Joint Teaching Lecture

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Parenteral Infusion from hospital to home treatment: Cost-effective?

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The increased interest on home care has led to various new developments. An example is the introduction of medical technology into the home care setting. The transfer of medical technology enables patients in the terminal phase of their disease to stay at home as long as possible. The most advanced technology to be transferred to the home care setting is infusion therapy, but ascites drainage, oxygen therapy suction equipment and nebulizers can also be applied at home. After a 4 year project period Home Care Technology was implemented in the region of Utrecht, The Netherlands. During the project period about three hundred and fifty patients were treated at home instead of in the hospital. Treatments included the parenteral administration of analgesics, blood products, cytotoxic agents, antimicrobial drugs and fluid or the paracentesis of malignant ascites. Primary health care providers were responsible for the treatment at home trained and supported by a hopsital-based home care team. Protocols were written according to the existing procedures in the primary care setting, in combination with the intramural requirements for parenteral treatment. Teaching sessions and material were developed in order to instruct general practitioners and district nurses. Data on feasibility, problems, problem-solving methods, outcome of a quality of life study and costs were collected. The presence of a 24-hour hospital based support and coordination team appeared to be a major factor of succes for the transfer of care. After the project period it was possible to continue the program within the framework of existing structures of primary and secondary health care. In collaboration with other hospitals and home care organizations in the region the number of registered patients increased from 42 in the first year of the project period to over 300 in 1998. This teaching session will give the opportunity to take notice of the project results and to discuss concequences for daily practice.

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Parenteral infusion from hospital to home treatment: A feasible option?

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Home Care Technology (HCT) is becoming a structured method for continuos infusion treatment in the home situation. Since 1992 the infrastructure for HCT evolved increasingly and a smooth transition from hospital to home became possible. Based on the existing actors in care; professionals in the hospitals, pharmacists, general practitioners and district nurses, activities were started to write protocols and teaching materials. Implementation of a 24 hour support service from a team of expert nurses on infusion therapy was essential for the success. After a four year project period HCT was implemented in 1995 in the region of Utrecht.

Through collaboration between eight hospitals and four home care organisations in the region, the number of registred patients increased from 42 in 1992 to over 300 in 1998. Continuity of care between hospitals and the home care setting is now based on clear communication lines between care providers next to the agreement on working with the same care protocol. The care protocols are initiated in the hospital and adjusted to the situation and environment of homes. Also, this collaboration results in uniformity of discharge protocols, the use of access devices and ambulatory pumps.

To enable district nurses to take responsibility for this highly technical approach at home, an educational program was initiated and developed at the University Hospital Utrecht in collaboration with the National Society for Home Care. HCT also became part of the final educational year for general practitioners at the University School of Medicine Utrecht. This teaching session will give the opportunity to take notice of the project results and practical issues on nursing care transition, different access devices and amulatory administration systems for home infusion treatment.