Palliative and End of Life Care in Acute Hospitals

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Lorna Frame

Acknowledgements and Declaration of Interest

- Kirsty Chaplow
- Connor McKenzie
- Alice Radley
- Alistair McKeown
- Jo Prentice

- No declarations of interest
Introduction

- 10,743 patients in 25 Scottish hospitals on 31st March 2010
- 28.8% died during follow-up:
  - 2.9% by 7 days
  - 8.9% by 30 days
  - 16.0% by 3 months
  - 21.2% by 6 months
  - 25.5% by 9 months
  - 28.8% by 12 months
- 32.3% of all deaths during the index admission
- 8% died during the index admission
- 29.5% had died one year later

Introduction

- The Royal College of Physicians’ “End of Life Care Audit – Dying in Hospital” (2016)
- Major gaps in documenting basic aspects of care:
  - Discussing choices or concerns
  - Spiritual care
  - Plans around eating/drinking and artificial nutrition/hydration
  - Control of common symptoms


Introduction

- The Scottish Government’s “Caring for people in the last days and hours of life” (2014)
- Four core principles:
  1. Informative, timely and sensitive communication
  2. Significant decisions made on the basis of multi-disciplinary discussion
  3. Physical, psychological, social and spiritual needs recognised and addressed
  4. Consideration given to the wellbeing of relatives/carers

Introduction

- Liverpool Care Pathway (LCP) withdrawn following 2013 Neuberger review
- Interim guidelines issued to all Scottish health boards
- Audit of these guidelines undertaken at Southern General Hospital and Victoria Infirmary in 2014
- Queen Elizabeth University Hospital (QEUH) opened 2015
- Interim guidelines replaced in NHS Greater Glasgow and Clyde by Guidance At End of Life (GAEL)

Aims

- Assess compliance with GAEL at QEUH
- Compare these results with those of the 2014 audit
- Ensure the provision of high-quality care for all patients

Methods

- Retrospective case note review
- 50 consecutive patient deaths at QEUH prior to 27th November 2017
- Patients’ records reviewed for evidence of:
  - Agreement between senior clinician and MDT that the patient is dying
  - Management plan
  - Communication
  - Symptom assessment and anticipatory prescribing
  - Psychological, spiritual and social assessments (both patient and carer)
  - Use of supportive literature
  - Involvement of the hospital specialist palliative care team (HSPCT)
Hospital Specialist Palliative Care Team

- 5 consultants
- 1 specialty trainee
- 1 specialty doctor
- 3 band 7 clinical nurse specialists
- 2 band 6 clinical nurse specialists
- 1 pharmacist
- Serves all adult specialties
- Receives approximately 200-250 referrals per month

Results

- 29 females, 21 males
- Average age 79 years (45-96 years)
- Average length of stay 14 days (1-61 days)
<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2017</th>
<th>2017 (with HSPC input)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDT diagnosis of dying</td>
<td>42%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Documented management plan</td>
<td>75%</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>DNACPR form in place</td>
<td>98%</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>Preferred place of care discussed</td>
<td>23%</td>
<td>20%</td>
<td>40%</td>
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<td>23%</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>Daily assessment of symptoms</td>
<td>100%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Nutrition/hydration needs assessed</td>
<td>0%</td>
<td>25%</td>
<td>57%</td>
</tr>
<tr>
<td>Regular discussions with carer</td>
<td>85.5%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Patient’s psychological needs assessed</td>
<td>42%</td>
<td>27%</td>
<td>74%</td>
</tr>
<tr>
<td>Patient’s spiritual needs assessed</td>
<td>33%</td>
<td>29%</td>
<td>69%</td>
</tr>
<tr>
<td>Caregiver’s psychological/spiritual needs assessed</td>
<td>32%</td>
<td>27%</td>
<td>66%</td>
</tr>
<tr>
<td>Referral to hospital palliative care team</td>
<td>35%</td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>Bereavement booklet issued</td>
<td>2%</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>

### Symptom Management

<table>
<thead>
<tr>
<th>Symptom</th>
<th>2014</th>
<th>2017</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAIN</td>
<td>96%</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>BREATHLESSNESS</td>
<td>65%</td>
<td>41%</td>
<td>87%</td>
</tr>
<tr>
<td>NAUSEA/VOMITING</td>
<td>41%</td>
<td>77%</td>
<td>75%</td>
</tr>
<tr>
<td>AGITATION</td>
<td>77%</td>
<td>67%</td>
<td>81%</td>
</tr>
<tr>
<td>SECRETIONS</td>
<td>67%</td>
<td>87%</td>
<td>81%</td>
</tr>
</tbody>
</table>

#### Anticipatory Medication Prescribed

- PAIN: 96% (2014), 87% (2017)
- BREATHLESSNESS: 65% (2014), 41% (2017)
- NAUSEA/VOMITING: 77% (2014), 75% (2017)
- AGITATION: 88% (2014), 87% (2017)
- SECRETIONS: 88% (2014), 87% (2017)
Discussion

- Progress has been made in several aspects of care:
  - Improved recognition and agreement by MDTs that patients are approaching end of life
  - Better documentation of management plans
  - Regular communication with families
- Daily assessment of symptoms:
  - 100% is commendable
  - But perhaps not a realistic goal?
  - Or even particularly necessary?

- Assessment of nutrition and hydration needs:
  - Still only 57%
  - Admittedly better than in 2014
  - But an area that was highlighted for particular criticism in the Neuberger report “More Care, Less Pathway” (2013)
- Documentation of assessment of psychological and spiritual needs lower
- Fewer patients have anticipatory medications prescribed for pain, breathlessness, nausea/vomiting and agitation
- Bereavement booklet numbers persistently low

Discussion

- Limitations
  - Small sample size
  - Case notes may not accurately reflect clinical practice
- Standards more closely met when HSPCT involved
  - Although records suggest that this still falls short of the Scottish Government’s recommendation
- Further work required to ensure the provision of high-quality end of life care for all patients and the documentation of this


Recommendations

- Present findings to HSPCT and index wards
- Structured approach to documentation of patient reviews:
  - “Physical”, “social”, “psychological” and “spiritual” headings approach
- Continue anticipatory prescribing teaching sessions for foundation doctors
- Regularly remind medical staff of online resources
Recommendations

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- Structured approach to documentation of patient reviews:
  - “Physical”, “social”, “psychological” and “spiritual” headings approach
- Continue anticipatory prescribing teaching sessions for foundation doctors
- Regularly remind medical staff of online resources
- Ongoing education of clinicians
- Repeat audit
Thank You