

Home Care in UK

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Aim of talk

- To look at the international ,national and local requirements for home care.
- To explore why we provide home care.
- How home care fits with hospital care.
- Advantages and disadvantages of home care.
- Importance of other aspects of care.

European Consensus

- Standards of Care for Patients with Cystic Fibrosis – a European Consensus. 2014.
- States home IV therapy should be available from all CF centres.
- Need for training and monitoring.

UK Requirements.

- CF Trust – Charity co-ordinating CF services.
- Recognised the need for national standards to promote care equality.
- Consensus Documents produced by CF professional groups – covers all aspects of care.
- Specialist centres assessed against standards in Consensus Documents.

UK Requirements

- “Standards for the Clinical Care of Children and Adults with Cystic Fibrosis in the UK” – Dec 2011.
- Key document for assessment of specialist services.
- Covers all aspects of care.
- Chapter 5, subsection 5.5 – Home Care

Homecare – specifies that..

- Most specialist centres are expected to provide home care.
- Usually undertaken by CF Nurse but can be other professionals.
- Provides examples of reasons for homecare.
- Specific section on IV antibiotics at home.
- Individual assessment vital.

Reasons for home care

- Diagnosis
- New treatments
- Teaching / training carers.
- Follow up from clinic / admissions.
- IV therapies.

CF Specialist Nursing

- “National Consensus Standards for Nursing Management of Cystic Fibrosis” – May 2001
- Recommendations for best practice – specific section on Community Care.
- Specialist centres are assessed against these standards.

Local Requirements

- Recognition of and need to reflect national service requirements.
- Trust indemnity insurance includes work in the community.
- Areas of working include community working in main job description.
- Requirement to hold a driving license and have access to a car. Paid travel.

Reasons for home care

- There are many different reasons for doing care at home.
- Primary reasons must always be to offer the patient
 - the best possible care,
 - individualised to their needs,
 - in safest & most appropriate place.

Safety in the community

- Lone working

- Risks of going to patients' homes
- Doesn't matter how well you think you know the family!
- Lone working policies – safety.
- Telling others where you are going and when you are back.

New Diagnosis

- News usually given in hospital
- Important to find out about the family
- Consideration for lone working – joint home visit on initial visit.
- More relaxed environment (hopefully!)
- See what's really happening.
- Support and teaching

New treatments

- Day to day care is carried out in the home
- Helps to see the environment and identify issues.
- Training and one to one teaching.
- Practising with the child
- Teaching / discussions with parents.

Teaching / Training

- Not only for the parents
- Teaching in schools – general awareness and specific child's needs.
- Displace myths and rumours about CF
- Ensure child has access to all activities.
- Helps child remain in school / nursery.

Follow up from clinic / admission

- Clinics / wards are busy places
- Parents can find it hard to concentrate
- New skills need support
- Supported teaching can increase treatment compliance.
- Allows parents to ask questions

Home IV Therapy

Home IV Therapy

- Importance of knowing the families
- Assessing suitability
- Getting information from all sources BEFORE training.
- Teaching and on going support.

Assess, review, assess, repeat!

Home Assessment: Before starting.

- Does the family want to undertake home IV therapy?
- Is there any medical reason to contraindicate this?
- How old is the child and how do parents manage other treatments?
- Why are you considering home care for this family?

Home Assessment

Its NEVER about:

- Not enough beds
- Saving money
- Just because the family want to.

Home Assessment :Environment

- Does the home have appropriate amenities – water, electrics, telephone?
- Is the hygiene level appropriate?
- Is there space to carry out the preparation?
- Is there appropriate storage facilities?
- Can the child return to hospital easily in an emergency?

Home Assessment : Environment

If answer **YES** to all:

- Move to next assessment
- Discuss teaching programme with parents.

If answer **NO** to any:

- Discuss with parents
- Admit child to hospital.
- Help family explore issues.

Home Assessment : Environment

- Who else lives in the house?
- Are there any concerns about them?
- Are there concerns about visitors to the house?

If **YES**, then the assessment should stop and be discussed with the family.

Home assessment: Parents

- Do they work ?
- Are their hours compatible with the medication?
- Do they have other commitments that could cause difficulties?
- Do they have a significant medical history that could be relevant?
- Do any other healthcare teams have concerns about these parents undertaking treatment at home?
- Are there concerns about compliance with medication?

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If answer to any question is **YES**

- Admit the child,
- Seek further information and reassess

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If the answer to all questions is NO

- Commence training.
- Keep assessing
- Reassess on every treatment course

Home Assessment: Final review

- Are all other assessments satisfactory?
- Can the parents pass the IV teaching programme?
- Need to re assess for each treatment course considered.

Home IV Therapy: Advantages

- Timing of medication
- Nutrition
- Activity levels
- No separation from family / friends
- Lines last longer.
- Less disruption to family / school life

Home IV Therapy : Disadvantages

- Lack of specialist team input – daily.
- Inability to make small adjustments to treatment.
- Having to come back for blood levels
- Later recognition of complications.
- Feeling isolated
- Lack of recognition of being unwell.

“It’s not just about the IVs”

- importance of other aspects of care.

- Physiotherapy
- Nutrition
- Psychology
- Education and participation in care.

Home Care - summary

- Daily CF care is given by the parents at home = home care.
- Supporting this is important to maintaining health.
- Home care is about helping the family fit CF care into their daily lives.
- Home care is not just about IVs.
- Home care is open to all patients - not just palliative ones.

Thank you for listening

Any questions

