Pulse Nursing at Home

Part of Acacium Group

End of life care Adult

Snapshot

- 100% of shifts successfully covered
- Highly complex package with difficult family dynamics
- Focus on providing comfort, dignity and symptom management
- Effective management
 of multiple stakeholders
- Above and beyond support on highly complex non-clinical issues

C Effective management of multiple stakeholders was maintained through continuous and transparent communication

Liam's* background

24-year-old Liam was born with Cerebral Palsy. Throughout his childhood, he was able to attend school and walk by himself with a support frame. However, in recent years Liam experienced a progressive decline in health. His difficulties swallowing began to get worse and his nutrition was poor which resulted in increasing frailty to the point where he was unable to walk for six years. In December 2018, Liam was admitted to St Mary's Hospital with sepsis. He subsequently suffered a sudden drop in haemoglobin early in his admission, causing a near cardiac arrest and shortly after developed severe pneumonia in his left lung. Liam remained between the Intensive Care Unit and Acute Respiratory Unit at St Mary's where he continued to deteriorate at a rapid rate.

Managing multiple stakeholders

Pulse Nursing at Home was approached to put a package of care together to bring Liam home so that he could live out the final stages of his life around his family. There was no way of reversing Liam's progressive condition, so our focus was to provide him with comfort, dignity and symptom management. We selected a team of highly-skilled nurses to provide 2:1 care, on a 24/7 basis, with an allocated regional clinical lead visiting Liam every other day. The package was highly complex as the family had a number of social issues meaning multiple stakeholders needed to be involved, including two different CCG's across two locations, social services, security firms and the police. Liam was under the court of protection and his social difficulties caused him significant distress. His relatives were only allowed to visit him for one hour, twice a week during their allocated timeslots and if they visited outside of these times they weren't allowed in, which was enforced by the onsite security guard. There was also CCTV in Liam's bedroom and outside his front and back door to ensure Liam and his nurse's safety. Effective management of multiple stakeholders was maintained through continuous and transparent communication between Liam's nurses, regional clinical lead and the different organisations involved.



Managing highly complex non-clinical issues

Establishing a therapeutic relationship between Liam's family and his team of healthcare professionals proved extremely difficult right from the outset. In the final days of Liam's life, our team had to manage conflicted opinions between the hospital and his parents regarding the decision to stop his ventilation. Understandably, Liam's family were admiment they wanted him to remain alive, despite his continuous deterioration. For our nurses, it was an incredibly difficult environment to work in with the family often verbally abusive towards them. This meant a high turnover of staff and a need for Pulse Nursing at Home to utilise a vast database to keep the package fully staffed. Managing highly complex non-clinical issues was extremely testing for the nurses, and for that reason we had to make sure each nurse was trained appropriately so they could tackle any scenario that could potentially arise.

The outcome

Pulse Nursing at Home effectively covered 100% of shifts prior to Liam's death. After spending a large proportion of his life as an inpatient at St Mary's Hospital, Liam's wish was to return home to be around his family and his pet rabbit. With the support of Pulse Nursing at Home, he was able to do so and was treated with care and compassion before passing away.

> Each nurse was trained up appropriately so they could tackle any tough issue that could potentially arise

*Name has been changed for data protection

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