

Title:

Moving From Place-to-Place for End-of-Life Care: A Mixed-Methods Investigation

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Session Title:

End-of-Life Care Strategies

Slot:

J 06: Tuesday, 31 October 2017: 8:00 AM-8:45 AM

Scheduled Time:

8:00 AM

Keywords:

health care delivery methods, health transition and terminal care

References:

Chochinov, H. M., Johnston, W., McClement, S. E, Hack, T. F, Dufault, B., ... & Kredentser, M. S. (2016). Dignity and distress towards the end of life across four non-cancer populations. *PLoS ONE*, *11*(1), e0147607.

Thurston, A. J., Wilson, D. M., & Hewitt, J. A. (2012). Current end-of-life care needs and care practices in acute care hospitals. *Nursing Research and Practice*, *2012*, article ID 869303, 8 pages.

Wilson, D. M., Hewitt, J. A., Thomas, R., Mohankumar, D., & Kovacs Burns, K. (2011). Age-based differences in care setting transitions over the last year of life. *Current Gerontology and Geriatrics Research*, *2011*, article ID 101276, 7 pages. DOI: 10.1155/2011/11276.

Wilson, D. M., Thomas, R., Kovacs Burns, K., Hewitt, J. A., Osei-Waree, J., & Robertson, S. (2012). Canadian rural-urban differences in end-of-life care setting transitions. *Global Journal of Health Science*, *4*(5), 1-14 (*online journal*). Doi: 10.5539/gjhs.v4n5pl.

Wodchis, W. P., Austin, P. C., & Henry, D. A. (2016). A 3-year study of high-cost users of health care. *Canadian Medical Association Journal*, *188*(3), 182-188.

Abstract Summary:

A mixed-method study was undertaken to determine effective and appropriate end-of-life care (EoL) setting transitions. The findings of qualitative and quantitative phases will be presented so as to prevent and address issues over end-of-life care setting transitions or moves in the last year of life.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
1. The learner will be able to report three common problems associated with moves from place to place in the last year of life.	Three common problems will be highlighted, with references provided.

2. The learner will be able to identify solutions to prevent problems associated with moving from place to place in the last year of life.

A list of solutions will be provided to address the three common problems, as identified in this research study.

Abstract Text:

As few deaths now are sudden and unexpected, most people approaching the end of life develop care needs (Thurston et al., 2011). These end-of-life (EoL) care needs typically change over time (Chochinov et al., 2016; Wodchis et al., 2016; Wilson, 2002). Increasing dependency on others for assistance with instrumental activities of daily living (such as banking, housework, and shopping) and then other activities of daily living (such as bathing and dressing) is common as terminal illnesses and other life-limiting conditions progress (Wilson, 2002). Moves from one care setting to another and moves within care settings may be required as care needs and circumstances change (Wilson et al., 2011; Wilson et al., 2012). However, many concerns over EoL care setting transitions exist; including low quality moves as mistakes and other mishaps can occur, frequent moves from one care setting to another are through to be common, and delayed or denied moves such as a transfer out of hospital for people who want to spend their last hours or days of life at home are likely. A mixed method study was undertaken in 2016 out of concern for effective and appropriate end-of-life care (EoL) setting transitions or moves from place to place in the last year of life. The qualitative study component purpose was to gain insights and advice from key informants (healthcare providers, healthcare managers, government representatives, lawyers, healthcare recipients, and their family/friends) on EoL care setting transition issues and solutions. Three themes emerged through in-depth interviewing of 39 key informants in the Canadian province of Ontario by telephone or in person and using constant-comparative grounded theory data analysis: (a) communication complexities and related solutions, (b) care planning and coordination gaps and related solutions, and (c) health system reform needs and related solutions. The quantitative study component purpose was to gain evidence about moves associated with hospitals in the last year of life. Complete individual-anonymous hospital data for Canada were analyzed using descriptive-comparative and logistic regression tests. This study found 49.1% of hospital decedents were only admitted once to hospital and another 46.1% were only admitted twice to hospital in the last year of life. Before dying in hospital, 3.6% had been living at a home while receiving publicly-funded home care services and another 67.0% had been living at home without this support. Most (79.0%) deaths in hospital followed an unplanned admission through the emergency room, as did most (78.7%) admissions over the last year of life. The hospital care provided during the last stay and over the last year of life was largely supportive nursing care, as <1% of deaths occurring during an intervention. Among other conclusions, these findings reveal the need for more palliative home care services to better support dying people in place to prevent the health and family caregiver crises that lead to hospital-based EOL care and death in hospital. Other actions were identified to eliminate the possibility of low quality transitions, frequent or repeated moves from one care setting to another, and delayed or denied necessary care setting desirable transitions.