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**WHAT FACTORS INFLUENCE THE TERMINALLY ILL
PATIENT REFERRED TO THE HOSPITAL SPECIALIST
PALLIATIVE CARE TEAM IN A NHS HOSPITAL, NOT
ACHIEVING THEIR PREFERRED PLACE OF DEATH?
A CRITICAL EVALUATION**

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Background The purpose of "The End of Life Care Strategy" document (2008), was to introduce a strategy to promote high quality end of life care (EOLC) for patients approaching the end of their lives. One quality marker was to ensure that individual patient preferences and choices for EOLC were documented, communicated and achieved if possible. There is evidence of an overwhelming preference for patients to die at home, hospice or nursing home.

Aim To discover if patients known to a NHS hospital palliative care team achieve their preferred place of death (PPD). To explore, illuminate and describe reasons why this may or may not happen. Results will be used to inform, educate and improve clinical practice.

Research Design A critical evaluation retrospective explorative case study using both quantitative and qualitative methods.

Setting A NHS hospital in an inner city setting in Southern England

Sample A non-probability purposive sample of 110 participants referred to the hospital specialist palliative care team from 1st April 2011 to 30th September 2011 who died before 31st December 2011.

Data Collection Method Audit, a retrospective collection of data from case notes using a proforma/questionnaire developed from discussion with specialist palliative care professionals.

Data Analysis The data collection system Meridian was utilised for data analysis and display with analysis of quantitative data and recording of qualitative data. Qualitative data analysis used a thematic approach.

Results 40% of participants achieved their PPD, 52% did not, and 8% not recorded. — Reasons for participants not achieving their PPD included, uncontrolled pain and complex symptoms, inability to guarantee 24 hour care in the community, discharge planning, delay in discharge, rapid deterioration and relatives concerns.

Conclusion To facilitate patients achieving their PPD requires the use of a prognostic tool, courageous skilful communication, good documentation, out of hours care, improved education, early referrals.