REGION
BLEKINGE

Identification of patients in need of palliative care in the hospital setting.

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Background

In developed countries about 75% of those who die may need palliative care, the majority of them spend time in acute hospitals during the last year of life and a significant proportion die in this setting. Ideally, palliative care should be introduced as soon as an incurable disease is diagnosed, not only at the imminently terminal phase. Over the past years, palliative care has broadened its focus from terminal cancer patients to patients with other life limiting illnesses. Nevertheless, the identification of palliative care needs among hospital patients remains an insufficiently investigated topic of research. A need to define the inpatient population with palliative care needs and gain further understanding of the care these patients receive has been identified.

Other studies have shown low awareness of patients with palliative care needs in hospital settings, a low consensus among health care workers when trying to identify patients in need of palliative care with traditional methods such as the “Surprise question”, and that the use of assessment tools such as ESAS (Edmonton symptom assessment scale) or IPOS (Integrated palliative care outcomes scale) is not systematic.

Aim

This study aims to identify the proportion of adult patients in need of palliative care at Blekinge Hospital, how many of them were already identified and how many were overlooked. As a secondary objective we want to describe the characteristics of the impatient population with palliative care needs and the extent to which those needs are met.

Methods

Blekinge Hospital is a regional hospital that serves patients from Blekinge region, in southern Sweden: 7 municipalities with 160000 inhabitants.

We conduct a quantitative cross-sectional study, data is going to be collected prospectively from seven medical wards and 5 surgical wards, for a total 550 adult patients. Wards will be surveyed sequentially over a period of 24 weeks during 2019. Patients are included if they are resident in the ward at 8:00 on the day the ward was surveyed. Pediatrics, critical care, cardio thoracic critical care, maternity and emergency department are excluded.

Cases notes will be examined by a physician for evidence that the patient might be in need of palliative care according to Gold Standards Framework prognostic indicator criteria (GSF). Patients meeting one or more GSF criteria will be considered in need of palliative care. For those patients clinical and socio-demographic data will be recorded.

Patients will be considered to be already identified as in need of palliative care if they had a “palliative care diagnosis” (ICD-10 Z51.5) and/or in the presence of written documentation of discussions with patients and families regarding prognosis, goals of care and end of life care. Whether the patient was already referred to the palliative care service will be documented.

Nurses working on the palliative medicine service will conduct face-to-face interviews with patients and families using IPOS, to provide an individual assessment of need at the patient level and patient and family perspectives on care and treatment

We use the WHO definition of palliative care without differentiating between basic and specialist palliative care.

Data will be entered into an SPSS database for statistical analysis.

The study protocol was approved by the Ethics Committee. Patients will be asked for consent to be included in the study and to use their data for scientific purposes. Patients unable to give consent will be excluded. Regulations of the European Data Protection Directive will be followed.

Results

The study is in progress. So far, 24 patients have been included, in 2 different hospital wards (1 surgical ward and 1 medical ward). 16 (66%) were in need of palliative care according to GSF. 7 (43.5%) were not identified as in need of palliative care by the staff. Two of them were not able to give consent and were excluded.