

# Transitions to Palliative Care for Older People in Acute Hospitals

Merryn Gott

University of Sheffield

# Research Team

Merryn Gott, Christine Ingleton, Clare Gardiner (Project Manager), Tony Ryan, Bill Noble, Sue Ward, Kate Chadwick (Project Administrator) (University of Sheffield)



Jane Seymour (University of Nottingham)



Mike Bennett (University of Lancaster)



Mark Cobb (Sheffield Teaching Hospitals)



Chris Parker (Independent Consultant)

# Background

- SDO call for proposals to explore ‘transitions’ for older people, including that from ‘active’ to ‘palliative care’

Acute hospital settings chosen because:

- ‘a proportion of dying patients receive very poor care’ (Richards, 2007)
- 90% of people spend time in hospital during the last year of life; 56% of people die in hospital
- danger of focusing on ‘home’ to detriment of hospital
- builds on previous work

# Background

- **“Transitions”**
  - Active management (focus on cure or chronic disease management)
  - Palliative care (focus on maximising quality of life)
  - Not presupposing the transition will be (or should be) complete or unproblematic
  - Concept of ‘continuous palliation for older people’ promoted within Geriatric Medicine

# Background

- **Potential benefits of proactive management of transitions**
  - Facilitating patient involvement in ACP (where desired)
  - Enabling a proactive care plan which may, for example, reduce hospitalisations (where desired)
  - End of Life Care Strategy is predicated upon the identification of an ‘end of life’ period where palliative approaches become increasingly relevant

# Research Aims

- To examine how and when transitions to a palliative care approach are made within two UK acute hospitals.
- To explore how communication about a transition to a palliative care approach is communicated to patients and families.
- To identify the proportion of 'avoidable' hospital admissions amongst inpatients with palliative care needs and cost these economically.

# Rationale for the Economic Element

- **Dearth of research that explores the economics of end of life care**
  - Research indicates that more people are receiving inpatient end of life care than would like to
  - Drive to reduce hospitalisations generally within the UK with a perceived economic saving
  - This study will allow an exploration of the economic case for moving care from the hospital into the community during the end of life period, taking into account the views and preferences of service users and their families, hospital and primary care clinicians and commissioners

# Methods

- **Three Phases**

- Phase 1: Exploratory focus groups to determine census methodology
- Phase 2: Census of palliative care needs in 2 acute hospitals
- Phase 3: Interviews and focus groups

- **Setting**

- Sheffield NGH and Lancaster RI

# Phase 1: Exploratory Focus Groups

- 8 Focus groups with primary and secondary health professionals involved in the care of older people
- Aim is to enable an initial exploration of how transitions to a palliative care approach are made within acute hospitals, and identify what impact this has upon treatment
- These data will help determine census methods

# Phase 2: Census

- A census will be carried out of all patients >18 yrs present in the two hospitals during a two week period (based on Gott et al, 2001)
- A member of medical and nursing staff will be interviewed for each patient in order to identify patients with palliative care needs using a variety of definitions
- For patients with identified needs, data will be collected on appropriateness of admission, discharge plan, care approach, communication with patient etc.

# Previous Census of Palliative Care Needs at One Acute Hospital

- Structured interview conducted with ward nursing staff for 99% of inpatients and with medical staff for 81% of patients. Supplemented with case note review
- Key to ensuring good response rate – census data collectors with relevant clinical and academic experience & ensuring the Trust are on board
- Complex ethical issues – ethicist as specialist advisor and advance discussions with the research ethics committee

# Phase 2: Census

- **Questionnaires**

- Inpatients will be asked to complete the 12-item POS. For patients with capacity issues a named nurse will complete a questionnaire to identify staff view of palliative care (STAS)
- Telephone questionnaires will be conducted with GP's of patients with identified palliative care needs to identify inclusion on GSF register, GP approach to care etc.

# Phase 2: Census

- **Patient Note Data**

- Records reviewed for those with identified palliative care needs to validate and supplement existing data
- Clinical information on the current admission will be considered in relation to the 'Appropriateness Evaluation Protocol Criteria' for hospital admission (DoH, 2006) & final appropriateness of admission reviewed by a Palliative Medicine Consultant

# Phase 3: Focus Groups and Interviews

- In-depth interviews will be conducted with a purposive sample of 40 patients with identified palliative care needs: 1) following hospital discharge; and 2) 6 months later (carers will be invited to participate in post-bereavement interviews where applicable)
- Focus groups (n=6) will be held with invited clinicians and service commissioners/providers to explore the implications of the census findings

# 'User Involvement' Strategy

- Consultation with CECo users group at the outline and full proposal stages
- Consultation day to explore the project design with invited members of existing service user groups in Sheffield (29<sup>th</sup> June)
- Way in which involvement is organised will be negotiated during that day
- Support for training, service user time, involvement in dissemination
- Expert to support service users who wish to become involved in the project who is not one of the project team

# Contact Details

**Dr Clare Gardiner (Project Manager)**

**c.gardiner@sheffield.ac.uk**

**The University of Sheffield**

**Sykes House, Little Common Lane**

**Sheffield, S11 9NE**

**Tel: (0114) 262 0174 ext 31**

**[www.transitionstopalliativecare.co.uk](http://www.transitionstopalliativecare.co.uk)**