

POLICY BRIEF – OCTOBER 2016

What influences older people's transition to hospital at the end of life?

New research carried out at the Cicely Saunders Institute at King's College London and Sussex Community NHS Foundation Trust published by the Journal of the American Geriatrics Society shows:

- There is a reliance on hospital care at the end of life for older people, despite the majority preferring to die in their usual place of care.
- Older people who experience severe breathlessness in the last week of life, or have a primary diagnosis of respiratory disease are more likely to transition to hospital as their place of death.
- Older people who have discussed end of life care preferences, or who identify a key health professional who they can rely on, are less likely to transition to hospital.

Summary of policy recommendations:

- Invest in evidence-based community breathlessness services for older people to reduce end of life transition to hospital.
- Assign a key healthcare professional, skilled in coordinating care, facilitating complex discussions and in future care planning with older people and their family.
- Increase training for community health care professionals in communication of difficult conversations and anticipatory care planning for older people with uncertain illness trajectories.

Please reference the study as:

Bone AE, Gao W, Gomes B, Sleeman KE, Maddocks M, Wright J, Yi D, Higginson IJ, Evans CJ. Factors Associated with Transition from Community Settings to Hospital as Place of Death for Adults Aged 75 Years or Older: A Population-Based Mortality Follow-back Survey. *Journal of the American Geriatrics Society* 2016
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What we know The number of people aged 75 and older is growing and this group currently account for two thirds of deaths(1). Most older people die in hospital(2), despite most preferring to die in their usual place of care (3). A major cost driver in the provision of end of life care is hospital inpatient care(4). Reducing the proportion of older people, particularly those with non-cancer conditions, transitioning to and dying in hospital is critical to align end of life care to older peoples' preferences and to contain costs.

What we did A survey (QUALYCARE survey) was sent to bereaved relatives of people aged 75 and over, identified from death registrations. The survey included questions about the older person's experiences in the last months and weeks of life, including symptoms and service use.

What we found 443 bereaved relatives responded (response rate of 50%). The older people who died were mostly female (58%) and died from non-cancer causes (76%) at average age of 87 years. A third of our sample transitioned to hospital at the end of life and died there, even though only 2% wished to die in hospital.

End of life transition to hospital as place of death was approximately twice as likely for older people with:

- respiratory disease as cause of death compared to cancer
- severe breathlessness in their last week of life

End of life transition to hospital was less likely for older people who:

- had discussed end of life preferences with a healthcare professional
- identified a key healthcare professional upon which they could rely

References

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3. Gomes B, Calanzani N, Gysels M, Hall S, Higginson IJ. Heterogeneity and changes in preferences for dying at home: a systematic review. BMC Palliat Care. 2013;12:7.
4. Georghiou T, Bardsley M. Exploring the cost of care at the end of life Research report. Nuffield Trust: Nuffield Trust, 2014.