Supportive and palliative care research and audit conference

Wednesday 30 November 2016

Oral and poster abstract submission template

Abstracts must conform to the following requirements:

- Include a short title (up to 20 words) and the author's names (asterisk the presenting author)
- Maximum length: 250 words
- Structure: background/objectives, methods, results, implications
- Include presenting author's contact details (including name, job title, institution and email address).

Abstracts should be submitted to samantha.wilkinson@srft.nhs.uk by 5pm on Friday 30 September 2016.

Title: Enabling successful hospital discharge to home at end-of-life: can a Carer Support Needs Assessment Tool (CSNAT) help improve carer support? (20 words)

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Abstract (249 words)

Background
Successful hospital discharge and prevention of readmission often depend on carers' ability to support patients.

Aim
To investigate how carers are supported during patient discharge from acute care towards end-of-life (EOL) and suitability of using a Carer Support Needs Assessment Tool (CSNAT) to improve this support.

Methods
Qualitative design: focus groups (FGs) with 40 practitioners supporting patient discharge from three English acute hospital trusts; interviews with 22 carers of patients discharged. 14 practitioners and 5 carers joined two final workshops. FGs/interviews/workshops explored current discharge processes and potential value of using CSNAT. Thematic framework analysis.

Results

Practitioners and carers viewed CSNAT as highly relevant in supporting carers at discharge. Discharge processes were heavily focussed on patients: carers were consulted but about patients' needs; there was no systematic approach to supporting carers. CSNAT was identified as a means of facilitating much needed EOL conversations which often were absent, enabling carers to articulate concerns, and managing carers' expectations of their caregiving role at EOL and support available (or not) in the community. However, palliative care discharges were complex: involving different wards, different practitioners. No single professional group was identified as best placed to support carers. Feasibility issues included skills, confidence and time for carer assessment/support. A two stage process using CSNAT earlier in hospital admission, then as a carer-held record to manage transition to home were seen as ways forward.

Implications

CSNAT shows good potential to enhance carer support at hospital discharge and play a role in preventing readmissions towards EOL.