Moving from Place to Place for End-of-life Care: A Mixed-Methods Investigation

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There are no conflicts of interest or competing interests to declare.

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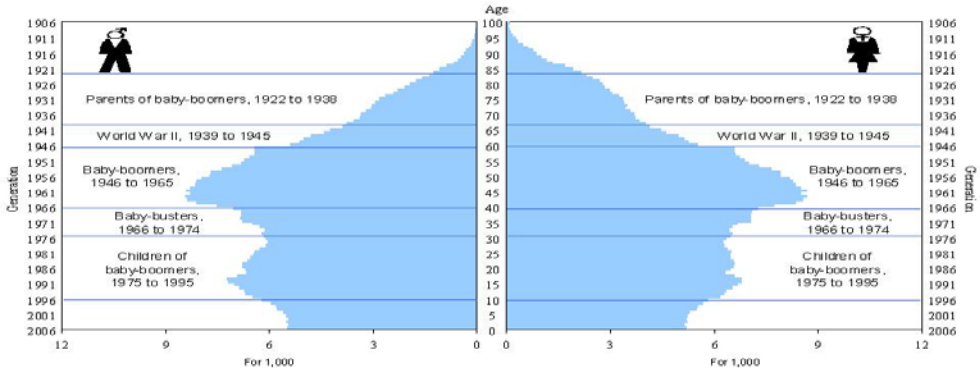
Introduction

- Few (90-95%) deaths now are sudden and unexpected; so most people approaching the end of life (EOL) develop care needs.
- These needs present a high risk of frequent EOL hospitalizations, and other moves from place to place as death nears.
- EOL care setting transitions are often problematic.
- A mixed-method study and literature review provide evidence for action to reduce the number of transitions and improve them.

Background

- In 10-20 years, the number of deaths taking place each year will double in most countries.
- Currently, there are 270,000 deaths each year in Canada, with 80% aged 65+.
- There are 10 million babyboomers and 4 million older people; 40% of all 36 million Canadians are nearing the end of life.



EOL Care Setting Transitions

- Long-standing concern has existed over the use of hospitals by people who are nearing or at the end of life (i.e. cost and quality of care).
- Many people die in hospital and they can die there after an escalation in hospitalizations over the last year of life. These people cannot be thought of as having “good” deaths.
- As most deaths now are not sudden or unexpected, compassionate and effective EOL care is needed for good deaths to occur.

Research Project Overview

A Law Commission of Ontario funded project, with three components:

1. A systematic review of published research literature on EOL care setting transitions,
2. Study of 2 years of complete individual-anonymous Canadian inpatient hospital 2014-15 data, including all hospitalizations over the last year of life for 88,100 inpatients who died in hospital in the 2014-15 year, and
3. A qualitative study of care setting transition issues and solutions (in Ontario).

1. Literature Review

Over 100 research articles were reviewed, only 6 being qualitative study articles. Findings:

1. Low quality transitions due to medication errors and other mistakes or mishaps have been commonly identified.
2. Moves from one care setting to another disrupts care teams, with a loss of informed and trusting relationships.
3. Delayed or denied moves also occur; often moves out of hospital when people want to spend their final hours or days at home.

2. Hospital Use Data

Five key findings:

1. of 2,525,987 hospital admissions in 2014-15 year, only 88,662 (3.5%) ended in death,
2. 43.8% of all deaths took place in hospital.
3. hospital decedents were most often admitted to hospital from their homes through the emergency department, and by ambulance.
4. 49% were admitted once, 46% twice, and 4% 3+ times to hospital in the last year of life.
5. less than 1% died during an intervention (i.e. CPR, surgery, etc.).

3a. Grounded Theory Study

38 key informants (a wide range of healthcare providers and managers, government representatives, lawyers, healthcare recipients and their family/friends) were interviewed to data saturation.

Three interrelated themes were revealed:

(a) communication complexities,

(b) care planning and coordination gaps, and

(c) health system reform needs.

3b. Grounded Theory Study

Six solutions to prevent transition issues:

1. Ensure palliative care is a core program, with home care expansion and care integrated across settings (hospital, hospice, nursing home, home) through nurse case managers and community-based care teams.

2. Develop and implement mechanisms for the early recognition of EOL care needs or their potential, with routine palliative care referral.

3. Double care capacity of hospices, private residences/homes, and nursing homes.

3c. Grounded Theory Study

Six solutions to prevent transition issues:

4. Develop and implement a system-wide EOL information system for information sharing.

5. Introduce funding for quality assurance programs that monitor and support appropriate and timely care setting transitions in accordance with individual EOL care needs and interests.

6. Public education initiatives to encourage all citizens to have a clear statement of preferences about the care they want at the end of life, and the setting or settings for this care.

Conclusion

- EOL care setting transitions is becoming a focus of attention, largely because of the potential for moves to cause “bad” deaths, and also increased hospital and healthcare costs.
- The need for and use of hospitals by terminally-ill and dying persons reveal new or reformed EOL services/programs are required.
- Question: With a rapidly increasing number of deaths each year, what will be the future for dying people, their families, and healthcare systems in your country?

References

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- Four articles in review.

Acknowledgements

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Questions? Comments?

Thank you!

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