

Six Steps+ End of Life Care Programme: Costs & Benefits (Springett 2015)

Inputs

Investment

Direct Costs £14,851.99

- Educator time 404 hours
- Administrator time 80 hours
- Stationary & printing
- Mileage 900 miles
- Palliative Link group 16 hours
- Catering
- Re-accreditation: time 105 hours, 450 miles

•Indirect costs

- Care staff time to attend, implement, cascade learning 300 hours per care home
- Cost to care home of backfill
- Care staff travel cost
- Costs will vary according to individual establishment financial arrangements

The Service

KEY POINTS

- End of Life Care is requiring increasing integration
- End of Life Care is becoming increasingly complex
- There are unnecessary hospital admissions for avoidable conditions

THE SERVICE

- An education programme for care homes / care agencies of nine 4.5 hour Workshops over a one year period, with in-practice support and development of Portfolios of evidence of learning cascade and systems implementation.
- Programme based on the Six Steps outlined in the 2008 DH End of Life Care document aiming to develop knowledge, skills and confidence in: Discussions as the end of life approaches, Holistic Assessment, Co-ordination of Care, Delivery of high quality care, Care in the last days of life and Care after death, and includes a dementia workshop

GROUPS TARGETED

- Care Homes & Care Agencies

Summary of Benefits

SUMMARY OF BENEFITS

Patient (resident)

- Receipt of care in place of choice by skilled carers
- Less avoidable hospital admissions & Out of Hours calls
- Good death facilitated

St Wilfrid's Hospice

- Increased expression & delivery of hospice vision to provide high quality education for care home staff

CWS CCG and Adult social Care

- Reduction in unnecessary hospital admissions (The cost of providing a Six Steps+ End of Life Care Programme for 10 Care Homes is met by contributing to averting 6 avoidable admissions in total, or a 6.8% reduction in avoidable admissions)
- Enabling pro-active rather than reactive care delivery

Participants and Care Homes/Agencies

- Potential increase in bed occupancy & income through other health professionals confidence in care home standards of care
- Portfolios can be used to provide evidence of End of Life Care for CQC inspections
- Skilled & valued workforce & Staff investment; potentially greater staff satisfaction, with potential return of less compassion fatigue and staff turnover
- Evidence for revalidation requirements for nurses on the Nursing & Midwifery Council Register

Community based care teams

- Increased effectiveness in working relationships between professional disciplines through enhanced working practices