HOME VISITING SERVICE FOR THE HOUSEBOUND

Rugby Health

PROJECT BACKGROUND

Across the PCN we have more than 500 housebound patients. This vulnerable cohort must have services delivered to them at home. This increases their risk of health inequality as services may be overlooked or not coordinated. Our service was established following a review of care for this vulnerable group – there was a realisation that despite best efforts, care was simply not at the level our patients expect. This meant our housebound patients were left frustrated by a fragmented and often delayed service and practice and system partner resources not being used as efficiently as possible.

RESOURCES

There is a small team consisting of our enhanced practice nurse – Sarah Kay supported by our Care Coordinator – Andreia Fernandes that deliver this project. They work collaboratively with the practices in the PCN, the PCN team, colleagues from SWFT, the third sector and local authority...delivering a coordinated service that has far more impact than any single organization doing this in isolation.

QUALITY AND ASSURANCE POLICIES

It was very important that patient safety and data sharing protocols were put in place to support this work Patients are informed who the team involved in their care are – and when they will call.

The care Coordinator is key in this process – not only collaborating with system colleagues but also engaging with patients. Data sharing and note taking protocols were agreed and implemented.

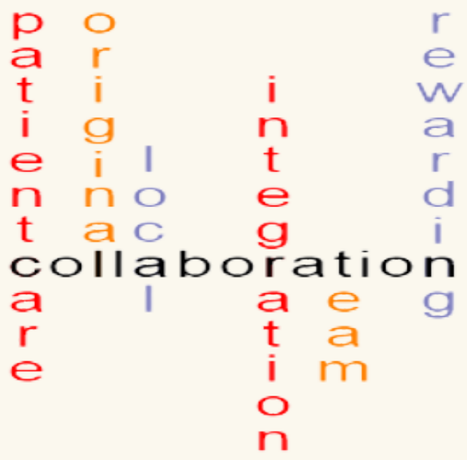
ANTICIPATED AND ACTUAL OUTCOMES

We anticipated we would shift our approach to a patient centered care approach – **which is what has happened.**

We hoped patient care and patient satisfaction levels would improve- **this has happened.**

We anticipate fewer unplanned admissions for these patients, we will be examining this.

We are also very pleased to report collaboration with system partners and relationships have improve, this has had a very **positive impact on all involved**.



SHARING POINTS AND LESSONS LEARNED

Things don't have to be large scale to be effective. Pro-active care delivers efficiencies and improved patient outcomes.

A data driven approach has facilitated targeted care. Team working delivers results and enhances patient care.

Starting quickly and modifying the process allowed for rapid learning and increases effectiveness.