Making informed economic choices about future funding of bed days in a Hospice specialist palliative care unit. (Benson 2015)

Inputs

Investment

Increasing specific MDT staff groups to maximise bed days on an Inpatient Unit

Resources required

- Proposed staff increases:
- 4 x Band 5 RN's
- 3 x Band 3 HCA's
- 1 x Band 2 HCA's
- 1 x Band 6 Social worker
- 5 hours increased Band 7 pharmacy input per week
- > Supplies/equipment

Clinical supplies and medication

> Support services

Proportional increase in costs related to Education, HR, Payroll, IT services

Total operational costs Increased costs of £271,982

The Service

Purpose of service

- > Specialist palliative care inpatient beds- 79% charitably funded
- Patients admitted from home or transferred from hospital

Improvement opportunity

- To increase bed days by increasing the numbers of nurses who are currently unable to meet demands of patient acuity and dependency when the Inpatient Unit has high occupancy levels
- > To respond to increased demand for specialist palliative beds due to local bed closures
- To make service as cost effective as possible.
- To maximise use of other MDT staff who have capacity to meet increased bed days

Summary of Benefits

For service users

- > Increased opportunity of bed availability
- > Increased opportunity of accessing specialist palliative care
- > More patients dying in preferred place of care

For St Peter's Hospice

- > Bed days increased by 679 per annum (↑12%)
- > Potential for 54 more admissions per annum (14%)
- Anticipated admission costs reduced by £556 per stay
- > Decrease in cost per bed day (↓ £42.65)
- > Service running at increased productivity- best use of charitable funds
- > Better use of MDT resources

For other local services

- > Reduced hospital admissions
- > Increased transfers from hospital
- > Releases intense primary care resources to be used for other patients with less complex needs
- CCG's get increased patient care for their 21% investment







