

## MEDIA RELEASE

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### **Collaboration between St John Ambulance and Otago Hospice sees substantial reduction in palliative patients admitted to ED**

In the last two years, many vulnerable palliative patients have avoided emergency department (ED) admissions with the introduction of a collaboration between Otago Community Hospice and St John Ambulance in Dunedin.

Hospice Medical Director Dr David Butler says this project, which focusses on timely use of hospice-led acute plans, illustrates how anticipatory planning and collaboration can improve care for hospice patients and lessen the burden on the ED.

Ambulance and hospice staff triggered the project after recognizing a trend of hospice patients calling an ambulance at moments of distress, and ending up in ED. Often an ED transfer could have been avoided if a call had been made to hospice.

In 2018 the two organisations developed a fridge magnet system for St John ambulance officers to easily identify patients being cared for by the hospice.

“It was really very simple. We developed a large, bright fridge magnet, which displayed our 24/7 number, that can be easily recognized upon entering a patient’s home. This magnet, along with the rationale for its use, was provided to every patient receiving care from the hospice. St John were advised to call us on seeing the magnet.

“Staff on our 24/7 phone line then provide guidance with symptom management and assistance in determining the most appropriate venue of care for the patient. These decisions are guided by specific, real-time clinical circumstances, prognosis, trajectory of decline, and patient preferences for care.

“Given the hospice had developed a pre-existing system in which continuously updated patient acute plans were documented in an electronic medical record, it meant at any time we could give concise advice to ambulance staff.”

Dr Butler says very quickly after initiating the magnet project there was an immediate and shared perception this process had decreased the number of patients transported to the ED.

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“But in order to assess this more objectively, a recent audit over an eight-month period showed that 29 mostly after-hours calls were received by Otago Community Hospice from St John in the community. An examination of these 29 patient charts revealed 21 of these resulted in ED transfer avoidance in concordance with patient and caregiver preferences over this period.

“It’s really very positive. For medically fragile patients receiving palliative care support, who have an active acute plan that can be considered in the context of real time clinical circumstances, it has the potential for a far better outcome. It also has the potential to alleviate the burden on our ED.”

St John Assistant Clinical Director Kris Gagliardi says that ambulance officers are playing an increasing role in supporting patients receiving palliative care in the community, particularly at the time of an unexpected crisis.

“Our involvement in this initiative with the Otago Community Hospice means that we are working collaboratively to deliver the best care possible for the patient when they need it and, importantly, it ensures that care is delivered closer to home. This not only takes pressure off the wider health system and hospital emergency departments, but it ensures the patient is treated in a comfortable and familiar environment, which is extremely important for patients requiring palliative care.”

**For more information contact:**

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**Background**

*Otago Community Hospice supports people with terminal illness to live and die well. The Hospice provides specialist palliative care services - free of charge - to around 750 people across the Otago region each year. Our multidisciplinary team includes community care coordinators, palliative specialist doctors, counsellors, social workers and spiritual care co-ordinators, who work closely with GPs, hospitals, aged care facilities and the team of district nurses. Part-funded by a DHB contract, each year the Hospice has to raise \$2.5 million – to maintain its free wrap-around service.*