

Annual Nursing Report

2020



Compiled by:

Aisling Fanning- Clinical Nurse Manager 3

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Background:

Palliative care is an approach that improves the quality of life to patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO, 2004).

Specialist Palliative Care refers to services whose core activity is limited to the provision of specialist palliative care. These services are involved in the care of patients with complex and demanding care needs. We provide care to patients in South Tipperary and West Waterford.

Our Clinical Lead is Dr Aine Ni Laoire, Consultant in Palliative Medicine, who attends our weekly MDT meetings, review patients in both South Tipperary General Hospital and University Hospital Waterford as outpatients and in-patients. Out of hours Consultant Specialist Palliative Medicine conferral advice is available to us on a 24 hour basis through the University Hospital Waterford switchboard.

Our nursing team consists of 1 Acting Clinical Nurse Manager and 5.6 Clinical Nurse Specialists

South Tipperary Hospice Homecare operates a 24hr x 7 day week visit/phone advice service.

There is a designated 0.8 WTE Occupational Therapist for palliative care for South Tipperary who works closely with us and attends our weekly MDT meetings.

We offer bereavement support which is also supplemented by a bereavement counsellor where the need arises

Central to how we operate is our ongoing liaison with the GP and all associated primary healthcare professional's involved in their patients care. All referrals to our service have to be agreed beforehand by the GP. Most referrals come via the *Specialist Palliative Care Services Referral Form* developed by the *National Clinical Care Programme for Palliative Care (NCPPC)*.

As we are fully integrated with all the Specialist Palliative Care services and we liaise closely with all hospitals and individual health care professionals associated with the patient's condition/treatment plans in order to provide a seamless service.

The service has been extended to patients with neurological conditions (eg Motor Neurone Disease/Parkinson's Disease/ Dementia) and other non-malignant conditions (eg COPD/Pulmonary Fibrosis/Renal failure), who are symptomatic at the end of their lives and require a specialist palliative care intervention.

Patients can be discharged from the service if they are no longer requiring specialist palliative care or do not want our ongoing involvement. In this instance, they are discharged back to the care of their GP with a discharge letter stating same.

Further information on our service can be viewed at: www.sthm.org

Changes to Nursing Staff Compliment:

Clinical Nurse Specialist, Nora Lyne retired from the HSE service in March 2020, and continues temporary employment with South Tipperary Hospice Movement, until a replacement post has been filled.

Aisling Fanning continues in her role as Acting Clinical Nurse Manager for the local service.

Administration Staff Compliment:

Marie Harold Barry continues to work as 0.6 WTE, providing essential administration support to the nursing staff.

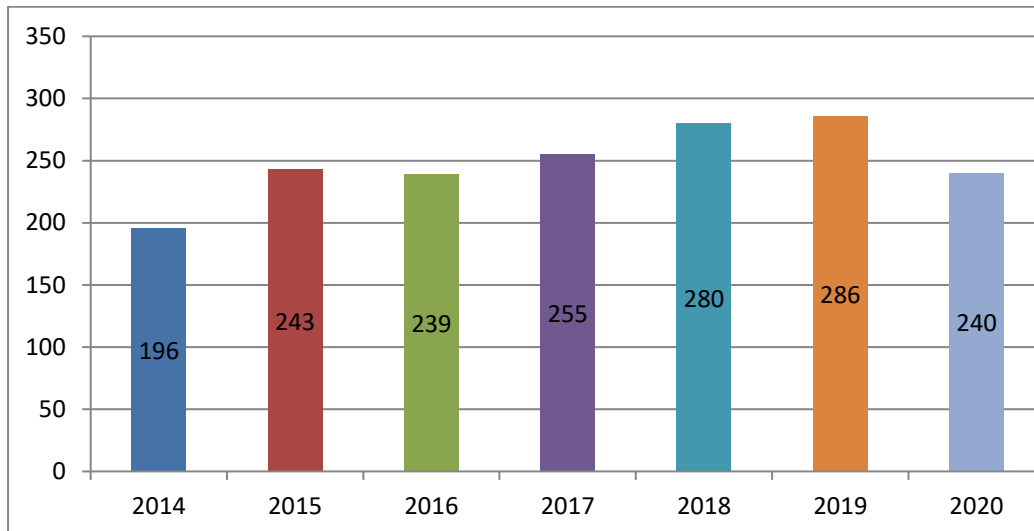
Occupational Therapy Service:

We continue to have a 0.7 WTE Occupational Therapist for the service. At present the Occupational Therapist is seeing only patients with a malignancy diagnosis.

Those patients with a non-malignant diagnosis are being managed by Primary Care Occupational Therapy, unless they are deemed to be at End Of Life, in which case our Occupational therapist provides the service

New Referrals

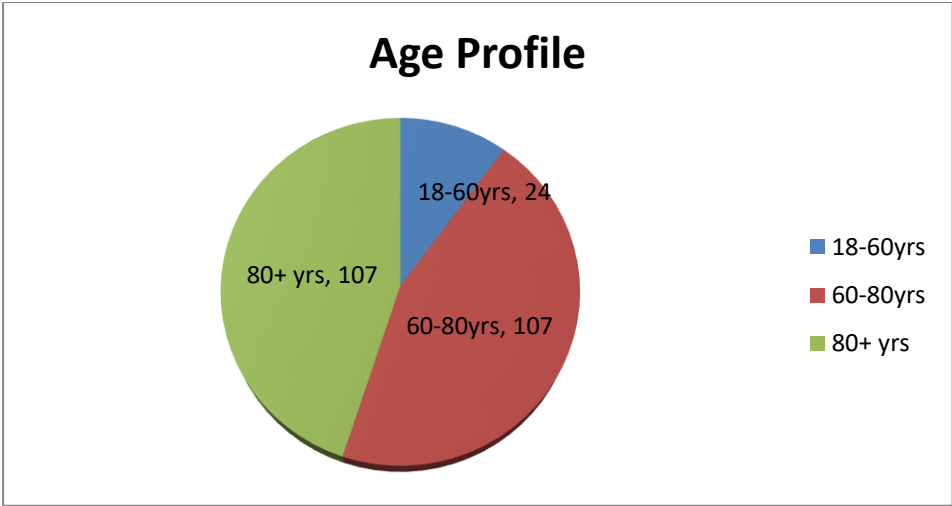
New patients referred to the service in 2020



Age Profile of referred patients:

New Patient Age Analysis:

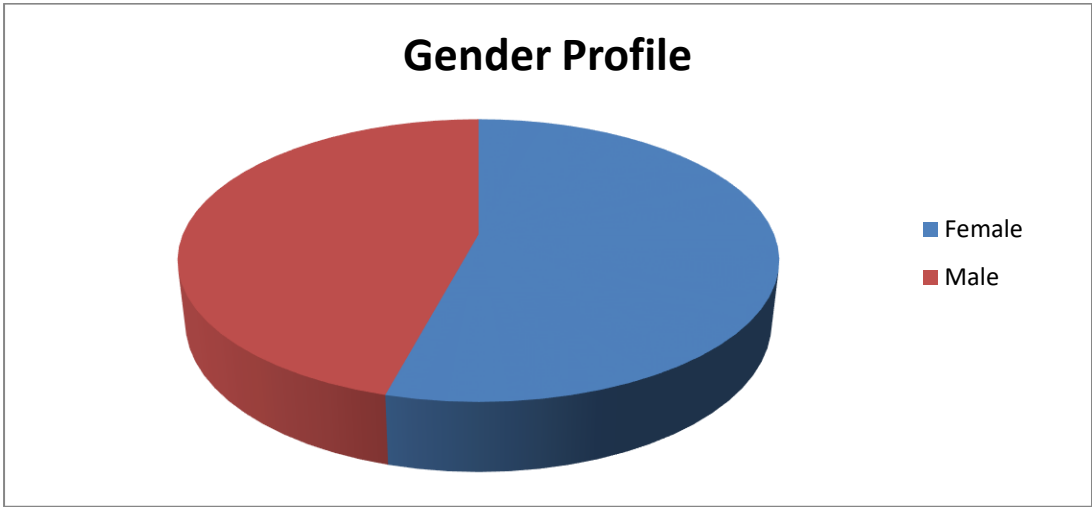
	Male	Female	Total
18-60 years	12	12	24
60-80 years	54	53	107
80 + years	44	65	109



Gender Profile of New Referrals:

Female : 54%

Male : 46%

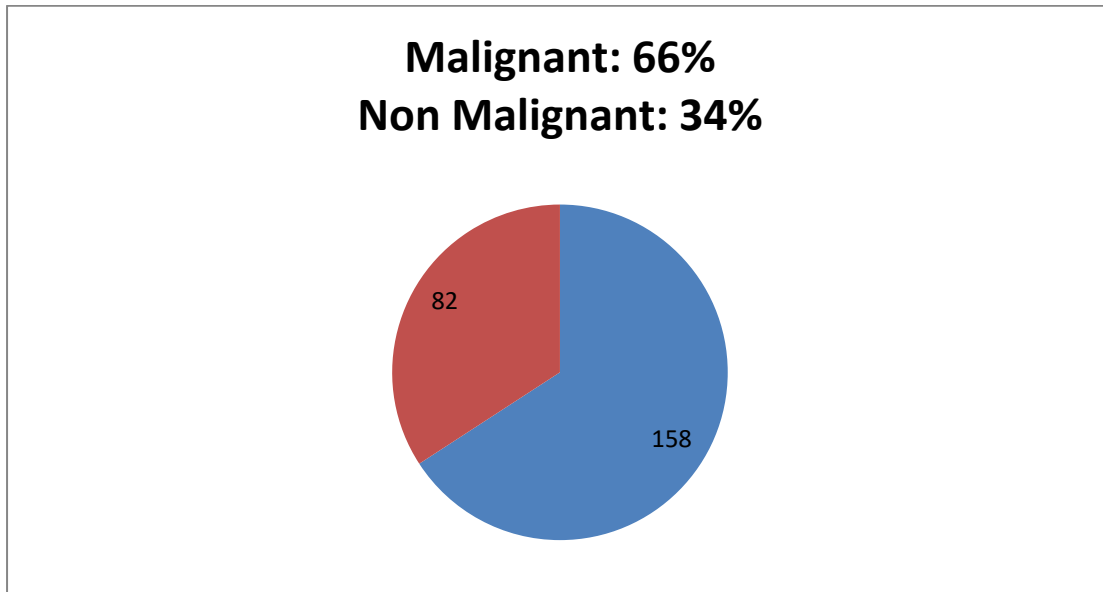


There has been an increase in the rate of female referral over the rate of male referrals in 2020.

Primary Diagnosis of New Patients:

Malignant: 158

Non-malignant: 82

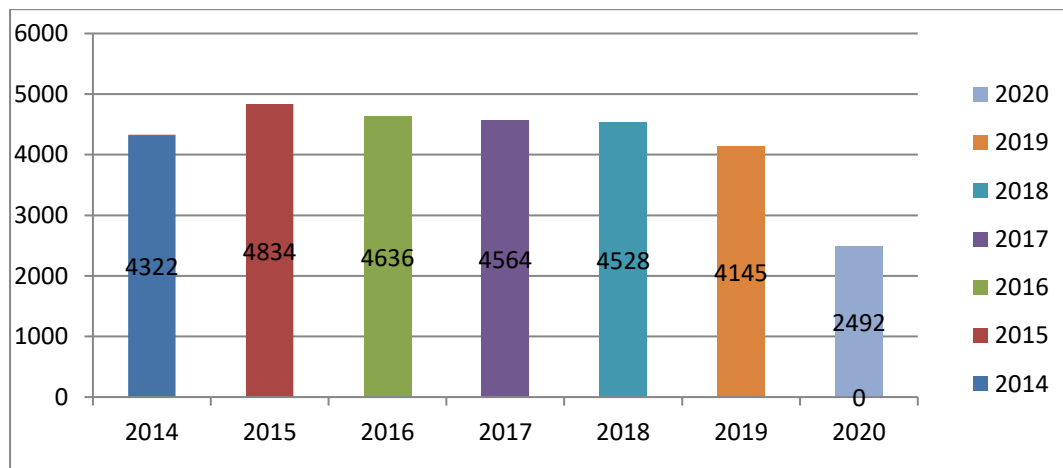


Number of Homecare Visits to patients:

The impact of COVID 19 had a dramatic impact on our ability to provide face-to-face visits with our patients.

Consequently our number of visits decreased by 40% over the 12 month period.

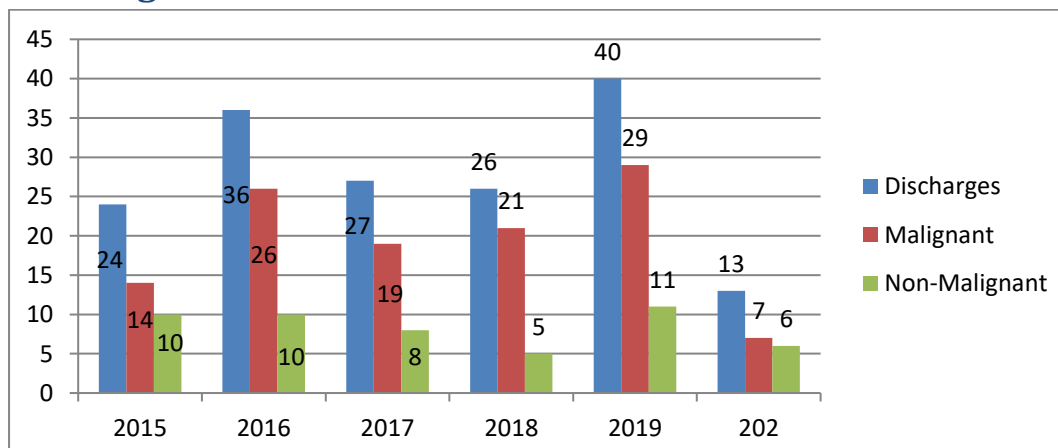
Patients and their families were supported by a mixture of face-to face visits, telephone and virtual platforms as the year progressed.



Service Delivery:

	Total
Face to Face Visits	2,492
Telephone Support	19,455
Virtual Support	5

Discharges:

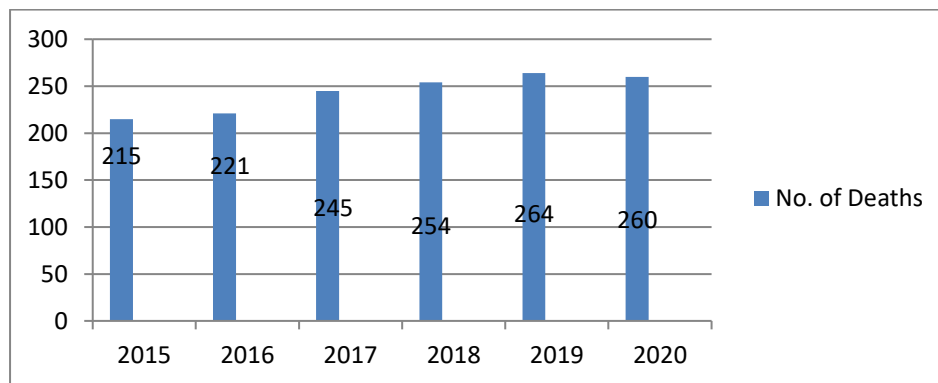


Number of discharges from the service: 13

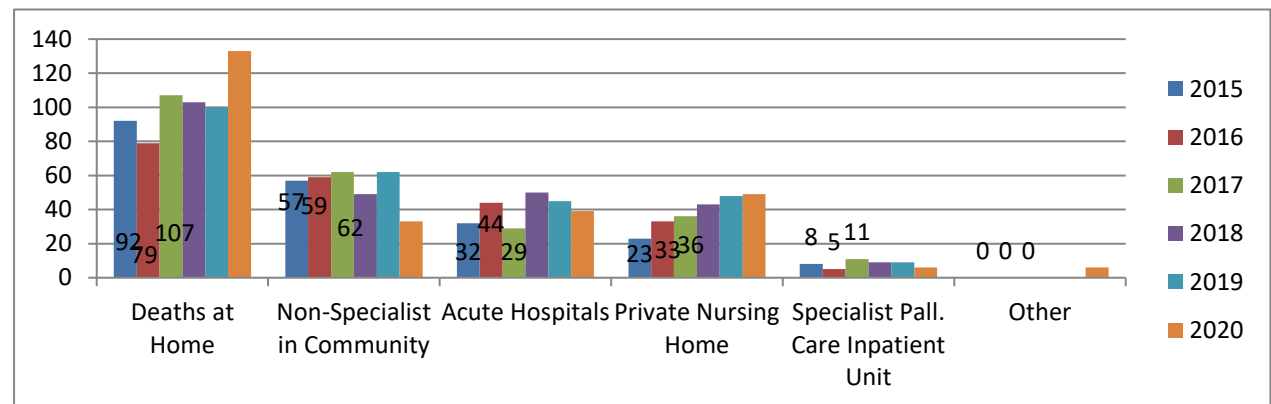
Discharges with a Malignancy: 7

Discharges with a Non Malignancy: 6

Deaths:



Breakdown of Place of Death:



Breakdown of deaths:

Home	133
Community Hospital	33
Acute Hospital	39
SPC Inpatient Unit	6
Nursing Home	49
Other	9
Total	260

Neurological Disorders:

In 2020 there were a total of 38 patients with a neurological condition referred to the service.

These conditions include the following:

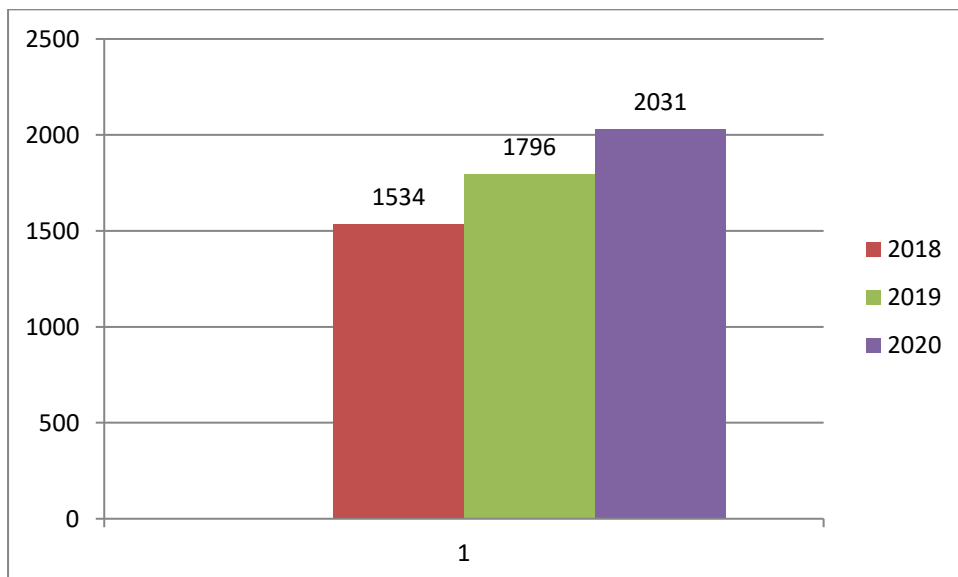
Diagnosis	Total
Dementia	21
Motor Neurone Disease	6
Parkinson's Disease	6
Epilepsy	1
Other	4
Total	38

The Paging Service

The paging service remains an integral part of our service. The service is available 24/7. Each patient is given our on-call card with the details at the time of admission.

There were approximately 2031 calls made to the Paging Service in 2020.

We changed service providers in August 2020.



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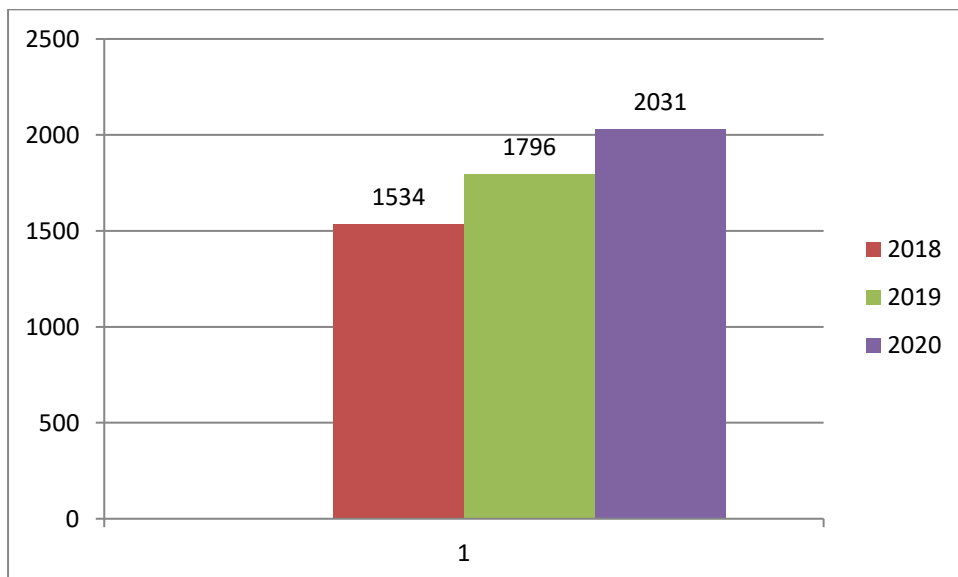
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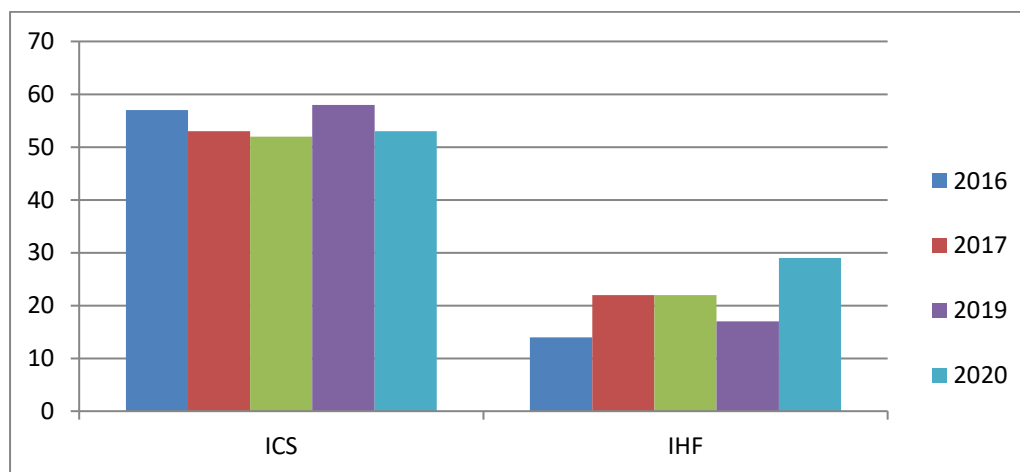


Night Nursing Service

This continues to be an integral part of the care of the dying patient at home. We continue to get great support both from the Irish Cancer Society (ICS) who fund the night nurses for those with a malignant diagnosis and the Irish Hospice Foundation (IHF) who fund those patients who require night nurses who have a non-malignant diagnosis. The Irish Motor Neurone Disease Association (IMNDA) fund nights for those with a diagnosis of MND.

The ICS manages the night nursing service irrespective of the funding.

No. of Patients who used Night Nursing:



2020	Irish Cancer Society	Irish Hospice Foundation	Total
Patients	53	29	82
Number of nights	240	77	317
Total Bookings	418	32	450
No Night Available	X	X	38

Icare Patient Computer System

The Icare Electronic Patient Management System continues to provide advantages and challenges. During the challenges of 2020 it has proven to be invaluable as it allowed the service to operate remotely, safe guarding the service and team. Each CNS has access to our full complement of patients at any one time, which is invaluable when providing an on-call service. Each CNS has access to HSE encrypted laptop/mifi/smart phone devices.

The McKinley T34 Syringe Drivers

We continue to work with the McKinley T34 Syringe Drivers both as a 24° and a 48 ° device. Via the Biomedical Engineering Department in UHW, STHM receive technical support from Rochford Medical for machines that need repairs during the year. They are also responsible for the annual servicing of all devices.

Overall we are happy with these devices with regard to their accuracy and dependability.

The annual service of our equipment was completed over a period of 4 months, as the process was managed remotely and each device was serviced at the Rockford plant in Dublin.

Clinical Supervision

We continued with our 6 Clinical Supervision sessions throughout the calendar year with our facilitator, Margaret Collins Smyth.

All 6 sessions were funded by the Committee of South Tipperary Hospice Movement, as was the choice of the team to continue with our facilitator Margaret Collins Smyth.

Clinical supervision remains a very valued and essential component to the nursing service who work in holistically demanding environments and need this outlet to air professional issues in a safe and therapeutic environment. Due to the pandemic the sessions were held remotely via the teleconference platform.

Professional Training:

In 2020, the service continued to provide education and training to NCHD's working in Specialist Palliative Care in UHW by attending our weekly MDT meeting where possible

Bereavement Service

Pauline Connolly provides bereavement counselling for the service. In 2020 this was provided mainly by telephone.

Education and Training

All Mandatory and HSELAND training for all nursing staff was ongoing throughout 2020. A training register has been maintained. Most training has been conducted through WEBINAIRS and virtual platforms.

The Impact: COVID 19 Pandemic

We returned to work after the Xmas of 2019 not realising what we were about to face into. Little did we know that our way of working was about to change.

With the onset of the pandemic came the fear of the unknown, fear for our patients, fear for ourselves and our service.

From 16/3/20, all patient handovers, team meetings and multidisciplinary meetings were held remotely using HSE approved platforms and IT equipment.

Our office based operational systems switched to electronic remote systems. The office was manned daily in rotation by administration, with the nursing team working remotely.

To protect our vulnerable patients and the service, a strict “essential visit” policy was introduced. For many patients, support was provided by phone only for a considerable time. A letter was formulated and disseminated to our patients both new and current.

The introduction of PPE was a necessary change and challenge for the team. It created a barrier between the patient and the nurse. But everyone understood the rationale behind the need for its use.

We maintained excellent channels of communication with our patients throughout the year.

Our death rate at home increased by over 20%, largely due to the fear associated with COVID 19, and the restrictive but necessary visiting restrictions within the acute and community hospitals.

Our referral rate dropped for the first time in our history, but this is largely due to the closure and gradual re-opening of hospital based screening services.

We provided our colleagues in Primary care, Community care and local nursing homes with advice and support throughout the year.

Laterally toward the end of the year, the nursing service in line with HSE guidelines introduced the “Attend Anywhere” virtual platform for virtual assessment of patients.

The nursing service introduced PCOC assessment system in 2020.

The service also introduced new Medication Management Documentation, which has been designed in collaboration with the regional specialist palliative care service. The hope is that the service will audit the document after 6 months and report the findings to the wider regional service, who have yet to introduce it.

The nursing service is currently undertaking a pilot study of the use of the Mc Kinley T34 pumps. The study commenced in Oct 2020 at the suggestion of Dr Denise Hayes, Palliative Care Consultant in UHW. The pilot will hopefully be completed in 2021, with a view to publishing it's findings.

Throughout 2020: the nursing team has been well supported by the regional specialist palliative network and South Tipperary Hospice Movement.

