SETTING UP AN OUT-OF-HOURS PALLIATIVE CARE HELPLINE

This is a summary: the full paper can be accessed at nursingtimes.net

AUTHORS Mary Elliker, is Palcall administrator; Louise Barnes, PGCE, BSc, RGN, is lecturer/practitioner; both at Saint Catherine’s Hospice, Scarborough.

ABSTRACT Elliker, M., Barnes, L. (2008) Setting up an out-of-hours palliative care helpline. Nursing Times; 104: 24, 28–29. This article describes the development and implementation of a nurse-led, out-of-hours telephone advice service for patients with palliative care needs. Palcall is run from the inpatient unit at Saint Catherine’s Hospice in Scarborough. This article outlines the setting-up process and includes an audit of calls and feedback from service users. Call volumes continue to increase and the service has received extremely positive feedback.

Each area has its own challenges – in Scarborough, the rural catchment area presents logistical problems for many people wanting to access services and support. Most patients are admitted to Saint Catherine’s Hospice with symptom-control problems. Palcall was developed as a local response to offer out-of-hours (OoH) support and advice for patients having palliative care. The hospice had already made a successful bid to the Big Lottery for funding and had been awarded a three-year grant.

SETTING UP THE SERVICE
In July 2003 the Palcall administrator started work to get the service off the ground. Good preparation was key in establishing Palcall and training the nurses who would take the calls was vital. All were experienced palliative care senior-grade staff but handling a situation on the telephone is very different from doing so face to face. They were aware of the limitations of assessing a problem on the telephone, such as not being able to physically assess a patient and there being no body-language clues.

A Palcall steering group was set up, which was a requirement of the Big Lottery funding. A range of practitioners joined the steering group, along with patient and carer representatives and a PCT senior manager.

PREPARATION FOR THE OPENING Paperwork
We decided the best way to provide nurses with helpful information would be to register patients with Palcall, using a form filled out by a practitioner involved in their care. We also recognised that many telephone calls were likely to come from families and carers rather than patients, so a consent form was produced, which patients could use to name any people who could contact the service on their behalf. This also included all health professionals involved in their care.

Patients were given a booklet outlining the service and what they could expect from it, together with a credit-card style ‘gold card’ on which the contact number was clearly printed. Nurses were provided with a form to complete after taking a call, to record all details of the consultation. We planned that patients’ GPs would always be informed about a call, and designed a specific form for this purpose.

Nurse training
We felt it was essential that nurses were provided with specific call-handling training.

In the first instance we employed the Telephone Helplines Association, which came to the hospice and provided a full day of training on telephone techniques. We supported this with a number of in-house sessions where nurses could discuss their concerns. Training is a continuous process, and all training is now managed in-house.

Liaising with health professionals
We undertook the following work to inform local practitioners about the new service:

● Wrote to every GP surgery in the area to inform them about the new service;

● Visited as many surgeries as possible so the service and any issues doctors might have could be discussed;

● Gave talks to groups of district nurses;

● Visited the local A&E department;

● Held discussions with Macmillan nurses;

● Visited the OoH call-handling centre for the area in York, as we felt it was vital staff were aware of the service and we could understand how they operated;

● Visited the current GP OoH centre at Scarborough Hospital.

PALCALL IN OPERATION
Palcall operates from a separate, dedicated telephone line. This presented its own logistical problems. The inpatient unit at Saint Catherine’s Hospice is spread over a wide area, with the Palcall office in the centre. With just one telephone in the Palcall office, it would be impossible for nurses to hear it ringing if they were in a patient room at the other end of the unit. After some trial and error, there is now one telephone situated in the Palcall main office and two additional telephones at either end of the inpatient unit. The nurses’ pagers are also linked to the
BACKGROUND

- Palliative care services are required to provide access to out-of-hours support and advice (Murray et al, 2005). This is considered to be an essential part of quality end-of-life care.
- NICE (2004) recommends, as a minimum requirement, the availability of specialist palliative care telephone advice 24 hours a day, seven days a week.
- Two of the key aims of specialist palliative care services focus on improving quality of life for patients and families, and supporting professionals involved in their care (Charlton, 2002).

The extended version of this paper, including full reference list is available for 9 weeks and then to subscribers only. Log on to nursingtimes.net, click NT Clinical and Archive and then Clinical Extra.

REFERENCES


Murray, S. et al (2005) Primary palliative care services must be better funded by both day and night. British Medical Journal; 330: 7492, 671.

NICE (2004) Improving Supportive and Palliative Care for Adults with Cancer. London: NICE.

CALL RATES

Although the registration rate remains fairly constant, the call rate is still seeing an upward trend. Relatives caring for loved ones can feel isolated and may have difficulty coping. In total, 65% of the calls received come from carers, and the support and advice offered allows them to continue giving care. In many cases, it also prevents an acute admission. This is evidenced by the caller feedback questionnaires and anecdotal evidence from health professionals. Approximately 50% of calls are made on a weekend during the day. Only 28% result in a doctor having to visit the patient.

The Palcall nurses are running a service that is very successful. They have risen to the challenge and are providing callers with a range of advice and support.

stage to see if they need further assistance. Callers are also advised to contact the service again if they have further concerns.

When the call is over, nurses complete the call-recording form. They usually make notes while taking the call, then complete the form when the call has finished – many found it was too distracting to attempt to complete a form while taking a call. They record what the caller has said, their response and any other action taken.

The Palcall administrator processes this form the following day. Any health professional involved in the patient’s care – usually their district nurse or Macmillan nurse – will be informed as appropriate, usually by telephone. In addition, the patient’s GP is always informed about the call in writing.

Palcall is also accessed by other health professionals. On-call district nurses, Marie Curie nurses and on-call doctors all use the service for advice and information about a patient who may be unfamiliar to them.

AUDIT

A record is kept of all calls received, with details of time of day, length of call, type of caller, the reason for the call and whether or not a GP or district nurse needed to be called out. These figures are audited every three months.

A questionnaire is sent to first-time callers to obtain feedback on the quality of the service received. Callers are also given the opportunity to comment on Palcall. One word that repeatedly appears in this feedback is ‘reassurance’.

PROBLEMS AND SOLUTIONS

Before the opening of the service, we tried to pre-empt situations that we thought might arise by discussing them with nurses. Some nurses felt they might not be taken

seriously by on-call doctors while others were worried about being asked for advice by them. In fact, this did not prove to be the case as on-call doctors contact the service for advice about drug conversions and syringe drivers, and nurses have found they are competent to deal with these queries.

Another concern nurses had was that they might not be able to answer callers’ queries. To help with this we provided evidence-based protocols and resource material. Nurses have access to colleagues on the ward with whom they can discuss issues, as well as an on-call team leader and an on-call hospice doctor. In reality, however, since the service started, nurses have very rarely needed to contact the on-call hospice doctor, and in 72% of cases they succeed in managing the call themselves.

telephone, so they are alerted when it rings.

The Palcall nurse responsible for taking the helpline calls works a normal shift on the inpatient unit so is an extra nurse above the usual quota. If a call comes in when the Palcall nurse is busy then another senior nurse will take the call. The call is taken in the Palcall office where patient documentation is kept, so nurses can quickly access this while dealing with the call. The nurses always take the caller’s name and telephone number immediately, so that if the caller hangs up or is cut off, they can be called back.

If it is thought the patient needs the services of a district nurse or a doctor, the Palcall nurse will make this call for them.

One key feature that we were able to arrange with the OOH call-handling centre was the ability to call them directly rather than going through NHS Direct. This has proved beneficial for patient care, as all our patients are flagged by the OOH doctors’ service as priority 1 (P1). Their standard is to make a GP visit to Palcall patients within an hour of receiving our call. This provides good support for patients and carers as they do not have the distress or inconvenience of having to relate all the symptoms and their current situation to a call-handling centre. Feedback from callers has highlighted this as one of Palcall’s major benefits.

Where necessary, Palcall nurses are encouraged to contact callers at a later