

Palliative care front door service- improvement in patient care or not? improve patient outcomes?

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Background

Despite advance care planning, patients with palliative care (PC) needs still attend hospital in crisis. Concern about appropriate environment of care for these patients has led to development of PC services, including the development of consultant posts, at the hospital front door: e.g. accident and emergency (A&E), acute medical unit (AMU).

Exploring this, a new liaison role with AMU was developed at Shrewsbury and Telford Hospital (SaTH) whereby the PC team contacted the unit directly for referrals, which were reviewed by the PC consultant.

A literature review was undertaken to explore the published evidence for PC jobs at the hospital front door. This was compared with the pilot developed at SaTH with the aim of reviewing the efficacy of how this is administered for locally.



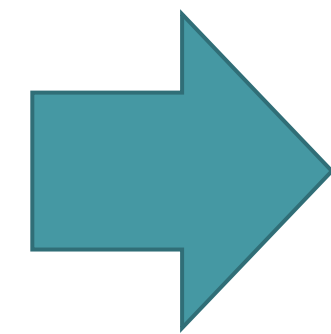
Literature Review

A literature search was performed looking for articles published in English within the last 10 years. Nine data sources were searched.

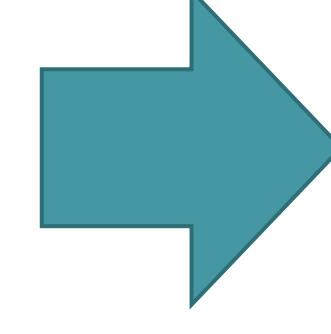
Keywords:

- Palliative care/Palliative medicine/End of life care/End-of-life care/EoLC/Terminal Care/Emergency Department/Accident and Emergency/Emergency Room/Specialists/palliative care within the emergency department

52 articles reviewed (2 duplicates removed, 1 case report excluded)



Ranked on relevance
6 HIGH, 8 MEDIUM, 4 LOW, 34 NONE



6 HIGH ranked scrutinised for service description and patient outcome measures



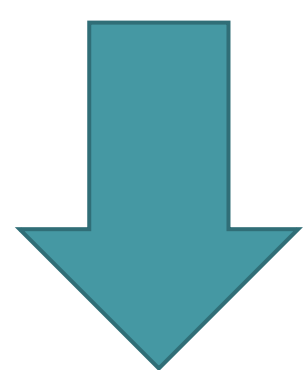
Findings:

Systematic review proved difficult because of the different methods described. However, results did show an increase in PC consultations and reduced length of hospital stay. One paper showed reduced readmissions to A&E over 30 days.

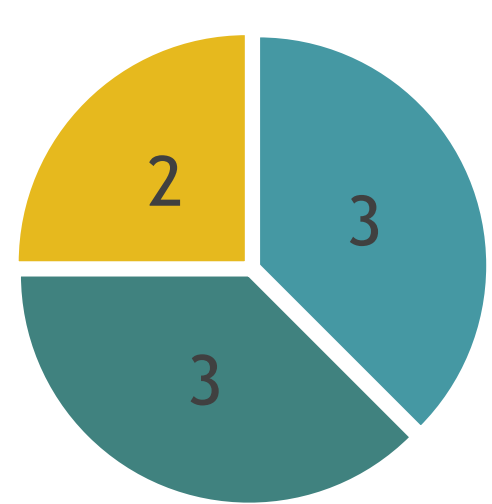
AMU Pilot Study

Background: This was a 3 month pilot project to investigate the requirement for palliative medicine consultant input on the Acute Medical Unit (AMU) within Shrewsbury and Telford Hospitals NHS Trust (SaTH).

Method: A telephone call was made to the nurse in charge on AMU at RSH on Monday between 9 and 9.30am and PRH on Friday 9-9:30am to highlight any patients needing palliative care input. All referrals accepted and reviewed by palliative care consultant.



Outcomes of those patients who were reviewed by Hospital palliative care consultant



- Died In hospital
- Alive at end of study period
- Referred to community palliative care team

Results and Discussion

- In 3 months (2/04/2021-02/07/2021) - total of 27 Mondays and Fridays. On 11/27 days calls were NOT possible due to annual leave/bank holidays or staffing issues.
- On further 11/27 days there were NO PATIENTS highlighted
- On remaining 5 days there were 6 patients reviewed (5 RSH, 1 PRH)
- 5 patients had a malignant diagnosis and 1 non-malignant
- 4/6 patients were already known to hospice pre-hospital admission.
- 1 admission could have been prevented with Community PC team input
- Commonest intervention: prescribing laxatives and altering analgaesics

Challenges:

1. Timing of intervention - all patients had a plan from AMU consultant by the time of PC consultant review. It is very difficult to go against plan made by acute medicine consultant.
2. Hospital palliative care team numbers - there were 3 days when palliative care team caseload was too big given number of CNSs to allow attendance at AMU
3. Consistency of service - during this pilot period, AMU cover was only provided 1 day per week at either site. To provide 7 day cover across both sites would require a significant increase in PC consultant numbers
4. Understanding what the outcome measures are from SaTH perspective

Conclusion

Our literature search shows a paucity of published evidence. However, available results demonstrate improvements in patient outcomes. The SATH service analysis shows benefit in terms of discharge planning but is limited by small patient numbers. More research is needed particularly focusing on UK practice and to better define patient outcome measures.

References

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