Are Anticipatory Care Plans (ACP) implemented appropriately in patients who die soon after an Emergency Department admission?

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Introduction

Adopting a 'thinking ahead' philosophy, an Anticipatory Care Plan (ACP) ensures a person's wishes are honoured at their time of death and a hospital admission or Emergency Department (ED) attendance can be avoided if not clinically appropriate.

There are factors that affect a patient's likelihood of receiving an ACP such as health inequalities, demographics and underlying medical condition (The Scottish Government, 2015). Additionally it is very difficult to prognose death and end of life care can be a sensitive topic for a clinician to raise (The Scottish Government, 2015). One tool that aides the identification of patients at risk of dying is the Supportive & Palliative Care Indicators Tool (SPICT) (www.spict.org.uk).

Objectives

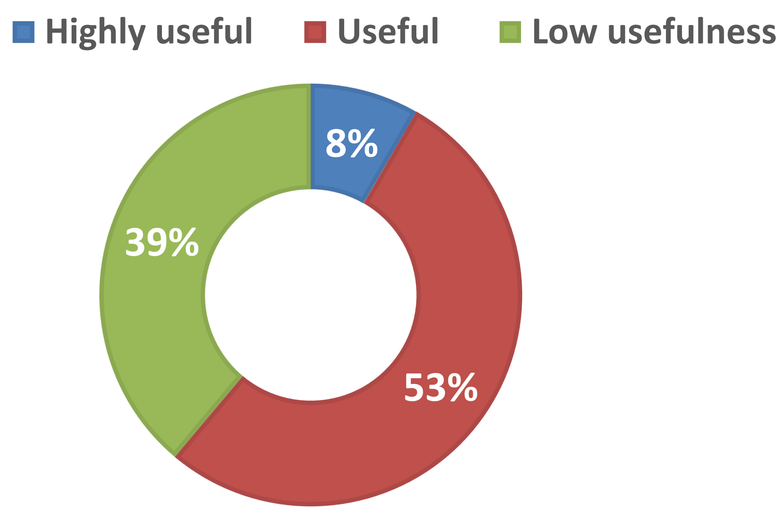
- Identify the number of patients brought to the ED close to their death who had SPICT indicators but no ACP in place.
- Identify any factors that increase the likelihood of receiving an ACP including the Scottish Patient at Risk of Readmission and Admission (SPARRA) score.
- Evaluate the usefulness of ACPs and determine if they were followed.

Methods

Using TRAK, hospital records of 100 patients who died within 7 days of an ED admission between 2017 and 2018 were randomly selected and analysed. Descriptive and statistical analysis was performed using Excel and later reviewed by a statistician.

Results

- At least 1 in 5 people who died within 7 days of an ED admission had been at risk of dying but did not have an ACP in place.
- 84% of these patients had an unplanned hospital admission or ED attendance in the previous 12 months.
- Patients with a high SPARRA score or living in areas with low socioeconomic status are more likely to have an ACP.
- ACP information was evaluated as either highly useful (includes clear plan for patient wishes and a clinical future plan); useful (some additional useful clinical information); or low usefulness (does not contribute to clinical care) and shown in chart below



- 55% ACPs included a resuscitation status, one Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) was not honoured.
- 11 ACPs were not followed, an ED attendance was necessary for 7 of these due to clinical circumstance but no reason was identified for 4 patients, all were nursing home residents.

Conclusion

People who would benefit from an ACP are not being identified and are dying soon after an ED admission. There have been missed opportunities to identify these patients in the community, as inpatients and in the ED, especially for patients with a low SPARRA score or those living in more affluent areas. Using the SPICT may support clinicians in identifying these patients.

ACPs are not being completed comprehensively and are of limited value to clinicians. When an ACP is not followed, this is usually due to an unforseen clinical condition and the ED or hospital is considered the appropriate place for these patients to be cared for at the end of their life. However more research is required to understand the reasons that ACPs are not being followed in nursing homes.

The Scottish Government (2015) Strategic Framework for Action on Palliative and End of Life Care 2016-2021 The Scottish Government, Edinburgh Available on www.gov.scot