End of Life Care in Hospital – are we getting it right?

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Background

The majority of deaths in Scotland occur in the hospital setting[1]. It is therefore essential that holistic care and effective communication around the time of death is an important responsibility of all those who work with dying patients.

End of life care provided in the hospital has been criticised in the past with bereaved families experiencing poor levels of support and communication[2], patients experiencing a loss of dignity at the end of life[3] and healthcare workers reporting an over-medicalisation and impersonal approach to treating the dying[4].

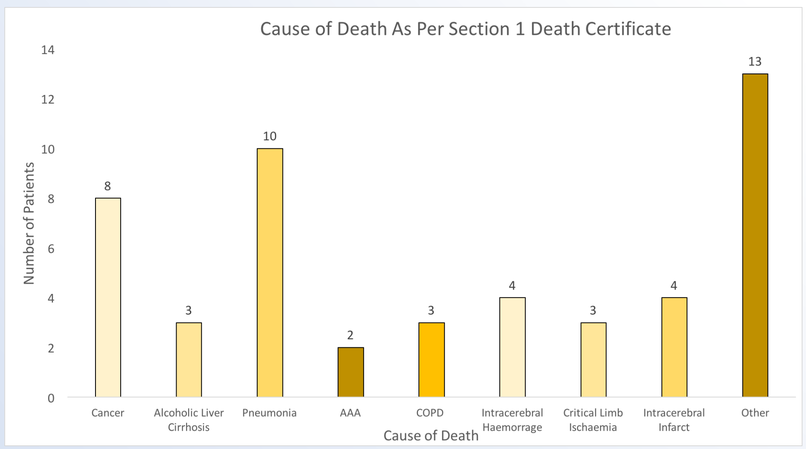
In 2014, the Scottish government recognised a need to provide new guidance for health care professionals who were providing end of life care for all patients, 'Caring for people in the last days and hours of life'[5]

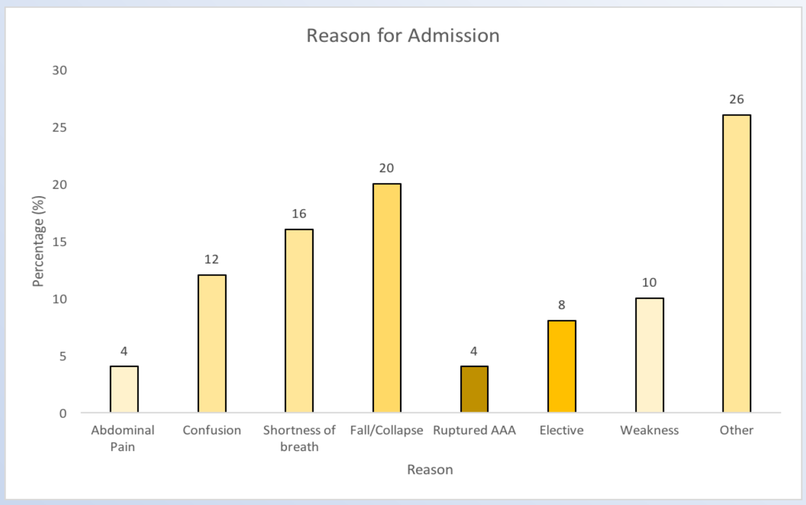
This guideline forms the basis of this project, an audit of end of life care across Ninewells hospital. The project looked to provide feedback on the provision of end of life care, as well as explore the characteristics of patients and their admission that died in Ninewells hospital. It will be used in the future to inform development in the delivery of end of life care.

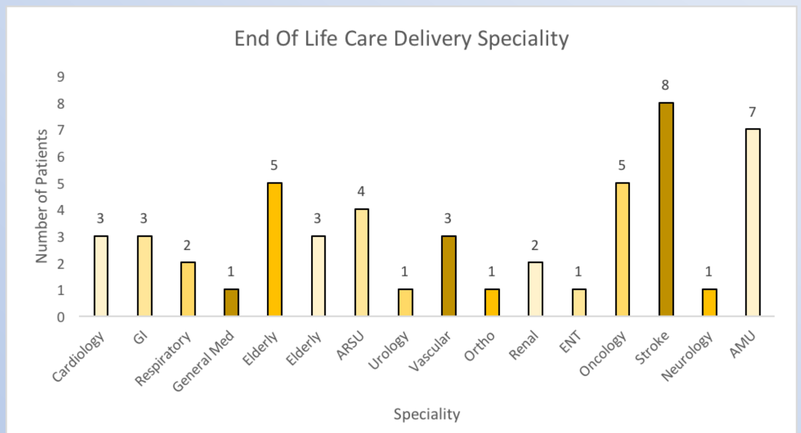
The Patient Population

- The median age of the patient group was 78 years, (range 50 -99 years), 52% male 48% female
- 86% patients were admitted from home, 14% were admitted from a care home
- 48 of the 50 deaths were anticipated
- The median duration of admission was 8 days (range 0-49 days)
- 22% of patients audited had a diagnosis of cancer
- 5 patients had direct input from the Hospital Palliative Care Team (HPCT), of which 3 had cancer

The graphs below show the cause of death, as documented under section 1a of the death certificate, the reason for admission and the end of life care delivery speciality.







Methods and Current Guidance

The case notes of 50 patients who died in Ninewells hospital in the months of January, February and March 2017 were audited against guidance provided by the Scottish Government. Patient data was collected from the case notes to allow analysis of the characteristics of the patients in the audit. A proforma was developed to gain information that could be objectively audited against some of the key principles outlined by the guidance 'Caring for People In the Last Days and Hours of Life', which are shown below.

Principle 1: Informative, timely and sensitive communication is an essential component of each individual person's care.

' This communication should include the person's condition, expectations relating to how their condition is likely to change…and agreed goals for the care that will be provided.'

Principle 3: Each individual person's physical, psychological, social and spiritual needs are recognised and addressed as far as possible

- *''The resuscitation status of the person should be reviewed so that is clear what should happen when death/cardiac arrest occurs'*

Principle 3

- *'Key symptoms such as: pain, agitation, breathlessness, nausea & vomiting and respiratory tract secretions, should be assessed and any intervention documented in the case record.'*
- *'When symptoms are not controlled and are resistant to interventions then help should be sought from specialist palliative care'*

Audit Results

Principle 1- Informative, timely and sensitive communication is an essential component of each individual person's care:

- ✓ 96% of patients audited had a documented end of life care discussion with either the patient, family or both.
- ✓ End of life care discussions were carried out with patients and family members with senior medical staff with 68% carried out by consultants and 26% by speciality trainees

Principle 3- 'Key symptoms such as: pain, agitation, breathlessness, nausea & vomiting and respiratory tract secretions, should be assessed and any intervention documented in the case record.'

- ✓ 96% of patients where death was anticipated had 'anticipatory medication' prescribed

Principle 3: Each individual person's physical, psychological, social and spiritual needs are recognised and addressed as far as possible

- ❖ 10% of patients had input from the hospital palliative care team before their death

Discussion

This project provides useful information on the provision of end of life care in Ninewells Hospital. Considering that the care of people who die in hospital is often criticised, it is reassuring to identify aspects of good care aligned to current guidance. It gives a useful insight into the care of patients with varied health conditions across a range of medical and surgical specialties.

There were some limitations to the audit. The study was limited to a case note review of a relatively small number of deaths. The nursing section of the case notes was not reviewed and this study does not include the views of healthcare professionals or family members on the end of life care provided. We were unable to identify patients with uncontrolled symptoms and therefore not able to determine whether these patients were referred to specialist palliative care.

There are interesting differences in the study group compared to patients referred to the HPCT. 22% of patients in this study had a cancer diagnosis. In 2016 75% of patients referred to Ninewells HPCT had cancer and of all referrals 22% patients died in hospital. This suggests that not all patients who may benefit from specialist palliative care input in the last days of life are receiving this.

Conclusion

There was **evidence of good end of life care** corresponding to the Principles outlined in 'Caring for people in the last days and hours of life'. This includes evidence of **senior decision making and communication with family, good documentation and anticipatory prescribing** in over 90% of cases. This suggests a **high standard of end of life care was provided by a range of hospital specialties** supported by existing skills in caring for people who are dying.

There was direct Hospital Palliative Care Team input for only 10% of patients studied. However, the role of a hospital palliative care team involves providing **education and training to hospital colleagues *and* providing clinical input into patient care**. Further work is this area is planned with a project to compare the end of life care of patients who have and those who do *not* have direct Hospital Palliative Care Team input in the last days of life.

References: 1. ISD Scotland https://www.isdscotland.org/Health-Topics/Cancer/Publications/2016-11-22/2016-11-22-Place-of-Death-Cancer-Report.pdf?733584166 (accessed 12/09/17) 2. Levack P. Palliation and the caring hospital–filling the gap. JR Coll Physicians Edinb. 2014;44:98-102. 3. Office for National Statistics. *National Survey of Bereaved People (VOICES): 2014. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/nationalsurveyofbereavedpeoplevoices/2015-07-09#main-findings (accessed 09/05/17). 4.* The Scottish Parliament . *15th Report, 2015 (Session 4): We need to talk about palliative care. http://www.parliament.scot/parliamentarybusiness/CurrentCommittees/94230.aspx#report (accessed 09/05/17). 5.* Scottish Government. *Caring for people in the last days and hours of life - Guidance. http://www.gov.scot/Publications/2014/12/6639 (accessed 09/05/17).*

Acknowledgements: Thank you to PATCH for funding this poster and conference fee. Thanks also to NHS Tayside Medical Records Department and to the Information Team , Business Unit for their support. **Contact for further details - fionamcfatter@nhs.net**