A CASE NOTE REVIEW: TESTING A PROCESS AND END OF LIFE INPATIENT UNIT ADMISSION... OR NOT? A REVIEW OF HOSPICE ADMISSIONS

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Background It is widely recognised that accurately diagnosing end of life can be challenging (Taylor, Dowding, Johnson. BMC Palliat Care. 2017;16:1–1; National Institute for Health and Care Excellence. Care of dying adults in the last days of life. [NG31], 2015) and deciding when to refer for end of life care at a hospice inpatient unit (IPU) is often difficult. However, it is important to optimise end of life care, ensure patients’ preferred place of death (PPD) is met, families’ expectations can be managed and that patients can be transferred safely (National Institute for Health and Care Excellence. End of life care for adults: service delivery. [NG142], 2019).

Aims Analysis of IPU admissions, including days until death, to calculate the appropriateness of admissions for end of life care. Analysis of symptom control admissions to determine whether these became end of life and implications regarding end of life diagnosis.

Methods Data extracted from electronic records of patients admitted July to December 2022. Split into end of life care and symptom control arms, and then calculated the length of stay also split between those dying in IPU and those discharged and produced frequency charts.

Results Total of 81 admissions July-Dec. 2022:

• End of life. 36 (44%), of these 34 (94%) died in hospice, 2 discharged.
• Symptom control. 45 (56%), of these 30 (67%) died in hospice, 15 (33%) discharged.