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## INTRODUCTION:

- Acute hospitals are major providers of end of life care.<sup>1</sup> Sixty thousand deaths were registered in Scotland in the year 2007. More than half (58%) of these deaths occurred in acute hospitals.
- In an environment where acute care is the main focus, identification and management of patients with palliative care needs can be suboptimal.<sup>2</sup>
- This audit aimed to identify patients in the last year of life admitted to the busy tertiary Combined Assessment Unit (CAU) at the Royal Infirmary of Edinburgh, and review their management and outcomes.

## METHOD:

- A prospective audit was carried out over a two week period in the Combined Assessment unit in the Royal Infirmary of Edinburgh.
- Patients who fulfilled the criteria for a diagnosis of dying were identified using the Gold Standards Framework Prognostic Indicator Guidance (PIG)<sup>3</sup>.
- Data was obtained from their admission proforma, SEWS chart and drug kardex.
- Outcome at 8 weeks was recorded.

## RESULTS:

- 916 patients were admitted during the 14-day audit and 83 (9%) met the PIG criteria.
- Proportionately more patients were admitted at the weekend than midweek (Figure 1).

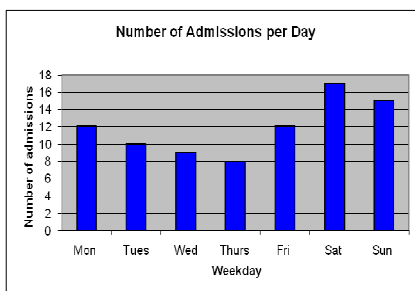


Figure 1: Distribution of admissions throughout a seven day week.

- The number of patients arriving in CAU increased steadily throughout the 24 hour period from 08:00 hours peaking between 20:00hrs and midnight (Figure 2).

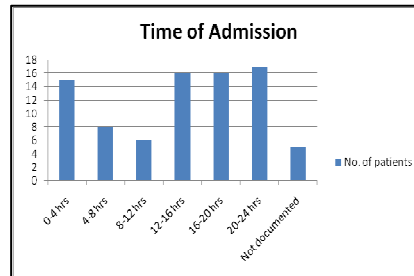


Figure 2: Number of admissions for each 4 hour period.

- The majority, 52 (62%) were self-referrals (Figure 4).

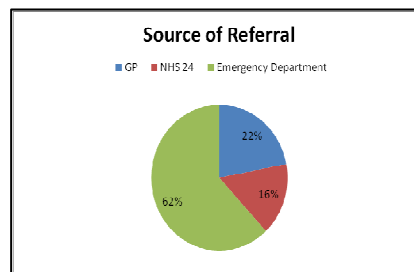


Figure 4: Percentage of patients referred to CAU via the 3 potential routes of admission

- 64 (77%) had a non cancer diagnosis with 39 (48%) having a diagnosis of COPD, dementia or multi-morbidity. Only 14 (17%) had cancer.
- Patients were frail; Karnofsky performance status under 50 in 47% (Figure 3).

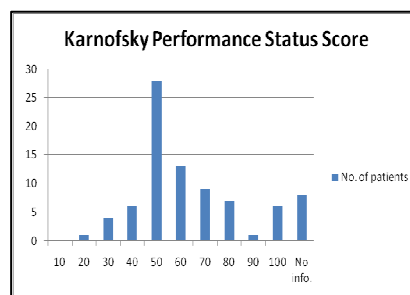


Figure 3: The number of patients for each performance score from 10 to 100.

- 35% (29) of patients had a SEWS score of zero. 15 (18%) had a score of 1 and 14 (17%) scored 2. 8 (10%) scored 3, 6 (7%) scored 4, 4 (5%) scored 5. 2 patients scored 6, 1 scored 7 and 1 scored 10. Routine observations were not performed on 2 patients. 1 patient refused.
- Investigations and management were in line with standard acute medical assessment.

- 51 patients had 4 or more investigations with only 1 patient having no investigations.
- Commonest investigations were routine bloods, chest x-ray and electrocardiogram.
- Nearly half of the patients identified received intravenous antibiotics and one third were given intravenous fluids.
- 28 (34%) had DNAR orders signed.
- Two patients died in CAU, 27 (33%) died within 8 weeks and 16 (29%) were readmitted.
- Almost one third of patients were discharged home from the medical admissions ward and more than 50% were admitted to the Royal Infirmary of Edinburgh. (Figure 5).

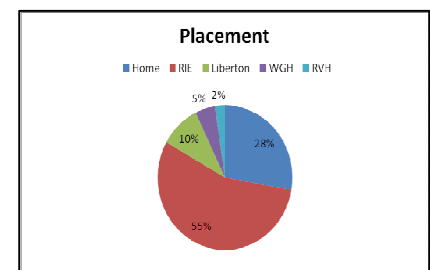


Figure 5: Percentage of patients discharged home or admitted to a hospital ward.

## DISCUSSION:

- A significant number of admissions to the CAU are people in the last year of life.
- Most have a non-cancer diagnosis.
- Dying patients may receive unnecessary investigations and treatment.
- More than half of the patients we identified, died or were readmitted within 8 weeks.
- Providing healthcare professionals with appropriate training and validated diagnostic tools may improve their skills in identifying and treating patients with life limiting illnesses appropriately.
- This process may benefit from having an agreed integrated care pathway for the patients identified as likely to die in the hours or days after admission.
- Medical care is often unplanned, hospital based and concentrated on acute conditions. A move towards anticipatory care set in the community and identifying patients with end of life conditions may help reduce unscheduled hospital admissions.

## REFERENCES:

- Department of Health End of Life Strategy July 2008
- Ellershaw J, Ward C. Care of the dying patient the last hours or days of life. *BMJ* 2003;326:30
- Prognostic Indicator Guidance 2006 <http://www.scotland.gov.uk/publications>