

Making waves to keep patients at home: establishment of a domiciliary ultrasound service for palliative care patients

G.Whyte¹, K.Telfer¹, R.Pugh¹

¹ Marie Curie Hospice, Glasgow

Abbreviated abstract: The use of ultrasound scanning has become increasingly common within hospice settings over recent years but anecdotally scans are rarely performed in patient's homes. An evaluation was undertaken to help decide whether expanding a new ultrasound service to offer domiciliary scans, was an efficient and effective use of resources. Avoidance of hospital/hospice admission or outpatient attendance was achieved in 63% of cases. Feedback from patients was overwhelmingly positive and efficiency savings were also considered.

Background

- The use of ultrasound scanning has become increasingly common in Hospice settings.
- When available this can help avoid what can be distressing trips to hospital for scans or interventions such as paracentesis for malignant ascites.
- Marie Curie Glasgow's strategic vision also supports the continued shift to providing more care in community settings.

Clinical Indications for Ultrasound:

- | | |
|---|---|
| <ul style="list-style-type: none">• Is ascites present?• Is there enough ascites to drain?• Where is the best site for paracentesis? | <ul style="list-style-type: none">• Is the urinary bladder distended?• Is there an identifiable cause for jaundice?• Is there a DVT present? |
|---|---|

Aims

- This evaluation aimed to review the first 18 months of data following the introduction of a new focused ultrasound service at Marie Curie Hospice in Glasgow. From this data we also aimed to look specifically at the cohort of patients that had their scans performed at home.

Methods and Results



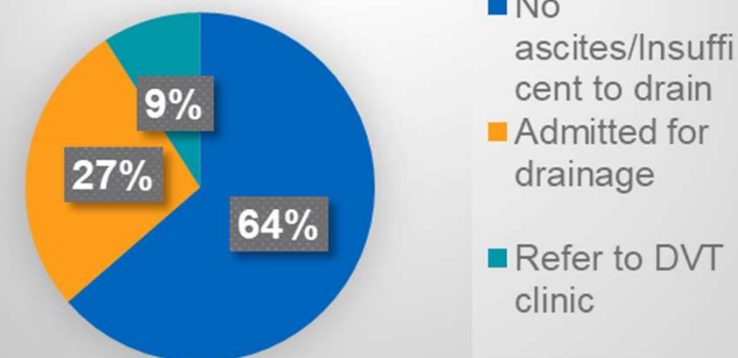
Methods:

- Suitable patients were identified by the medical team or members of the community nurse specialist team. Requests for scans were also accepted from GP's.
- Data was recorded for all scans between March 2019 and September 2020. Information was collected on the indication for the scan, the place the scan took place e.g. Home, Hospice Out-patient department or Hospice In-patient unit and the outcome of the scan.

Results for Domiciliary Scans:

- 11/41 (27%) scans performed in patients' homes
- 10/11 (91%) home scans assessing for ascites/drainage potential
- 1/11 (9%) home scans assessing for DVT
- 7/11 (64%) home scans avoided the need for hospice or hospital attendance

Community Scan outcomes



Results and Conclusions

Case example: Patient with metastatic pancreatic cancer and recurrent ascites. The primary care team were considering hospital admission for drainage of ascites. Visited and scanned at home. Ascites present but not felt sufficient/safe to drain. Patient and family were reassured. There was an ongoing deterioration and the patient died in their preferred place of care, at home, a few days later.

“ This is a great service. I am so glad I didn't need to go to hospital”

“ It's great you could come out so quick ”

“ Thanks you, that was very reassuring ”

Patient Feedback:

Conclusions:

- Being able to offer ultrasound scans at home appears to have significantly enhanced the patient experience and avoided hospital or hospice admission/attendance is over 60% of cases
- Exact cost savings are difficult to establish but include savings from avoidance of hospital/hospice admissions, out-patient costs and reduced ambulance costs. For example the cost of a return ambulance trip for an outpatient appointment/scan is estimated to be £200-£300 or a hospice bed for a day is estimated at approximately £400.
- We hope to continue to grow the service and benefit more patients and families in the future.