



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

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1. Introduction and Aims

The majority of deaths in Scotland occur in a hospital setting.¹ It is essential that good end of life care is provided for patients who die in hospital and their families.

In 2014 the Scottish Government published guidance on 'Caring for People in the Last Days and Hours of Life'.²

This outlines 4 key principles in providing care and gives examples of steps that should be taken to support these Principles.

Guidance
Caring for people in the last days and hours of life

This study was undertaken as medical student 4th year project. The aims were to explore the characteristics of patients who died in Ninewells Hospital and to assess how well the End Of Life Care of these patients met current guidance.

2. Methods

A list was obtained of adult patients who died in Ninewells Hospital between January and March 2017. Deaths which occurred in a critical care or high dependency area were excluded from the study. We wished to audit Level 1, general ward based care in the first instance.

From this list a convenience sample of 50 casenotes was taken according to notes that were available. Caldicott approval was gained for this project

A proforma was developed to gain information that could be objectively audited against the Principles by retrospective analysis of medical case notes.

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'

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'

3. Results

Results were available for 50 patients.

Median age of patients was 78 years, (range 50 -99 years) 52% male 48% female

86% patients were admitted from home the remaining 14% from a care home.

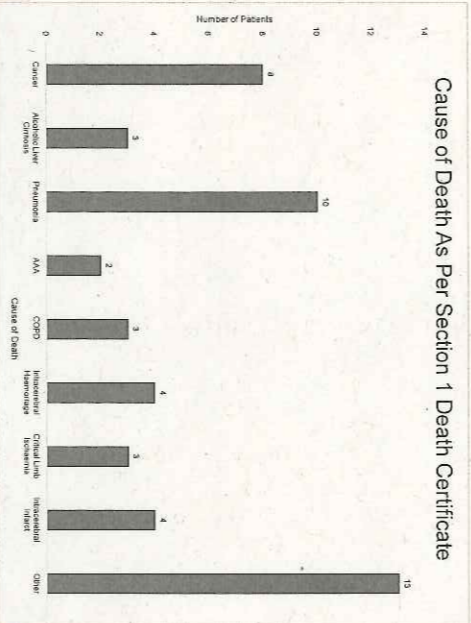
48 deaths were anticipated

The median duration of admission prior to death was 8 days (range 0 – 49 days)

The most frequently occurring cause for admission was fall. The most frequently occurring cause of death was pneumonia. More than half of patients received end of life care from a medical speciality.

22% of patients had cancer

5 patients had direct Hospital Palliative Care Team involvement of which 3 had cancer



Main Results

Principle 1 Communication

✓ 96% had documentation of end of life care discussion with either patient, family or both

Principle 3 Resuscitation status reviewed

✓ 94% had a DNACPR form completed

Principle 3 Key symptoms assessed

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

• 10% had specialist palliative care input

End of life care discussions were mostly carried out by senior medical staff 68% by consultants, 26% by Specialty Trainees.

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'

76% of patients who had a DNACPR form completed had a DNACPR discussion documented in medical notes
75% of DNACPR forms were completed to show that patient or family were aware of the decision or a reason for not informing them was given

4. Discussion

This project provides useful information on recent 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 specialities.

Limitations of the study – this 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.

5. 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'.²

This includes evidence of senior decision making and communication with family, good documentation and anticipatory prescribing in over 90% of cases.

There was direct Hospital Palliative Care Team input for only 10% of patients studied. This suggests good end of life care was provided by a range of hospital specialities supported by existing skills in caring for people who are dying.

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 in 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.isds.scot.nhs.uk/Health-Topics/Cancer/Publications/2016-11-22/2016-11-22-Place-of-Death-Cancer-Report.pdf?733584166> (accessed 12/09/17)
2. Scottish Government. *Caring for people in the last days and hours of life - Guidance*. <http://www.gov.scot/Publications/2014/12/6539> (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.

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