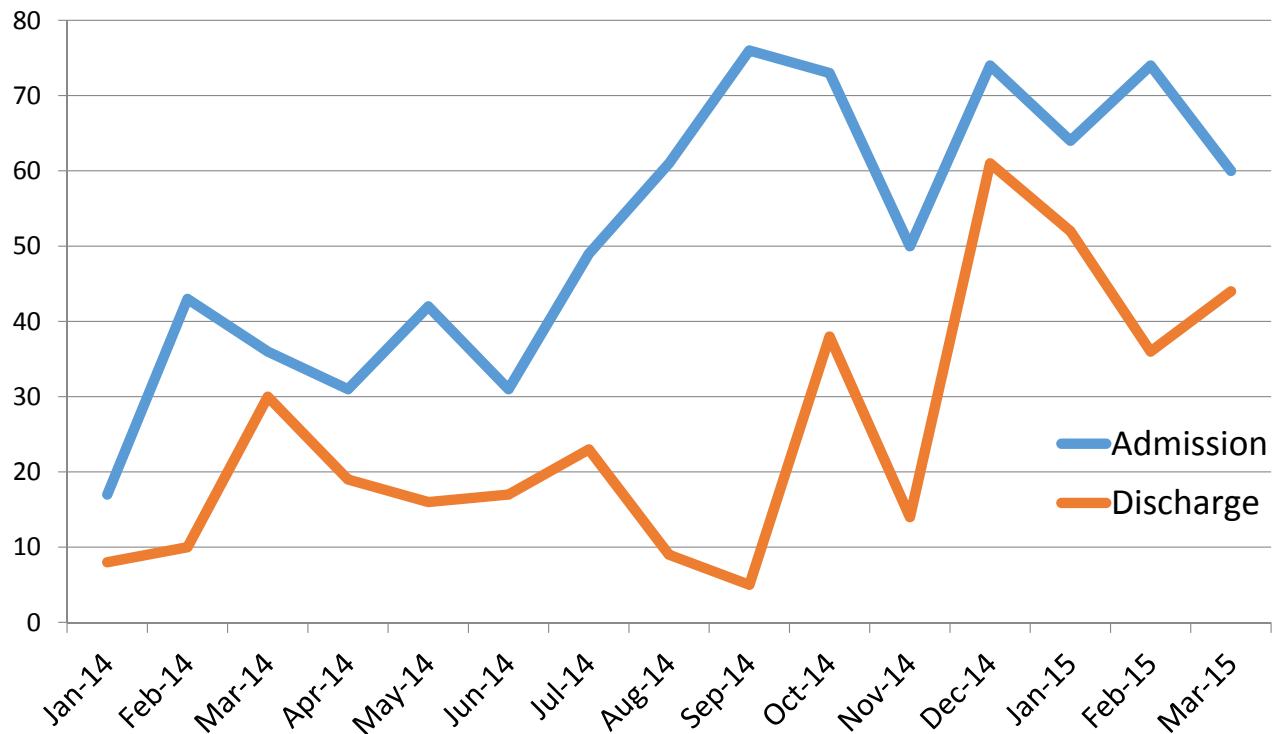
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How is h@H providing wrap around care?



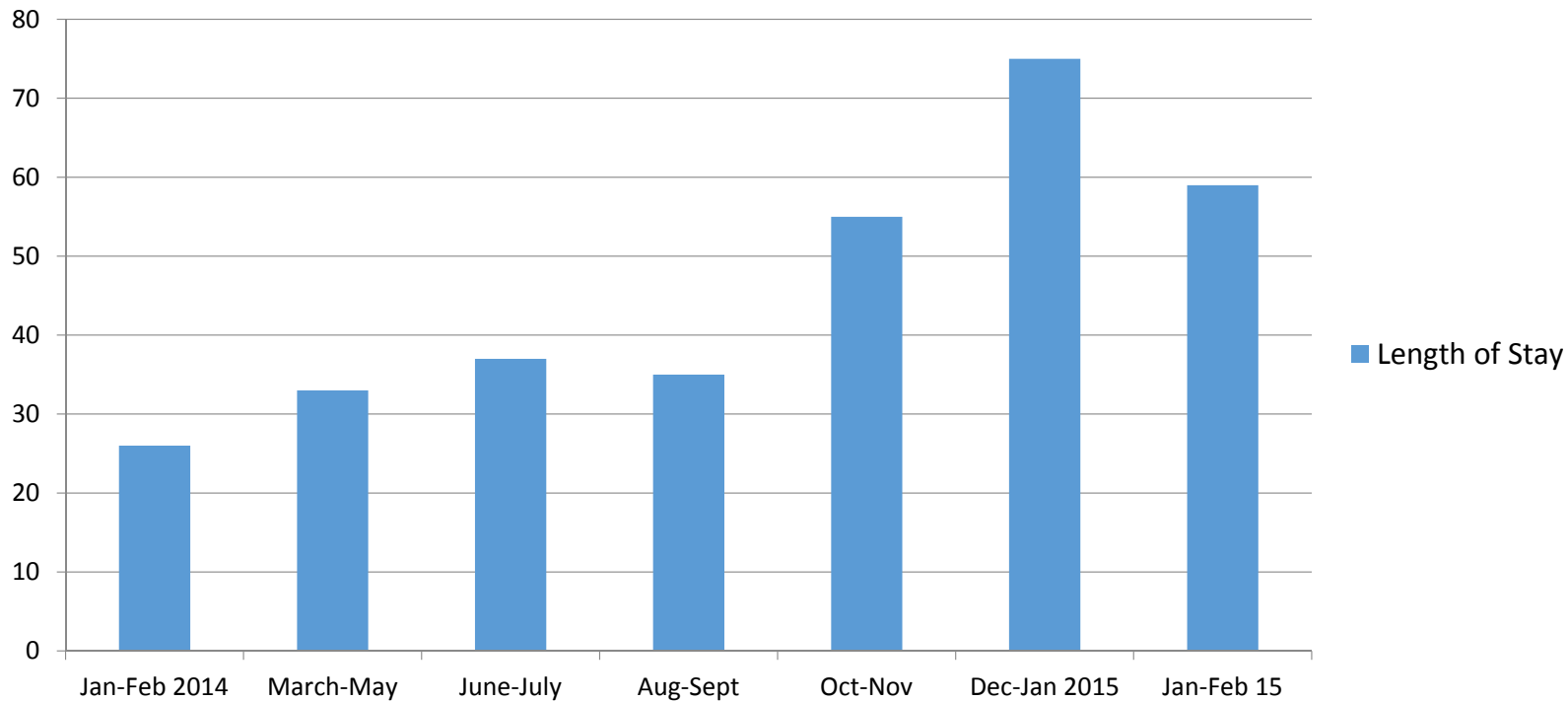
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Admissions and Discharges



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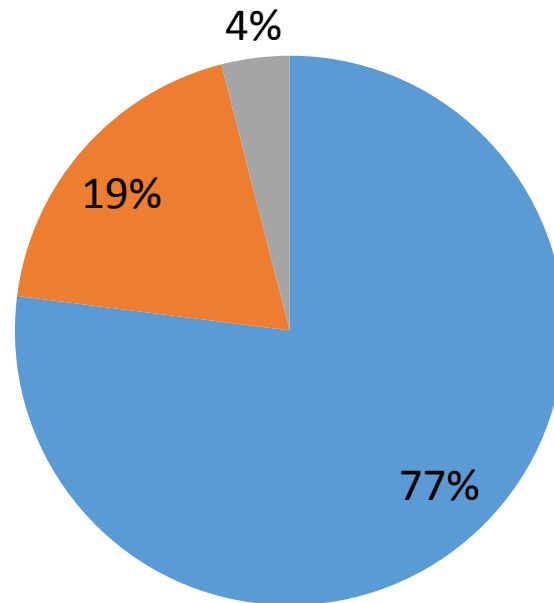
Length of Stay



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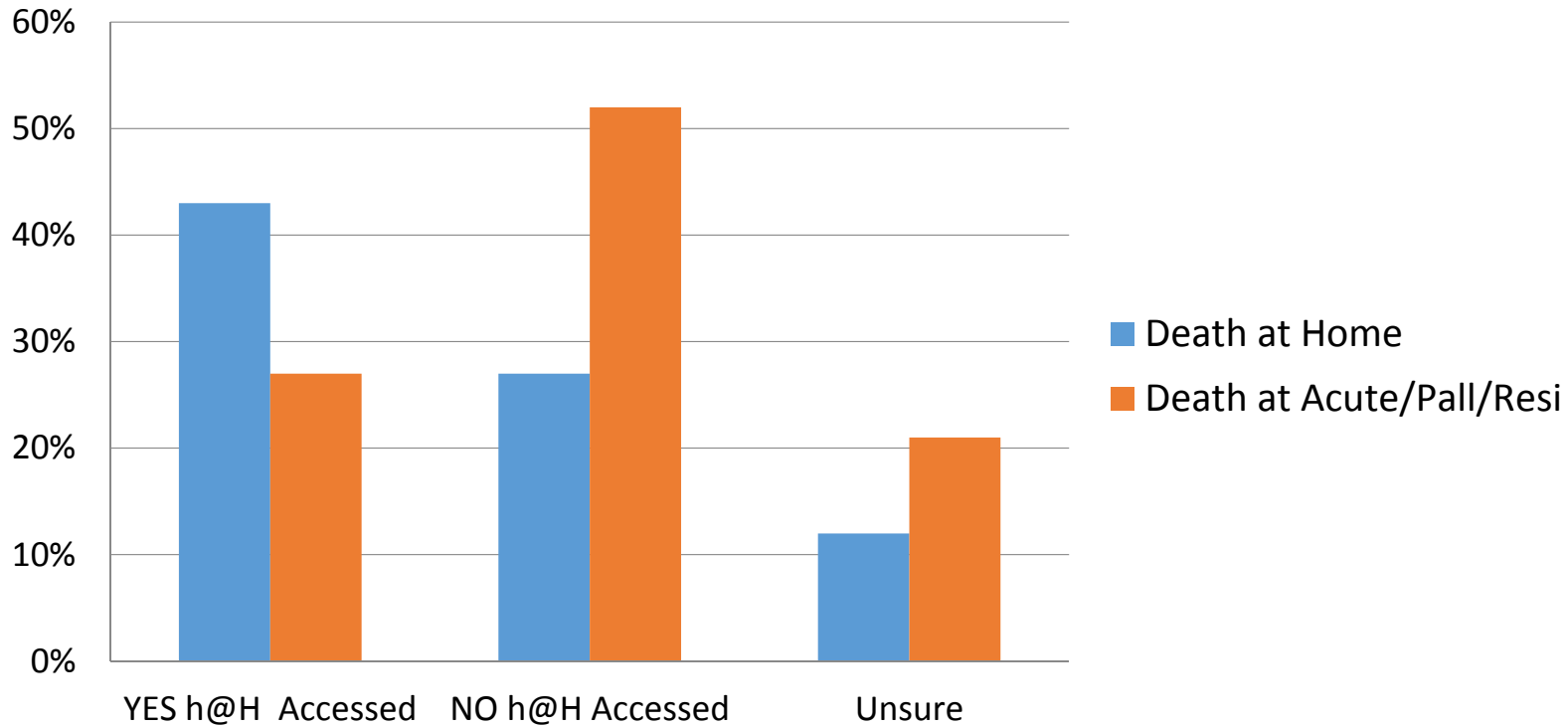
Malignant v's Non malignant

■ Malignant ■ Non Malignant ■ not recorded



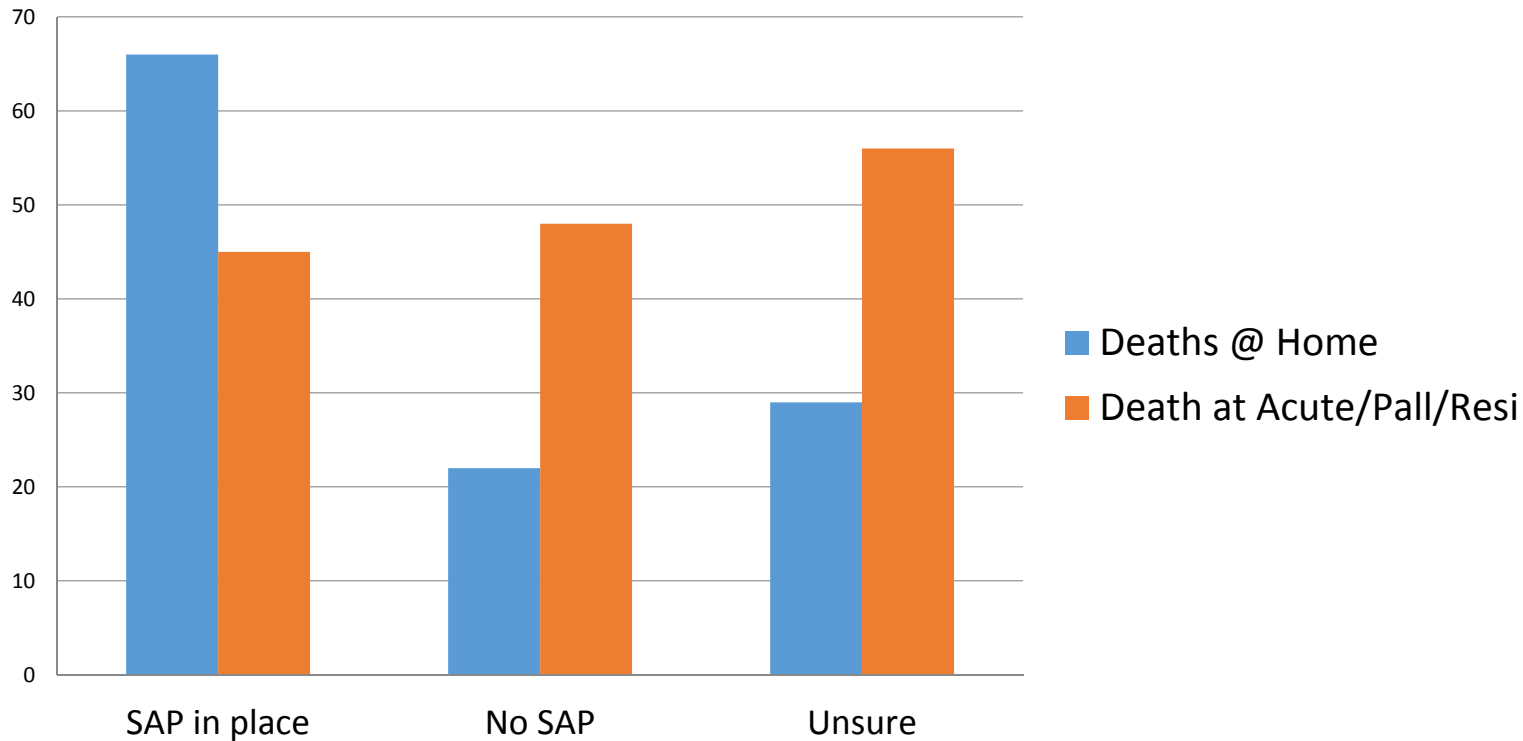
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h@H After Hours



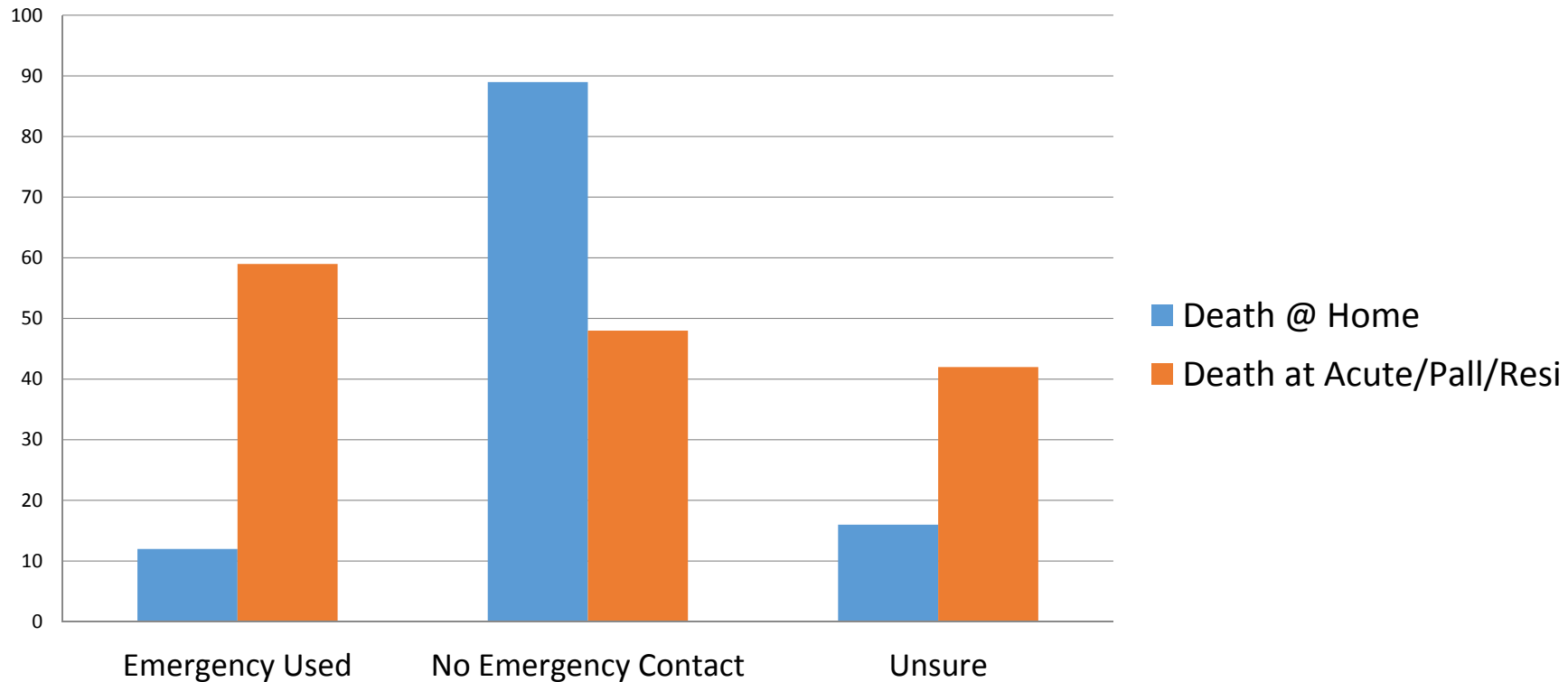
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Symptom Action Plans



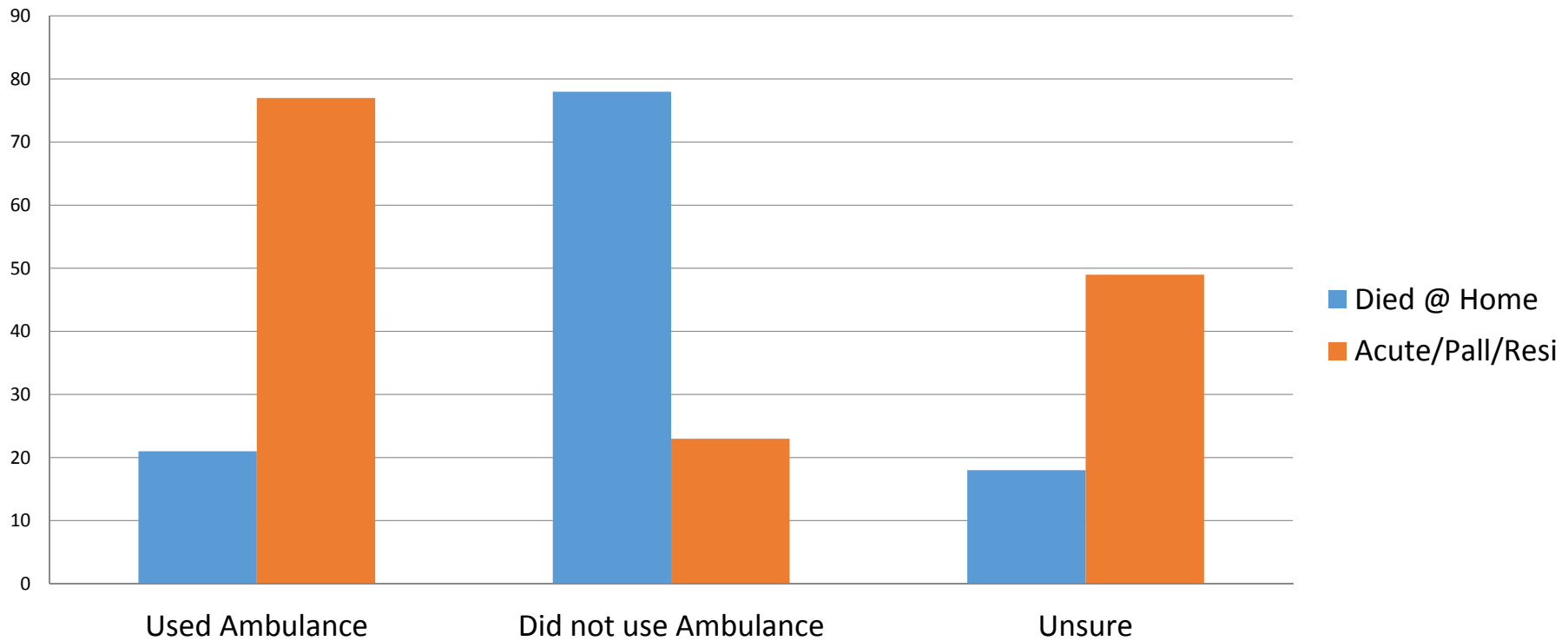
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Emergency Department Attendances



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Ambulance Contact



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Dying at home is a choice

- Dying at home can be a reality when we meet the gaps that incur in fragmented care arrangements.
- “When good end of life services are available, people are much more likely to die at home. They are more satisfied with care, and less likely to be admitted to hospital or visit emergency departments. They also have lower overall healthcare costs...” (Swerisson & Duckett, 2014)

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How is hospice@HOME planning for future development and sustainability?

- AHA Evaluation
- hospice@HOME Mortality Reviews
- Cost-benefit review

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A bit more about packages of care for the future

- A package of care for the future should include the option for people to die in their own home.
- The average cost for a package is much more economical than the cost incurred for people in the acute care sector
- Cost Savings can be achieved for the Health System though delivering this approach of care BUT more importantly it has Quality of Life improvement.

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To sum up...

- Planning and Care Co-ord. is key to supporting people to understand their end of life trajectory
- After Hours Support
- CDC approach supporting innovation
- Wrap around packages
- Hospice care and the palliative approach can be delivered anywhere

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