# 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
- 10,595 patients on 10th April 2013
- 8% died during the index admission
- 29.5% had died one year later

Clark D, Armstrong M, Allan A, Graham F, Carnon A, Isles C. Imminence of death among hospital inpatients: Prevalent cohort study. Palliat Med. 2014; 28: 474-479.

# 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

Royal College of Physicians. End of Life Care Audit – Dying in Hospital. RCP London, 2016.

# 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

The Scottish Government. Guidance: Caring for people in the last days and hours of life. The Scottish Government, 2014.

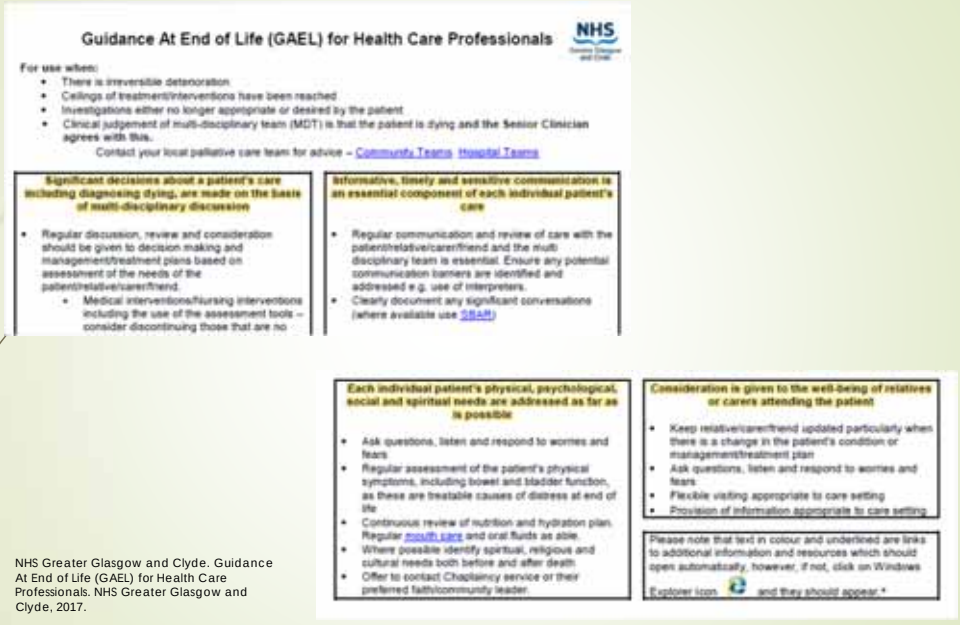
# Introduction

- Liverpool Care Pathway (LCP) withdrawn following 2013 Neuberger review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)

Department of Health. More care, less pathway: a review of the Liverpool Care Pathway. Department of Health, 2013.

The Scottish Government. Interim Guidance: Caring for people in the last days and hours of life. The Scottish Government, 2013.

NHS Greater Glasgow and Clyde. Guidance At End of Life (GAEL) for Health Care Professionals. NHS Greater Glasgow and Clyde, 2017.



Guidance At End of Life (GAEL) for Health Care Professionals

NHS

For use when:

- There is irreversible deterioration
- Ceilings of treatment/interventions have been reached
- Investigations either no longer appropriate or desired by the patient
- Clinical judgement of multi-disciplinary team (MDT) is that the patient is dying and the Senior Clinician agrees with this.

Contact your local palliative care team for advice – Community Teams Hospital Teams

**Significant decisions about a patient's care including diagnosing dying, are made on the basis of multi-disciplinary discussion**

- Regular discussion, review and consideration should be given to decision making and management/treatment plans based on assessment of the needs of the patient/relative/carer/friend.
  - Medical interventions/Nursing interventions including the use of the assessment tools – consider discontinuing those that are no

**Informative, timely and sensitive communication is an essential component of each individual patient's care**

- Regular communication and review of care with the patient/relative/carer/friend and the multi disciplinary team is essential. Ensure any potential communication barriers are identified and addressed e.g. use of interpreters.
- Clearly document any significant conversations (where available use SBAR)

**Each individual patient's physical, psychological, social and spiritual needs are addressed as far as is possible**

- Ask questions, listen and respond to worries and fears
- Regular assessment of the patient's physical symptoms, including bowel and bladder function, as these are treatable causes of distress at end of life
- Continuous review of nutrition and hydration plan. Regular mouth care and oral fluids as able.
- Where possible identify spiritual, religious and cultural needs both before and after death
- Offer to contact Chaplaincy service or their preferred faith/community leader.

**Consideration is given to the well-being of relatives or carers attending the patient**

- Keep relative/carer/friend updated particularly when there is a change in the patient's condition or management/treatment plan
- Ask questions, listen and respond to worries and fears
- Flexible visiting appropriate to care setting
- Provision of information appropriate to care setting

Please note that text in colour and underlined are links to additional information and resources which should open automatically, however, if not, click on Windows Explorer icon and they should appear.*

NHS Greater Glasgow and Clyde. Guidance At End of Life (GAEL) for Health Care Professionals. NHS Greater Glasgow and Clyde, 2017.

# 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)

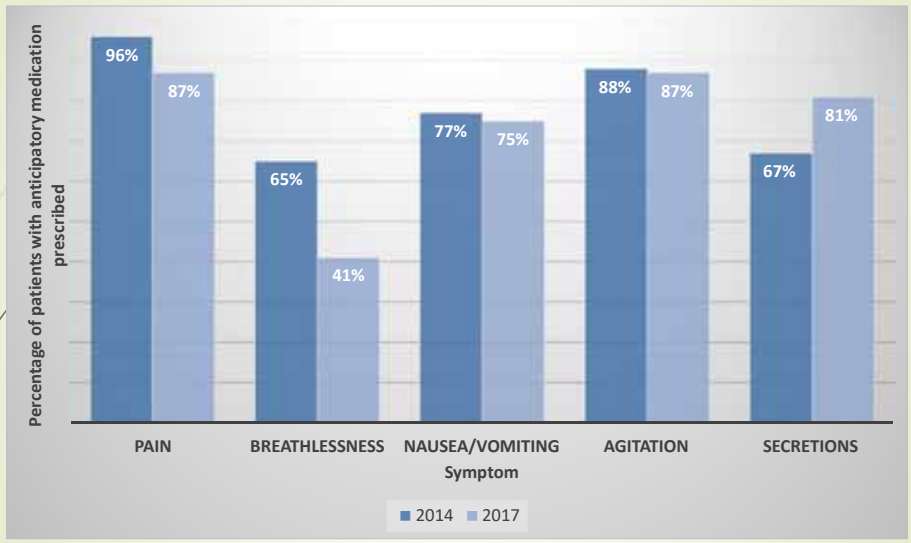
## Hospital Specialist Palliative Care Team

- 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)

| | 2014 | 2017 | 2017 (with HSPCT input) |
|---|---|---|---|
| MDT diagnosis of dying | 42% | 90% | |
| Documented management plan | 75% | 92% | |
| DNACPR form in place | 98% | 96% | |
| Preferred place of care discussed | 23% | 20% with patient<br>36% with carer | 40% with patient<br>58% with carer |
| Daily assessment of symptoms | 100% | 70% | |
| Nutrition/hydration needs assessed | 0% nutrition<br>25% hydration | 57% | |
| Regular discussions with carer | 85.5% | 90% | |
| Patient's psychological needs assessed | 42% | 27% | 74% |
| Patient's spiritual needs assessed | 33% | 29% | 69% |
| Carer's psychological/spiritual needs assessed | 32% | 27% | 66% |
| Referral to hospital palliative care team | 35% | 38% | |
| Bereavement booklet issued | 2% | 6% | |



# 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?

# Discussion

- 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

Department of Health. More care, less pathway: a review of the Liverpool Care Pathway. Department of Health, 2013.

# 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

The Scottish Government. Guidance: Caring for people in the last days and hours of life. The Scottish Government, 2014.

# 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

- 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
- Ongoing education of clinicians
- Repeat audit

# Thank You