



Developing palliative and end-of-life care in Tays Hatanpää Hospital

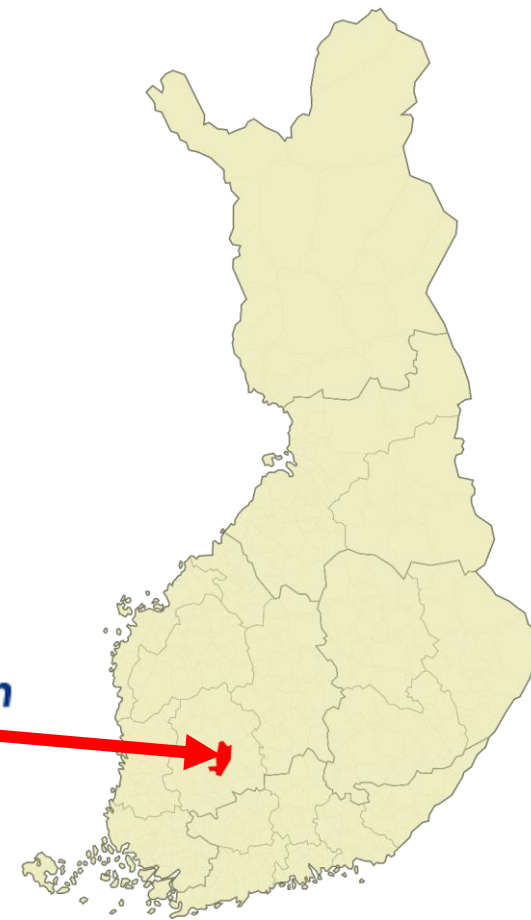


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Background



Tays Hatanpää Hospital

- One of the five hospitals belonging to Tampere University Hospital, Tays (since Jan 2018)
- 12 wards: acute geriatrics, internal medicine, surgery, general practice + hospital at home
- Mainly elderly patients with many co-morbidities
 - Often many readmissions
- Approximately one death a day
- No palliative care unit (so far)

Deaths in Tays Hatanpää Hospital in 2016-17

Specialty	Deaths, 2016	Deaths, 2017
Internal medicine (incl. hospital at home)	113 (26)	169 (42)
Geriatrics and general practice	142	144
Neurology	16	25
Surgery	16	27
Total	287	365

Palliative care in Tays Hatanpää Hospital

- Demanding and specialized palliative and end-of-life care in the hospital district of **Tampere University Hospital (Tays)** is organized by **the palliative care unit of Tays Central Hospital**.

-> Development plan for palliative and end-of-life care in Tays Hatanpää Hospital:

- An inpatient unit for palliative patients
 - A consultation team
- The plan has initially been accepted by the authorities, but because of financial and bureaucratic obstacles, realization of the unit has been postponed.

Aims of the project

1. To evaluate the current state of end-of-life care in Tays Hatanpää Hospital.
 - ⇒ Reasoning the need for integrating palliative care to acute hospital setting
 - ⇒ Describing the “baseline”
2. To provide a written report about the plans for the palliative unit in practical level.

1. Evaluating current end-of-life care in Tays Hatanpää Hospital

- Number of deaths in 2018
- Average age of the patients
- Referrals to Pirkanmaa Hospice in 2018
 - Reasons for referrals
- From a random sample of 30-40 cases:
 - Causes of death
 - Prevalence of DNAR-orders
 - Prevalence of Z51.5 –diagnoses
 - Prevalence of ACP's
 - Timing of transition to end-of-life care
 - The latest medication



Indicating better quality of end-of-life care?

Evaluating the current end-of-life care in Tays Hatanpää Hospital...

- Statistics of 2018 and the permit to go into the patient record will be available for use in June 2019.
- Findings (from wards of acute geriatrics, ortogeriatrics and general practice):
 - The quality of end-of-life care seems very variable.
 - Transition to end-of-life care happens very late, often outside office hours (by a doctor on call)
 - Many/most of the dying patients lack advance care planning and Z51.5 – diagnosis
 - Strong opioids are started very late
 - Pain assessment is very variable
 - Problems in communication

2. Planning a palliative care unit

- Recommendations and quality criteria for palliative and end-of-life care given by Finnish as well as European (EAPC) authorities have been used as the basis for the plans.
- Multi-professional teamwork
- The premises and renovation work were planned together with engineers in spring 2018.

Challenges

- The plan has initially been accepted by the authorities, but because of financial and bureaucratic obstacles, realization of the unit has been postponed.
 - Starting in the end of 2019?
- Financial resources
 - 10 bed unit -> 6 beds
- Educational needs



Premises

- A gable end of a ward of acute geriatrics (HV3), separated with walls from the rest of the ward
- Single rooms
- Room for family members and for meetings
- Homely atmosphere and a big balcony with a nice view



Patients

- Admission criteria
 - Terminally ill adult patients needing specialized level palliative care
 - DNR –order has to be made
 - The patient must accept transition to palliative care
- Mainly elderly home dwelling patients with chronic conditions like cardiovascular or pulmonary diseases?
- A doctor's referral is required, but as signed in, he/she may contact the unit 24/7
- Patients in end-of-life care in the hospital at home unit, if needed

Personnel (for 6-bed unit)

- 2 specialist nurses (0,5 specialist nurse working in a consultation “team”)
- 6 nurses
- 0,5 physiotherapist
- 0,5 social worker
- 1 (specialist) doctor (working 50 % as a palliative consultant)
- Services from a priest, a nutritionist and a psychiatric nurse will be available from the hospital
- Co-operation with hospital at home

Discussion

- The project of evaluating the current state of end-of-life care in Tays Hatanpää Hospital is not completed, but will be reported in a couple of months.
- The concrete plans for the palliative care unit have proceeded well.
 - A written proposal about the plans has been made
- The recommendations and quality criteria given by authorities of palliative and end-of-life care have been very helpful in the planning process.

Conclusion

- Developing palliative care in Tays Hatanpää Hospital will take time, but plans for the palliative care unit are almost ready, and we are committed to developing the quality and availability of palliative and end-of-life care in Tays Hatanpää Hospital.

