

End of Life Transition to Hospital for Older Adults Living in the Community

Project description

This study aimed to identify factors associated with End of Life (EoL) transition to hospital for older people living in community settings. A post-bereavement survey was sent to 883 carers to people aged 75+ who died in 2012 in South England. We explored socio-demographic, illness and service factors associated with EoL transition to hospital using multivariate modified Poisson regression.

50.2% of carers responded. Most cared for people who died from non-malignant conditions (76.3%) and at mean age 87.4 years. A third transitioned to hospital at the EoL (n=146). Transition was more likely for people with respiratory disease (Prevalence Ratio [PR] =2.07, 95%CI 1.42- 3.01) and severe breathlessness (PR=1.96, 95%CI 1.12-3.43). Transition was less likely if EoL preferences had

been discussed with a healthcare professional (PR=0.60, 95%CI 0.42-0.88) and when there was a key worker (PR=0.74, 95%CI 0.58-0.95).

Older people's EoL transition to hospital is common, despite the majority preferring to remain in usual place of care. To reduce transitions to hospital for older people at the EoL this study suggests a need to improve symptom management of breathlessness in the community and better access to a key health professional skilled in coordinating care, facilitating complex discussions and planning future care.



Why was this innovative?

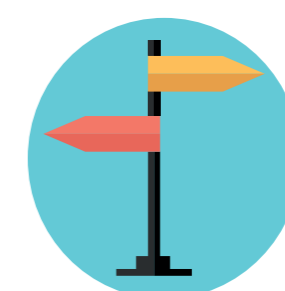
This study uses a unique dataset comprising detailed information on older peoples' last 3 months of life, such as symptoms experienced and services received. This has allowed for robust multivariable analysis of factors associated with EoL transition to hospital, adjusting for a number of confounders, resulting in clinically important messages.



What were the key outcomes?

Older people's EoL transition to hospital was common and was:

- More likely for people with respiratory disease as cause of death and with severe breathlessness
- Less likely for people who had discussed end of life care preferences with a health professional and who had an assigned skilled key worker.



What's next?

Further developing and evaluating service innovation by:

- Bringing key findings to the local NHS Trust and CCG EoLC working party
- Refining and testing the feasibility of an intervention that aims to support older people to achieve EoL preferences, including remaining in usual place of care.

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