Acute Palliative Care Units
A developing strategy for the delivery of palliative care in hospital

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Introduction

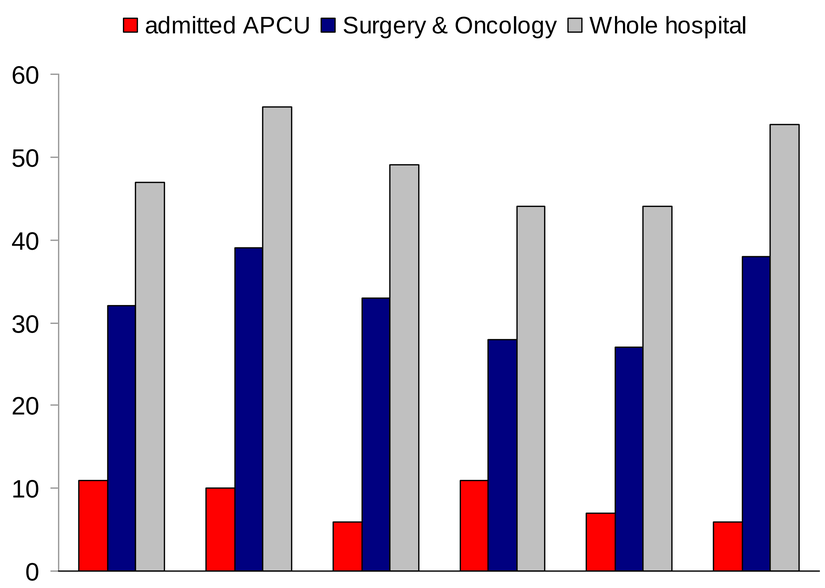
The community is familiar with the concepts and practice of palliative care. In contrast – hospital palliative care is relatively young. The first hospital support team in the UK was introduced in St Thomas' Hospital in 1976. (1) Acute hospital care focuses on cure – investigations and management aimed at identifying and 'reversing the reversible'. For the estimated 25% of hospital patients in the UK [approximately 40,000 patients per day] (2) who have palliative care needs the challenge is to place each issue – both reversible and irreversible – within the context of that individual. Many patients are unfit for discharge home, unable to be cared for at home, do not meet the criteria for – or wish – hospice care or have needs which necessitate them being in an acute setting. A proportion of patients will have complex symptom needs requiring hospital based interventions or a day to day multi-speciality approach. It is important that hospital in-patients, with palliative care needs, also have equitable access to integrated specialist and generalist palliative care at the point and time of that need. (3) Acute palliative care units are now being developed in response to this challenge. Such units allow selected patients to access high quality symptom interventions in hospital. (4) This poster describes some of the experience of a pilot acute palliative care unit in Ninewells Hospital, Tayside, Scotland.

Methods

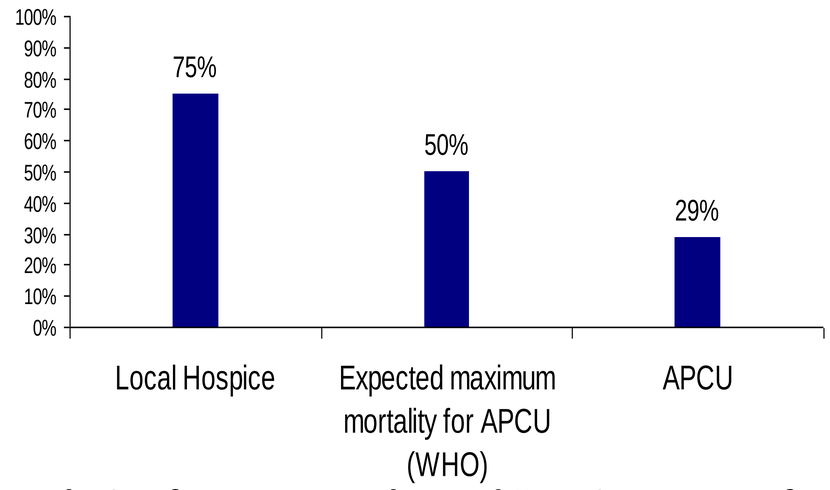
Over a 6 month period, all referrals to the hospital palliative care team were recorded and source of referral noted. Numbers of patients referred from catchment wards (surgery and oncology) were compared to overall hospital referrals and numbers admitted to the 3 bedded unit. Length of stay and mortality of APCU patients was assessed. Case note analysis was carried out to identify clinical differences in patients admitted to the unit and those managed on the ward.

Results

Within the 6 month period 294 patients were referred to the hospital palliative care team. Of the 197 patients referred from oncology and surgery, 51 (25.8%) patients were admitted to the APCU. Median length of stay for patients in the APCU was 4.5 days.



Bar chart of mortality in Ninewells APCU compared to hospice and expected maximum for acute units



- **Majority of patients were admitted for pain control**
- **Median length of stay for patients in the APCU was 4.5 days**

Low mortality rates reflect:

- Short length of stay
- Admissions for symptom control not end-of-life care
- Admission of patients 'upstream' in illness trajectory, receiving hospital based treatments

Analysis of case notes showed 3 main groups of patient referrals:

1. Complex symptom issues and complex medical interventions
2. Symptom burden manageable over 48 hours, HPCT intervention on ward
3. Hospice referral with low or managed symptom burden or discharge issues

- The APCU mainly targeted patients in category one but was also utilised to facilitate complex discharges

Discussion

Acute palliative care units represent a new development in the hospital based palliative care. The APCU was integrated within the wider hospital palliative care programme including the existent advisory service and a new education programme. The experience in Ninewells shows that such an in-patient unit has a role to play in symptom control and palliative care delivery within the acute setting. Most patients admitted to the APCU had complex symptom needs which were addressed over a short admission period. Furthermore there was a low overall mortality rate in keeping with admission of patients 'upstream' in their illness trajectory. A reduction in symptom burden and overall distress was achieved for the majority of patients (described in a further poster) for this specific, identifiable group of patients.

Conclusions

- **Acute palliative care units can help integrate quality, efficient palliative care alongside necessary hospital treatment**
- **Complex symptom control is the main reason for admission**
- **Low mortality rates were observed**

References

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