

# Review of Generalist Palliative Care and Recognition of Dying within NHS Ayrshire and Arran: a local SEECare audit

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## Background:

- 1/3<sup>rd</sup> of hospital inpatients in the UK are in their last year of life, however their needs are often perceived as being unmet(1).
- It is vital dying is recognised early to allow discussions of patients' wishes and needs; however healthcare professionals have been found to discuss death & dying with only 1/3<sup>rd</sup> of patients(1).
- End-of-life care (EOLC) pathways were initially implemented to enhance care, but were deemed not to be the correct approach when instigated without appropriate education and support(2).
- In response, The Scottish Government developed the four principles of 'Caring for people in the last days to hours of life', which epitomises optimal EOLC(3).
- To evaluate holistic EOLC provided to hospital inpatients, the Seeking Excellence in End-of-Life Care (SEECare) audit was developed; a multi-centre snapshot audit organised by the Association of Palliative Medicine(4).
- The audit identified 93% of patients suffered unmet needs(4).
- The NHS Ayrshire and Arran Hospital Palliative Care Team (NHS A&A HPCT) conducted a revised SEECare audit in June 2022.
- This demonstrated there was unmet symptom needs within patients dying in the inpatient setting, and imperatively there was a significant lack of recognition of dying patients.

## Aim:

This audit was repeated to assess any enhancement in EOLC delivered to inpatients in NHS A&A, not known to the Specialist Palliative Care (SPC) team, and evaluate recognition of dying.

## Methods:

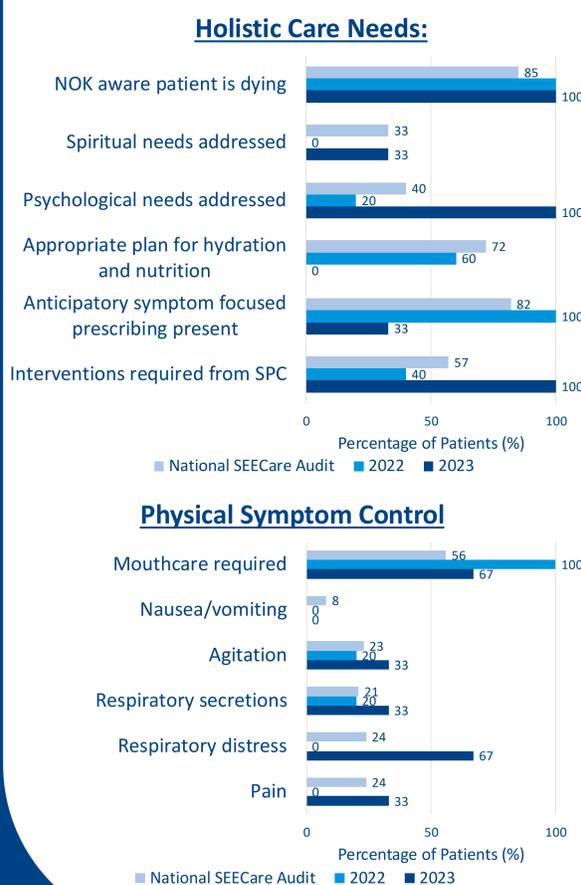
- A member of the NHS A&A HPCT attended each adult inpatient ward in UHC and UHA on 27<sup>th</sup> September 2023.
- Nurse in charge was asked to identify patients on ward who were identified as dying.
- The patients were assessed if they met the below criteria:

Inclusion Criteria:	Exclusion Criteria:
1. Hospital inpatient.	1. Not admitted (e.g. in A&E)
2. Recognised by parent team as in last hours to days of life.	2. Inpatient in Intensive Care or High Dependency
3. Not currently known to specialist palliative care team	3. Not recognised by parent team as in the last hours to days of life.
	4. Under age of 18y/o

- Patients were reviewed using the SEECare audit tool to assess if; the patient and their NOK were aware they were dying, review of anticipatory prescribing, review of holistic care and nutritional needs.
- The incidence and severity of physical symptoms were evaluated.
- To investigate recognition of dying patients, data was collected to examine the deaths of patients in the 7-day period following the audit, and included:
  - Patient age
  - Number of days after audit patient died
  - Location
  - Cause of death

## Results: Unmet Needs

3 patients were identified as being in the last hours to days of life. All 3 patients were inpatients in the admission ward in UHA.



**Figure 1:** Comparison of patients' (identified as dying) unmet needs in current 2023 audit compared to local initial NHS A&A 2022 audit and national SEECare audit.

Improvement in spiritual & psychological needs addressed  
Decline in hydration & nutrition plan and anticipatory focused prescribing

Improvement in mouthcare  
Decline in symptom control in all other domains

**Figure 2:** Comparison of patients' (identified as dying) physical symptom control in current 2023 audit compared to local initial NHS A&A 2022 audit and national SEECare audit.

## Results: Recognition of Dying

Only 9% of patients who died within 7 days of the audit were identified as dying by their managing teams (29% of patients in 2022 cycle)

Demographics of patients not identified as dying in current audit:

- Mean age 82y/o (84 y/o in those identified)
- Infection primary cause of death in 45% (66% in those identified as dying)

## Conclusion:

- Areas of good practice in EOLC identified: communication with & support for families and addressing patients' psychological needs.
- Multiple unmet symptom and holistic needs in inpatients within NHS A&A recognised as dying.
- Significant under recognition of inpatients who are in their last hours to days of life.

## Forward Steps:

1. Local education surrounding anticipatory prescribing, physical and holistic symptom control, hydration & nutrition at end-of-life & recognition of dying.
2. Consider multi-profession EOLC plans to reduce unmet need.
3. Repeat audit cycles to assess effect of change.

## References:

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