Rennie Grove specialist palliative care pathway

Early Intervention and Self-Management

Rennie Grove Hospice Care
Care based around you

STEP 1
Accessing Service

- Diagnosis of life limiting illness
- Palliative diagnosis
- Referral from Healthcare professional, GP, Drop In Self Referral
- Information gathering signposting

STEP 2
1st Assessment

- Patient assessment
- Integrated palliative outcome score (IPOS)
- Carer assessment, support, care planning CSNAT
- Support plan and review date
- Living well—wellbeing
- Advance Care Planning (ACP)
- Preferred Place of Care (PPC)
- Symptom control
- Psychological-Emotional support
- Benefits advice

STEP 3
Delivery

- Symptom control clinic
- Living well – wellbeing
- Day services all clinics and day hospice
- Benefits advice
- Emotional/psychological support
- Self-care strategies
- Occupational and physiotherapy
- Carer/family support
- Supporting Hands
- Referral befriending
- Family Support Services (psychological support/ complementary therapy)
- Spiritual care
- Non-medical prescriber
- Multi-Disciplinary Team discussion

STEP 4
Review

- Seen for a measured time
- Review and re signpost for other services
- Discharge
- Refer to hospice at home

STEP 5
Ongoing

- Further ongoing support
- Clinics
- Possible disease progression
- Hospice at Home

Over 16's transition

Monday—Friday 9-5

Team Approach (Nurses, Doctor, OT, Physio, FFS, Therapists, Volunteers

Collaborative working

Rennie Grove specialist palliative care pathway
Care delivered in the home in the last year of life

Rennie Grove Hospice Care
Care based around you

Accessing Service

Diagnosis of life limiting illness
Palliative diagnosis
Gold Standard

Framework discussion

Referral from Health Care professional

1st Assessment

Triage and prioritised

Signposted to alternative services

Patient assessment (integrated palliative outcome score, IPOS)

Carer assessment support, care plan and CSNAT

Symptom control

Emotional/psychological support

Benefits advice

Advance Care Planning (ACP)

Preferred Place of Death (PPD)DNACPR

Tissue donation

Self-care strategies
Planning shared care with other HCP

Care Delivery 24/7

Symptom control and advice

Emotional/Psychological support

Carer Support

Physiotherapy and Occupational therapy

Non-medical prescriber

Medicine management—anticipatory drug, syringe pumps

Prevention of inappropriate admissions

Spiritual care

Ongoing assessment

Responsive visits

Fast Track Continuing Health Care assessments (CHC)

Family Support Services

Supporting Hands

Coordination and collaboration of services

Multi-disciplinary Team discussion

Stabilised—discharge

Break from intensity care

Care in last days

Identification of dying phase

OACC

Preparation for death

Symptom control

Medicine management—anticipatory drugs, syringe pumps

Review—ACP, PPC, PPD. DNACPR

Verification of death

Culturally sensitive last offices

Bereavement support

Contact will be made prior to the funeral

Contact will be made by FFS within 4-6 weeks.

Family carer support

Information of next steps

Bereavement support

Signposting for ongoing support

Adults (over 18)

Responsive care 7 days a week 24 hours a day

Team Approach (Specialised Nurses, Nurses, Therapists, Family Support Services, Volunteers

Collaboration woring / coordination of care / shared care