

Lewis-Manning Day Hospice

A Guide for Health & Social Care Professionals



Time to care

Lewis-Manning Hospice

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Introduction

The primary aim of Lewis-Manning Hospice (LMH) is to provide specialist professional support, practical treatment and advice for people who are living with a life threatening or a life limiting illness. The provision of these services is integrated with the other health and social services accessed by the patient.

LMH provides three main services:

1. Day hospice
2. Lymphoedema clinic
3. Breathing clinic

LMH is nurse led; there are no doctors on site. There are no beds. It is a voluntary hospice working together with the patient's health and social care team to improve the patient's quality of life. All our services are free of charge to the patient. There is a contract with Bournemouth and Poole PCT to provide the services we offer. However, most costs are paid for by fundraising in the local community. LMH is regulated and inspected by the Healthcare Commission on an ongoing basis. Medical consultants oversee the services.

Lewis-Manning Day Hospice

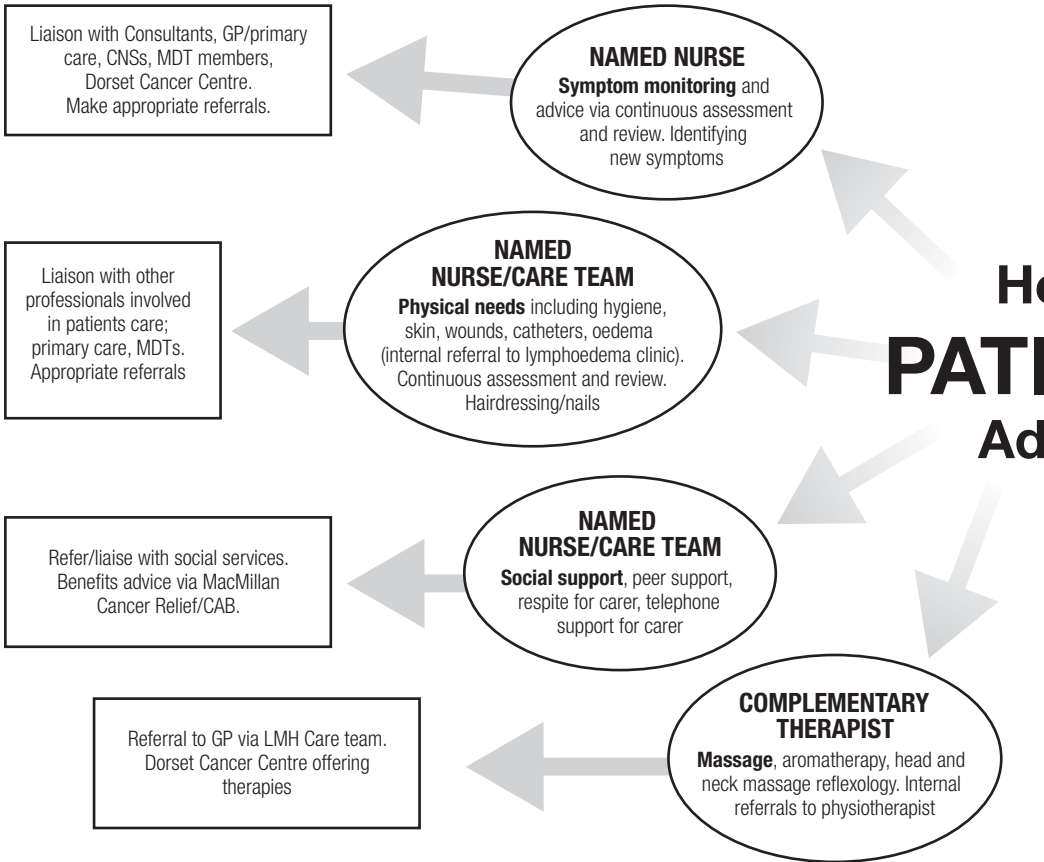
How does attending day hospice help a patient with a life threatening or life limiting illness?

Over the page is a pathway illustrating the range of services offered in day hospice and how each service is linked with the wider healthcare environment.

It is important to emphasise that the patient's GP and/or consultant remain in charge of the patient's medical treatment; and that the patient's district nurse is responsible for all nursing needs.

The essence of the work in day hospice is helping to support the patient adapt to his or her life threatening or life limiting illness. Some professionals refer to this aspect of care as "rehabilitation", although LMH prefers the term "adaptation". The National Council for Palliative Care (2000) has stated: "Rehabilitation in palliative care has a strong emphasis on speed of response and careful forward planning. Staff have to be able to support people through transitions of their illness, and also help them prepare for death".

Lewis Manning day hospice service for patients



Key



Services patients receive in day hospice



Links with services external to day hospice

help
MENT
apt

**PHYSIOTHERAPIST/
CARE TEAM**

Rehabilitation advice/treatment including mobility, respiratory, breathlessness. Group and individual work. Exercise class. Referral to breathlessness clinic.

Liaison with community physio, OTs, SALT, consultants/GPs/CNSs, Orthotic dept, wheelchair clinic, remedial exercises, sports centres

**NAMED
NURSE/CARE TEAM**

Psychological support, End of Life issues, individual work, relaxation class and telephone support

Referral to Forest Holme counsellors if necessary. Referral to psychiatrist/psychologist via Palliative Care MDT

CHEF/NAMED NURSE

Dietary needs, Special diets. Identify dietary issues

P.E.G. – R.I.G. Liaise/refer dietician liaise/refer, SALT, nutrition nurse

CARE TEAM

Spiritual support. Arrange visits for spiritual support and religious needs. Tree of Lights. Remembrance services.

Spiritual advisors. Religious leaders. Counsellors

**CREATIVE
ARTS THERAPIST**

Arts and crafts, new skills, fine motor skills, peer support, social interaction

Resource pack for external continuation of crafts. Adult education/buddy system. University of 3rd Age. Life Long Learning

Staffing

The chart includes the range of staff that supports and acts as an advocate to the patient. The following provides a brief overview of their roles:

- **Clinical nurse specialists and experienced nurses** in palliative and supportive care provide support, advice and practical nursing help. Assessments and care plans provide the basis of this support.
- **Experienced and specialist physiotherapists** are able to sustain and sometimes improve the physical abilities of patients. An exercise class is held most mornings by a physiotherapist.
- **Creative artists** encourage patients to improve on past skills and learn new ones. There is a wide range of creative activities available to patients.
- **Complementary therapists** provide much needed relaxation and massage.
- **The chef** provides an excellent home made lunch which takes into account the particular needs, special diets and tastes of the patient.
- **Volunteers** help support patients in a variety of ways including the provision of transport to and from Lewis-Manning, hairdressing and assisting in general.

Facilities and equipment available in day hospice

Day hospice is available for patients between 10am and 4pm Monday to Friday. The hospice is closed on bank holidays.

We have a wide range of facilities and equipment including:

- bath and shower with ceiling hoist (for those patients unable to bath or shower at home)
- dedicated clinic room for dressings etc
- pressure relieving equipment
- standing frame and walking aids
- free standing hoist
- plinth
- recliner chairs
- wheelchairs and frames
- toilets and facilities for the disabled
- computer with internet access.

Why refer to day hospice?

LMH takes the view that high quality supportive and palliative care should be available to all who need it where this is practical. Therefore the referring professional would need to establish whether the patient (and the carer) would benefit from the specialised service we offer designed to help the patient adapt to their life threatening or life limiting illness.

Examples of such illnesses being:

- circulatory
- neurological
- respiratory
- malignant diseases.

Our support is centered on helping patients adapt to their psychological and social situation and their physical condition.

It should be borne in mind that the patient would gain more benefit from attending if they were not in the last stages of their life.



A specialist physiotherapist is on hand to help

How flexible is our service?

Our aim is to support a wide range of patients with each package of care tailored to his or her individual need. For example:

- Full day (10am - 4pm), same day, once a week:
 - where there is a need, patients can attend twice a week, for a period of time;
 - for early stage illness it may be appropriate for patients to attend for a full day for a six month period as a short term admission and then be discharged. That patient may then want to access the service at a later date.
- Part day, same day every week:
 - particularly for those patients who would find a full day too tiring.
- Full or part day at arranged intervals suitable for both the patient and LMH:
 - for those patients who have a long prognosis and want to “dip in and out” of the service.
- Access to a particular service or services (for instance physiotherapy and relaxation class) on an ongoing or an ad hoc basis:
 - taking advantage of day hospice as a clinic whereby patients can pick and choose (after discussion) which parts of the service they wish to access.
- Combination of all the above as condition and needs change:
 - for example, attend for a period of months, followed by a period of non- attendance, then re-attend.



Aromatherapy massage is one of the complementary therapies offered at Lewis-Manning

Geographical area for day hospice

The geographical area is essentially that covered by the palliative care consultants based at Forest Holme in Poole Hospital - in line with the Poole locality palliative care MDT. This includes:-

- Poole and surrounding area
- the Purbecks
- Wimborne and Cranborne
- parts of Westbourne.

We can consider accepting patients who choose to attend from outside this area. However, there would first need to be discussions with the relevant specialist palliative care teams if an "out of area" patient chose to attend LMH.

The referral criteria

There are no defining boundaries of diagnosis, gender, physical ability, ethnicity, learning ability, sexuality or religion.

However, the patient must:

- be 18 years or older (there is no upper age limit)
- be able to consent to treatment or care offered
- be living with a life threatening or life limiting illness
- have sufficient complexity of problems, or lack of support, to warrant admission to a specialist unit.

How to refer

Any health or social care professional actively involved in the patient's care can refer a patient to day hospice. Referrals can either be made directly to LMH day hospice or to the Poole specialist palliative care MDT coordinator at Poole Hospital specifying referral is for day hospice.

Referral forms can be accessed directly from LMH, on our website or via the MDT coordinator at Poole Hospital.

In the leaflet for potential patients (*Introduction to Lewis Manning Day Hospice*) we indicate that patients can start the process of referral themselves by contacting LMH. A written referral would then be needed by LMH from an appropriate professional once this informal referral had been discussed with the relevant parties.

Process of admission:

After a referral has been received, the LMH Home Assessment Staff Nurse will contact the patient to arrange an assessment, which usually takes place in the patient's home. This home assessment is generally divided into two sections:-

- The first part is essentially to find out how the patient feels about his or her illness and also to know the patient's medication, mobility, environment, carer and support networks.
- The second part is to inform the patient of the benefits to be gained by attending day hospice and to decide together whether this service would be appropriate. If there is mutual agreement that attendance is desirable then a start date would be planned and the patient's GP and other relevant professionals would be informed by letter.

Transport

We encourage patients to make their own way to the hospice if it is possible and advisable. Where this is not the case we can normally provide a volunteer driver to collect them and take them home. We also have a limited discretionary arrangement with Dorset Ambulance Service whereby up to two profoundly disabled patients may be able to access day hospice on any particular day.

Other issues

Discharge

Although each patient is constantly assessed and his or her condition evaluated, patients are also reviewed every three months in line with our discharge procedure. If an individual's condition improves or stabilises to such an extent that he or she no longer needs to attend the day hospice and discharge is deemed to be appropriate, other members of the patient's primary and specialist care team would be informed that a discharge plan is to be implemented.

Emergency procedure

As LMH is a nurse led unit with no on-site medical cover, in the event of a medical emergency that could not be resolved, an ambulance would be called to transfer the patient to Accident & Emergency. We would then automatically inform the patient's next of kin, GP and other relevant professionals as soon as practicably possible.

Resuscitation

Patients are informed that our policy is to respect and follow their wishes in the event of their suffering a cardiac or respiratory arrest.

- For patients who request resuscitation, or do not inform us that they don't want resuscitation to be attempted, basic life support would be initiated and an emergency ambulance called.

- If patients request that they do not wish to have resuscitation attempted (DNAR) in the event of their suffering a cardiac or respiratory arrest, a rigorous procedure is commenced whereby they are encouraged to sign a statement to this effect, a copy of which is sent to their GP and their MDT informed.

Likewise we will endeavour to take into account decisions that may have been made by a patient's wider care team (such as a patient having "palliative" status from a GP practice registered with the Gold Standards Framework).

There are occasions where a patient's condition demonstrates that it is totally inappropriate to discuss resuscitation. In these cases, the registered nurses involved in the patients' care will use their clinical judgement to assess the situation, and document accordingly in the patient's health care records.

Medication and dressings

We need to know what medication a patient is taking in order to effectively care for that patient. A medication list is commenced at home assessment and any subsequent changes in medication regimes are updated. We therefore appreciate the co-operation of patients and their health professionals in providing us with accurate information such as a signed copy of the patient's current medication. We encourage patients to take responsibility for their own medication whilst in day hospice. Our registered nurses would replenish syringe drivers and give appropriate single injections and change dressings. To do this, however, it is essential that we are provided with the necessary drugs to be administered or interactive dressings (in their original packaging - amount required only) to be applied and a current, signed prescription.



The hospice has expertise in lymphoedema and breathing difficulties

Single assessment process

To support seamless care and avoid needless repetition we encourage patients to bring in their single assessment process (SAP) notes to day hospice. We appreciate the co-operation of fellow professionals in encouraging the patient to do this.

Bereavement

Our nurses work closely with the wider palliative care and primary care teams in providing coordinated bereavement support. We hold annual remembrance services for those patients who have died in the previous year.

Our relationship with the patient's primary care team

Day hospice is a specialist service available for the primary care team to consider for patient referral. The patient's GP remains in charge of the patient's medical treatment and would need to be informed of a referral to Lewis-Manning and any subsequent acceptance of the referral. Appropriate liaison with the patient's district nurse and/or GP would be ongoing. The district nurse remains in charge of the patient's nursing needs.

Our relationship with the Poole specialist palliative care team

LMH day hospice provides one of the core services within the specialist palliative care MDT for the Poole area and is chaired by one of the palliative care consultants at Poole Hospital NHS Trust. LMH regularly liaise with other core providers of palliative care services.

Our relationship with clinical nurse specialists

Patients benefit best when professionals work together. Consequently the expertise of (cancer) site specific nurses and other disease specific nurses is sought by day hospice staff when necessary. Ongoing liaison and information sharing is essential for the comprehensive care of the patient.

We welcome any comments on this information or any other aspect of our services

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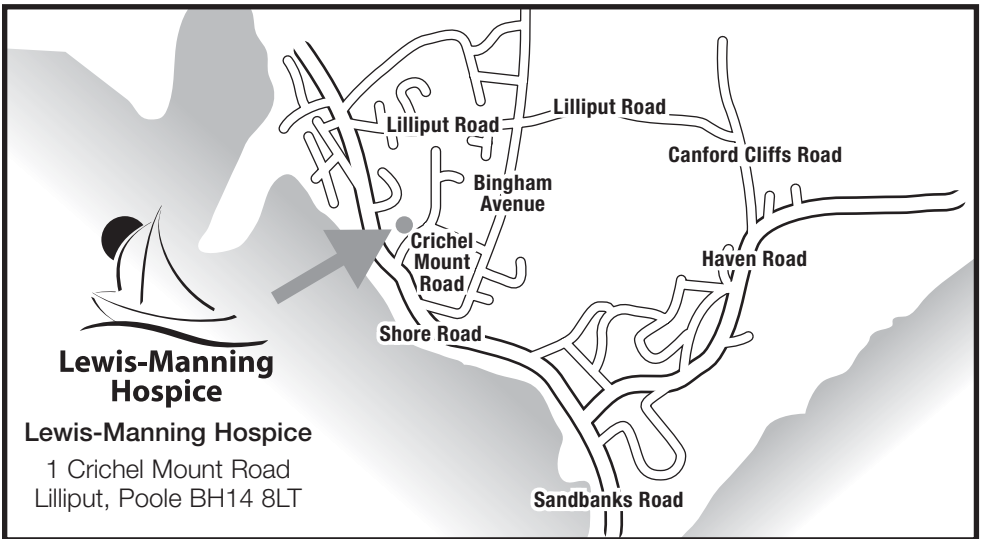
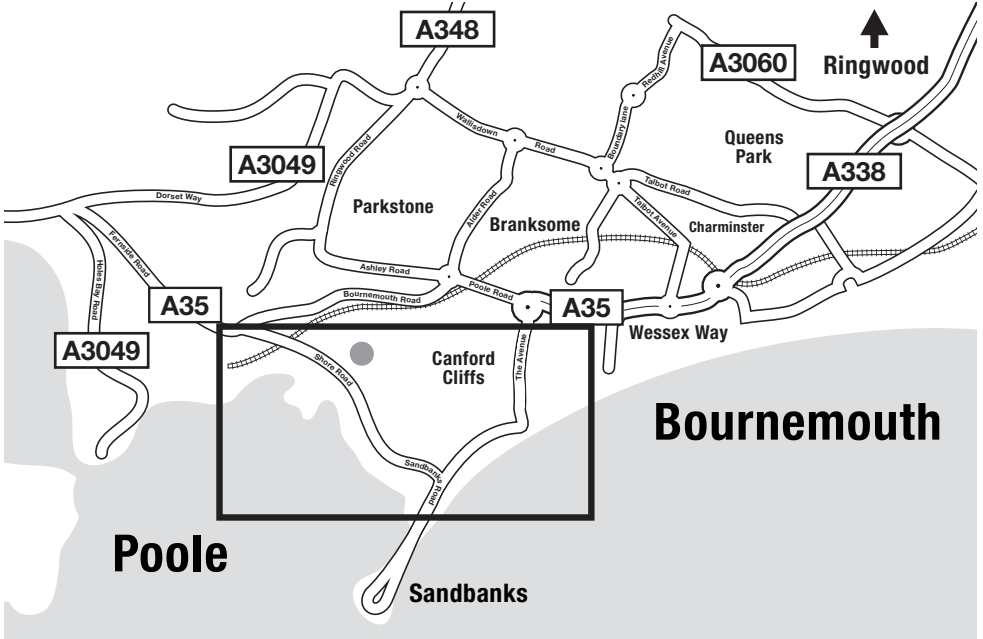
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How to find us



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