Background It is well recognised that most patients state a preference to die at home, yet the majority die in hospital. If the proportion of home deaths is to be increased it is important to understand the reasons why this is not being achieved currently.

Aims We sought to:
- Identify any differences between patients known to hospice services dying in hospital or at home
- Identify gaps in service provision
- Identify ‘predictors’ of hospital admission.

Method
- Comparison of 2 groups of 49 patients, one group dying in the local hospital and the other at home within the period October 2009 – April 2010
- Patients were identified from the Hospice database
- Data collected included demographic characteristics, services involved, family support, and knowledge of of the patients’ preferred place of care
- Questionnaires were completed by the Hospice Palliative Care Nurse Specialists
- Hospital notes were checked
- Supplementary information was obtained from GP practices, the Primary Care Trust and Hospice records.

Results
- Most hospital admissions were precipitated by a sudden deterioration of an existing condition or an acute episode
- There were slight demographic differences between the two groups, with elderly females living alone being the most likely to die in hospital
- Hospice and community services seemed less actively involved with the patients who died in hospital.

Conclusions
- The majority of patients dying in hospital seemed to have a more rapid terminal decline, with a potentially treatable cause, than those dying at home.
- No factors were identified that could have prevented these admissions but timely access to Hospice beds could have prevented a few patients dying in hospital.