Proactive Palliative Care at the Front Door- Impact Analysis

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There is recognition that earlier palliative care at the hospital front door is beneficial to improve patient and family outcomes,[1] deliver Realistic medicine[2] with potential health-economic benefits[3]. Initiatives to explore the benefits of earlier front door (FD) input from Acute Hospital Palliative Care Teams have been underway across NHS Lothian for some time now. The Western General Hospital Palliative Care Team (HPCT) piloted a project to increase access to palliative care at the FD. This poster details results for ongoing referral numbers and analysis of potential impact on place of dying and length of stay (LOS).

Methods

From June 2023, for 5 months a HPCT consultant attended daily huddles within the Medical Assessment Unit (MAU), reinforcing of the role of early Palliative Care input at the FD.

Data for patients referred from the FD during this year were compared with a matched retrospective cohort (patients aged >50 with any of the 6 most common admission diagnoses from the intervention dataset and at least one unplanned admission to WGH in their final 28 days of life) taken from the previous year.

Comparative assessment of outcomes included place of death and median LOS.

The project was funded by NHS Lothian to support winter pressures

Results

- Sustained increase in referrals to HPCT from front door areas (Fig 1) since intervention
- Median time from referral to death 21 days
- 72% of patients had cancer, and 35% were admitted due to expected deterioration of known disease
- The majority of deaths occurred in an acute site (Fig 2)
- Where patients were referred (14 days or more before death) they were half as likely to die in an acute site (Fig 3)
- Comparator group analysis confirmed higher referral rates to HPCT post intervention (16.5% vs. 13.9%)
- Median difference in LOS in hospital in the last 28 days of life was shorter for those referred to HPCT (compared to non-referred) from the start of the intervention (2.1 days, p=0.07), compared to the year prior, (1.1 days p=0.58).

Conclusions

Following the intervention there is a sustained increase in referrals to the HPCT from FD areas. A face-to-face intervention, building relationships and awareness amongst acute teams of value of earlier specialist Palliative Care input can result in a sustained culture shift within the acute hospital, but substantive funding is needed for this to be sustainable.

Over 1/3 of patients seen were admitted with an expected deterioration of known disease. Many of these (over 2/3rds) were patients with cancer. This suggests that community services are struggling to manage expected deterioration of disease at home, in spite of existing measures to prevent unplanned hospital admissions.

Earlier palliative care referral may result in more patients dying in their preferred place of care and could have a positive impact on flow in acute hospitals.

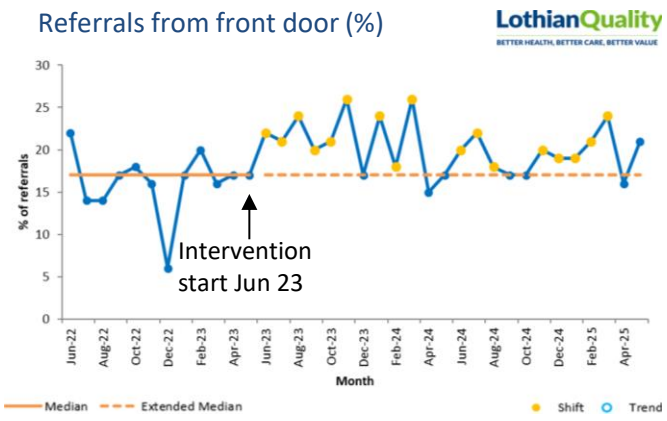

Fig 1: Sustained increase in referrals from front door areas to current

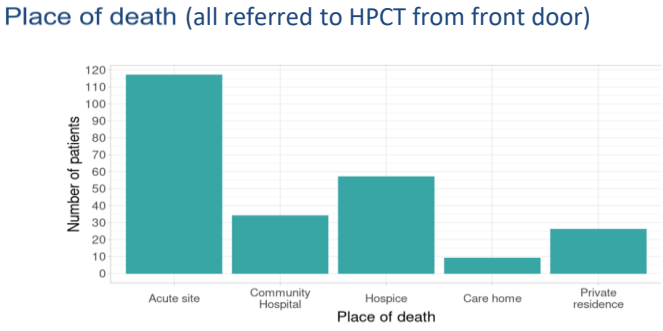

Fig 2: Place of death for cohort seen from June 23- end June 24 (n= 274)

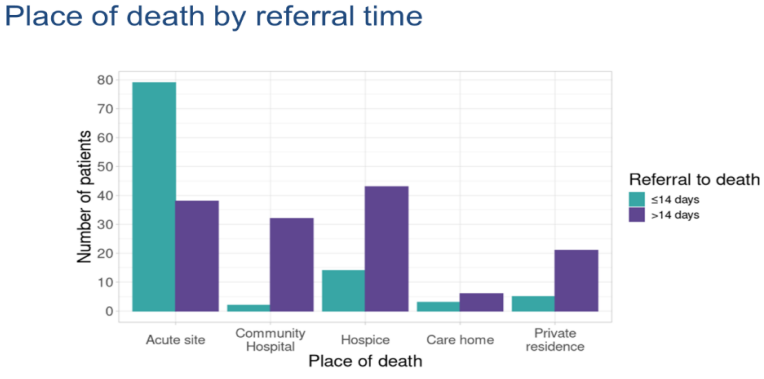

Fig 3: Place of death for cohort by referral time

References

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2. The Scottish Government. Realistic Medicine. http://www.gov.scot/Resource/0049/00492520.pdf. 2014-15.
3. Wang DH, Heidt R. Emergency Department Embedded Palliative Care Service Creates Value for Health Systems. J Palliat Med. 2023 May;26(5):646-652. doi: 10.1089/jpm.2022.0245. Epub 2022 Nov 11. PMID: 36367980.

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