

The Patient Journey: how Pilgrims services and training work with you

This chart maps the patient's journey, the steps they need from you and the services, training and help offered to healthcare providers by Pilgrims Hospices from diagnosis to death.

STAGE OF ILLNESS	DIAGNOSIS OR MOVE TO PALLIATIVE APPROACH	LIVING WITH THE CONDITION	DYING - LAST HOURS AND DAYS
PRIMARY & SECONDARY CARE REMIT	<ul style="list-style-type: none"> Identify the 1% of the population who may die this year Assess needs and risks for the future Place patient on the palliative care register Communicate sensitively and honestly Plan ahead and anticipate 	<ul style="list-style-type: none"> Work with the patient's perspective: what is most important to them? Different approaches to cancer, organ failure or frailty Optimise medical treatment for best symptom control Planning future care needs and assess risks 	<ul style="list-style-type: none"> End-of-life conversations What is important to them when dying? Preferred place of death established Just in case medicines
HOW PILGRIMS HOSPICES CAN HELP	<ul style="list-style-type: none"> Advance care planning programme for patients and families 24 hour advice line Referral for full MDT assessment if risk of a bad death 	<ul style="list-style-type: none"> Pilgrims Therapy Centres including carers support, fatigue, falls prevention, breathlessness and anxiety Referral for full MDT assessment if risk of a bad death Hospice beds if problems cannot be resolved at home 24 hour advice line 	<ul style="list-style-type: none"> Referral for full MDT assessment if risk of a bad death Specially trained HCA team provide Rapid Response Hospice at Home Beds if Last Days of Life and preferred place of death is Pilgrims 24 hour advice line
TRAINING AVAILABLE FROM PILGRIMS HOSPICES	<ul style="list-style-type: none"> Sage and Thyme to manage distress Advanced communications skills Advance care planning DNACPR and the ReSPECT process <p>H.O.S.P.I.C.E: (Bite-sized training)</p> <ul style="list-style-type: none"> Identify your 1%, their care will be better if you do High-risk pregnancy; why not high-risk deaths? Care planning - dying is inevitable; a bad death is not End-of-life is for living; not just anticipating dying 	<ul style="list-style-type: none"> Touch Therapy Sage and Thyme to manage distress Advanced communications skills <p>H.O.S.P.I.C.E: (Bite-sized training)</p> <ul style="list-style-type: none"> Pain is what the patient says it is High-risk pregnancy; why not high-risk deaths? Care planning - dying is inevitable; a bad death is not End-of-life is for living; not just anticipating dying 	<p>H.O.S.P.I.C.E: (Bite-sized training)</p> <ul style="list-style-type: none"> One chance to get it right? Supporting the bereaved High-risk pregnancy; why not high-risk deaths?
TRAINING RELEVANT TO ALL STAGES	<p>• Compassion Awareness • Best Practice Forums • Principles & Practice in End-of-Life Care • Gold Standard Framework</p>		