

Covid-19 and Hospital Palliative Care: a review of Ninewells HPCT referrals, activity and transfers to inpatient specialist palliative care

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Abbreviated abstract: During the Covid-19 pandemic the number of deaths in hospital increased and healthcare teams had a vital role in providing end of life care. We reviewed referrals and activity of our HPCT in an acute hospital. HPCT, hospital and hospice admission and mortality data from a 6 week period at the peak of Covid-19 pandemic was analysed and compared with 2019 data.

Related publications:

- 1. A. Bone *et al*, Palliative Medicine 34 (9), 1193-1201 (2020)
- 2. L. Hetherington *et al*, Palliative Medicine 34 (9), 1256-1262 (2020)

Previous work, challenge, and approach



Access to palliative care should be based on need, not diagnosis. During the Covid-19 pandemic the number of deaths in hospital increased¹ and healthcare teams had a vital role in providing end of life care.

Bone *et al* demonstrated that in England and Wales deaths at home and in hospital rose by 77% and 90%, while deaths in hospice fell by 20%.¹ Hetherington *et al* reported a Covid-19 referral cohort of 46% for a HPCT in Glasgow, Scotland.²

In response to Covid-19 the HPCT in Ninewells Hospital provided 7 day a week direct support to Covid-19 wards and provided an extensive education programme, in addition to review of patients referred to the team. Alongside this, the larger Specialist Palliative Care Inpatient Unit in our health board was reconfigured to offer admission and end of life care to Covid-19 patients.

The purpose of this project is to understand if the need for palliative care and the approach of the HPCT in an acute hospital in Scotland changed during the peak of the Covid-19 pandemic and to identify resource and training implications for future practice.

Techniques and Methods

Service evaluation based on retrospective review of HPCT records and hospital admission and mortality rates.

Data sources

Referrals to the Ninewells Hospital Palliative Care Team from 23/03/2020 – 03/05/2020 (peak of Covid-19 pandemic), compared with referrals from 25/03/2019 – 05/05/2019. Emergency admission and mortality data for Ninewells Hospital and inpatient specialist palliative care units in the health board region across the same periods.

Data collection

HPCT electronic referral database reviewed. Data extracted included demographic data, underlying diagnosis, reason for referral, referral outcome. Admission and mortality data provided by the Health and Business Intelligence Unit, NHS Tayside.

Data analysis

Comparison of 2020 and 2019 HPCT referrals (rates, demographics, underlying diagnosis, referral reason, referral outcome) and admission and mortality data.

Results and Conclusions



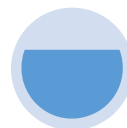
Hospital

Median acute hospital admissions in 6-week period reduced from 772 in 2019 to 535 in 2020, a 31% reduction.

As a proportion of admissions, deaths in hospital increased from 2.9% to 5.9%.

The proportion of people who died who had tested positive for Covid-19 was 33%.

67 patients died having tested positive for Covid-19, 66% died on a general ward having received ward based, Level 1 care.



HPCT

Compared to 2019, referrals to the HPCT reduced by 12% - suggests relative increase in referrals when compared with hospital admission rates.

In 2020 9 (10%) referrals were for patients who tested positive for Covid-19.

Of these 9, 4 (4.3%) were Covid-19 positive at time of referral. 5 patients had malignant disease.

6 patients who tested positive for Covid-19 were transferred to a Specialist Palliative Care Unit.



Conclusions

Relatively small proportion of HPCT activity was direct review of patients diagnosed with Covid-19 - 10% of HPCT referrals compared to 46% reported elsewhere.²

This does not reflect the extent of HPCT input in terms of support for ward teams and the shared learning and education with acute care colleagues to upskill and empower ward teams to provide palliative and end of life care.

Through reorganisation of a Specialist Palliative Care Unit, the HPCT were able to facilitate transfer of Covid-19 positive patients to a hospice setting.