Hospital admissions at the end of life: reasons, appropriateness and avoidability

Joachim Cohen
Key points

1. There is a problem of late ‘terminal’ hospitalizations

2. Reasons for terminal hospitalizations often include unmet (palliative) care needs

3. Family physicians evaluate a minority of terminal hospitalizations as avoidable or inappropriate

4. More timely communication, and support for informal carers can prevent terminal hospital admission
Key points

1. There is a problem of late ‘terminal’ hospitalizations

2. Reasons for terminal hospitalizations often include unmet (palliative) care needs

3. Family physicians evaluate a minority of terminal hospitalizations as avoidable or inappropriate

4. More timely communication, and support for informal carers can prevent terminal hospital admission
There is a problem ‘terminal’ hospitalizations

Quality issues

aims of palliative care
poorer quality of life/dying
Those dying in hospital may experience poorer quality of dying

Awareness
Acceptance
Propriety
Timeliness
Comfort

Overall score: home 14.18; Hospital 13.48

QODD items, average scores

There is a problem ‘terminal’ hospitalizations

Quality issues

- aims of palliative care
- poorer quality of life/dying
- poorer quality of care
Those dying in hospital may receive poorer quality of care

Overall score: home 56.69 ; Hospital 53.97

There is a problem ‘terminal’ hospitalizations

Quality issues

aims of palliative care
poorer quality of life/dying
poorer quality of care
hospital perceived as inadequate for terminal care
The hospital setting is perceived as inadequate for terminally ill patients.

The acute hospital setting as a place of death and final care: A qualitative study on perspectives of family physicians, nurses and family carers

Thijs Reyniers a,*, Dirk Houttekier a, Joachim Cohen a, H. Roeline Pasman b, Luc Deliens a,b
The acute hospital is perceived as inadequate for terminal care but is sometimes a last resort option.

Three key themes in qualitative data analysis:

1) Inadequate setting for terminal care
   - not adjusted to needs of dying patients
   - cure and life-prolongation
   - poor communication

2) Sometimes a ‘safe haven’, sometimes last resort

3) Improving end-of-life care in hospitals
There is a problem of ‘terminal’ hospitalizations

Quality issues

- aims of palliative care
- poorer quality of life/dying
- poorer quality of care
- hospital perceived as inadequate for terminal care

Health care costs

Not the preferred place
Most people prefer to die at home.
There is a problem of ‘terminal’ hospitalizations

Quality issues

- aims of palliative care
- poorer quality of life/dying
- poorer quality of care
- hospital perceived as inadequate for terminal care

Not the preferred place

⇔ BUT large proportions die in acute hospital
Key points

1. There is a problem of late ‘terminal’ hospitalizations

2. Reasons for terminal hospitalizations often include unmet (palliative) care needs

3. Family physicians evaluate a minority of terminal hospitalizations as avoidable or inappropriate

4. More timely communication, and support for informal carers can prevent terminal hospital admission
A majority is admitted to acute hospital for palliative care reasons
(N=245; of which N=189 non-sudden)

- Palliative reasons: 55%
  - Particularly those with cancer
  - Less likely when specialist PC involved
  - Particularly when life-expectancy was estimated to be low
  - Particularly those admitted to internal medicine and oncology

- Diagnostic reasons: 30%

- Curative or life-prolonging reasons: 26%

- Other or social reasons: 5%

Particularly those with non-cancer
Aspects related to the care setting and patient preferences play a major role (N=245; of which N=189 non-sudden)

care setting
- care setting unprepared for acute situation
- no adequate EOLC in care setting
- caring capacity informal care insufficient
- caring capacity formal care insufficient

patient preferences
- treatments preferred by patient
- patient felt safer in hospital
- familiar environment
- preferred place of death

family wishes
- family: care better in hospital
- family panic
- family pressure
Key points

1. There is a problem of late ‘terminal’ hospitalizations
2. Reasons for terminal hospitalizations often include unmet (palliative) care needs
3. Family physicians evaluate a minority of terminal hospitalizations as avoidable or inappropriate
4. More timely communication, and support for informal carers can prevent terminal hospital admission
Circumstances that justify terminal hospitalization (qualitative study):

- Patient preferences
- Inadequate care in usual setting
- Burden of family in home setting
- Acute medical situations
A large majority of terminal hospitalizations is evaluated as avoidable and appropriate by the treating family physician.
Several factors influence potential avoidability/inappropriateness of terminal hospitalization

More likely avoidable or inappropriate if:

- patient is nursing home resident
- person had cancer
- family physician has PC training!!
- when patient or family took initiative for admission
Key points

1. There is a problem of late ‘terminal’ hospitalizations

2. Reasons for terminal hospitalizations often include unmet (palliative) care needs

3. Family physicians evaluate a minority of terminal hospitalizations as avoidable or inappropriate

4. More timely communication, and support for informal carers can prevent terminal hospital admission
More timely communication, and support for informal carers could have prevented terminal hospital admission.
Key points

1. There is a problem of late ‘terminal’ hospitalizations

2. Reasons for terminal hospitalizations often include unmet (palliative) care needs

3. Family physicians evaluate a minority of terminal hospitalizations as avoidable or inappropriate

4. More timely communication, and support for informal carers can prevent terminal hospital admission
Attention points for policy to reduce terminal hospitalizations

• Timely communication / Advance care planning
• Support family carers
• Alternatives to acute hospital setting
• Role of FPs
  – Gatekeeping
  – Palliative care training
• Safeguard quality of PC in acute hospitals