Preliminary data regarding equipment supporting palliative patients to live safely at home

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Palliative care, equipment, Assistive Technology

EXECUTIVE SUMMARY

Assistive technology (equipment) is an important support for palliative patients wishing to remain at home. To date little empirical data has been available regarding equipment use for this patient group.

This paper will report on progress standardising NSW Health equipment loan pools and will provide preliminary data regarding the type, purpose and usage of equipment by palliative patients. The paper will profile equipment types used, regional variations and other distinctive equipment factors for palliative patients.

INTRODUCTION

Remaining safely at home while receiving palliative care is a high priority for many patients and their loved ones. To support this, rapid and affordable access to quality equipment is important to clinical staff. In 2018 NSW Health identified the need to improve equity and access to short term equipment for all patients. Barriers included variability in equipment loan pools (ELPs) and lack of technology to support them. Clinicians were concerned that patients could remain in or be readmitted to hospital needlessly for lack of equipment in the home. As a result, a program of work commenced to map loan pools and establish them on a single digital platform. To date eleven of 16 Local Health Districts are using the single system, with the remainder due to transition in financial year 27.
Early data can now be provided for palliative care patients accessing these ELPs.

HIGHLIGHTS

In NSW, equipment is visible electronically and quality assurance recorded at the item level.

Palliative patients loan more equipment to avoid hospital admission than other groups.

Falls prevention is a primary reason for equipment loan.

There is a wide variation in access to palliative equipment geographically.

Palliative equipment needs can be met from combined pools in many circumstances.

METHODOLOGY/ PROCESS

In July 2018, NSW Health endorsed and funded a project harmonising ELPs and EnableNSW. Data was obtained through site visits, surveys, and structured interviews revealing over 150 loan pools operating across NSW Health facilities. The majority of ELPs reviewed lacked a data system and relied on paper or spreadsheets to manage their equipment. Data including stock levels, age, value and location of items was limited. Clinicians generally relied on locating and visiting ELPs to see what was available for patients.
An ICT system designed and used by EnableNSW was successfully piloted in three Local Health Districts Following this successful pilot, the statewide rollout was supported and funded by the Ministry of Health. At time of writing the single ICT system has been successfully implemented across 11/16 LHDs including Sydney Children's Hospital Network. Typically, the project rollout in each LHD requires 3 months involving significant collaboration, staff upskilling through education and completion of over 145 tasks onsite prior to Go Live followed by hyper care of 8 weeks.

The ICT system records key information about individual equipment items. These items can be viewed through web pages by clinicians and either ordered for delivery where administration support is available or collected and issued through a mobile device by a clinician.
Clinicians record patient information including demographics and reasons for loan from both a health system and patient perspective. Numerous data fields are displayed via dashboards or can be exported for analysis.

RESULTS/ OUTCOMES

To date, on average palliative patients make up 13% of patients loaning equipment and 20% of equipment loaned overall. However data from 3 best practice districts indicates that 35% palliative patients is a more realistic expectation where visability and availability isses are addressed.

Palliative patients loan equipment at a higher rate to prevent hospital readmission than other patient groups. A key reason for loans is falls prevention, while pressure care is also a prominent reason.

Palliative patients loan beds, pressure care and transfer equipment at a higher rate than other patients despite restricted numbers of these items in some locations.

The average length of loan is similar for all patient groups. Palliative patients are paying fees for loan equipment despite concerns expressed by some clinicians about this. There are siginficant variations in the loan methodolgy across the LHDs with some patients being charged a fee whilst other LHDs either waive the fee or do not charge them for Palliative patients.

Key concerns of palliative care clinicians during the rollout; ensuring equipment is available quickly and consistently and that specifically funded equipment can be tracked were successfully addressed by ICT changes and pool design or procedures.

Limitations of work to date includes, that some key equipment, such as oxygen concentrators are not recorded in the system being hired or loaned elsewhere. In addition data will be skewed by local equipment availability and historical purchasing trends in the immediate term. The new ICT change allows clinicians to record where receonmmended equipment was not available or where a substitute was provided. Future data will guide equipment procurement processes.

CONCLUSION

Palliative patients are routinely accessing loan equipment from NSW Health equipment loan pools. Data is currently defining their specific needs, usage trends and confirming the need to ensure equitable access to loan pools with suitable equipment in different geographical areas. It is noted that this is early data and analysis is likely to change as full state coverage is achieved. Centralised and consistent data collection has been established and will inform future service provision and improvements.