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IMPROVING PREFERRED PLACE OF CARE OPTIONS FOR HOSPITALISED PATIENTS AT THE END OF LIFE

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Background Although most people die in hospital, most would prefer to die elsewhere. Ensuring that people's preferred priorities of care are achieved is a key aim for the End of Life Care Strategy.

Innovation This CCG funded, joint initiative between Scarborough Hospital and St. Catherine's Hospice has enabled dying patients, regardless of diagnosis, to be transferred from the hospital to a nurse-led bed (NLB) in the last days of life if that is their preference.

Eligibility criteria (assessed by the hospital specialist palliative care team):

Estimated prognosis of one week

Defined ceiling of care including DNACPR

Patient's needs can be met by hospice nursing care in a more suitable environment

Following transfer (aim within 24hrs), patients were clerked and assessed daily by hospice nursing staff with support from the medical team as requested.

Evaluation Retrospective analysis of consecutive referrals for NLB between 5/2/13 to 5/5/13 (assessed N=24; died awaiting transfer N=5; admitted N=18). The median age was 83, 10/18 had a non cancer diagnosis and 13/18 were not previously known to specialist palliative care services. The median length of stay was 1 day and the mean 5.8 days. Following ongoing assessment, 5 patients were transferred to a specialist palliative care bed. Feedback from relatives was very positive. Hospice nurses report that the initiative is empowering but carries a significant emotional impact.

Conclusion This collaboration initiative has improved access to preferred place of care for dying patients regardless of diagnosis or previous eligibility for hospice care. Feedback has been very positive although the emotional cost to staff has been recognised. Improving same day access to NLB needs to be improved.