

# Hospital admissions at the end of life: reasons, appropriateness and avoidability

**Joachim Cohen**

# Key points

1. There is a problem of late 'terminal' hospitalizations
2. Reasons for terminal hospitalizations often include unmet (palliative) care needs
3. Family physicians evaluate a minority of terminal hospitalizations as avoidable or inappropriate
4. More timely communication, and support for informal carers can prevent terminal hospital admission

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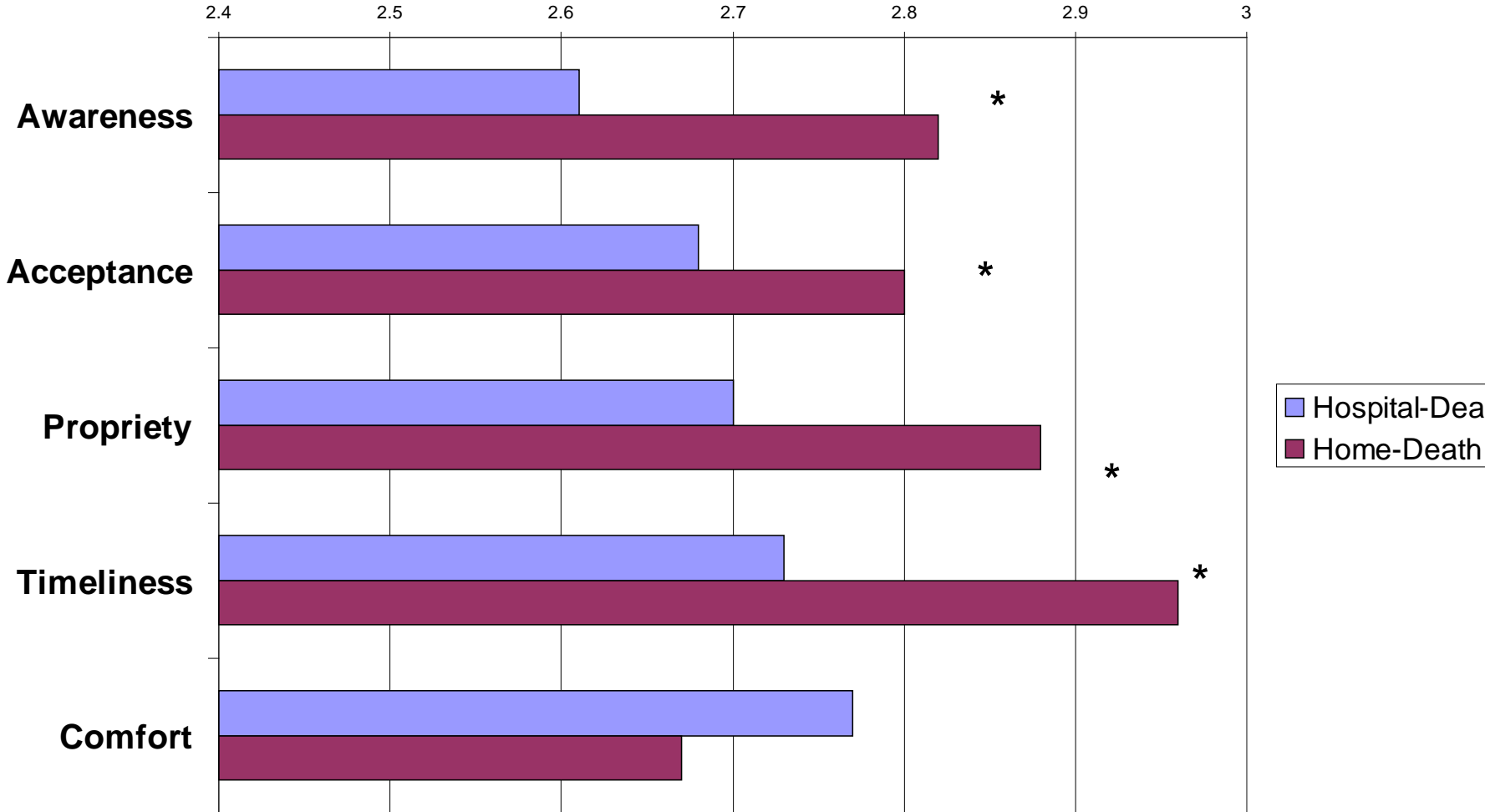
# There is a problem 'terminal' hospitalizations

Quality issues

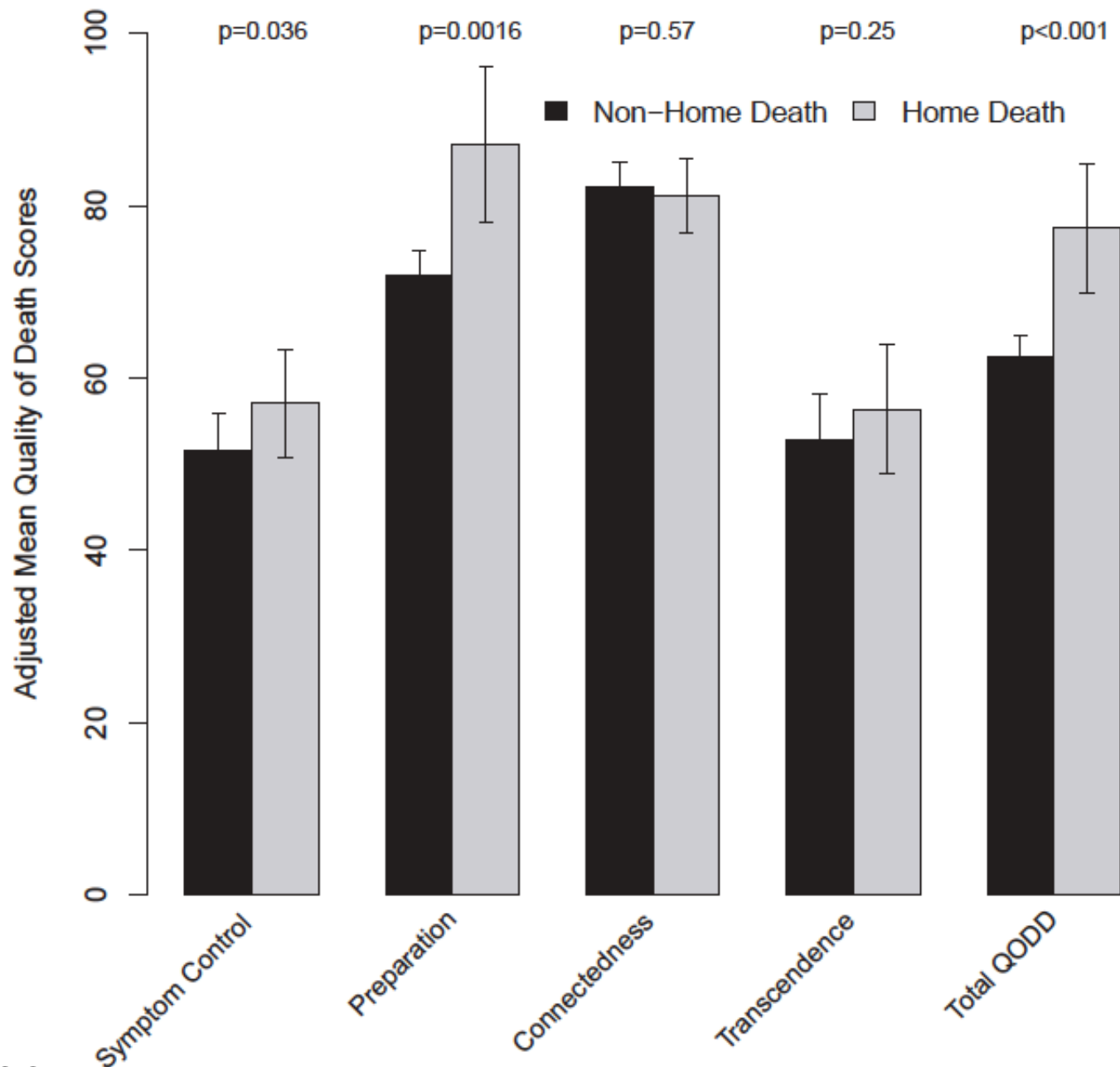
aims of palliative care

poorer quality of life/dying

# Those dying in hospital may experience poorer quality of dying



Overall score: home 14,18 ; Hospital 13,48



QODD items, average scores

# There is a problem 'terminal' hospitalizations

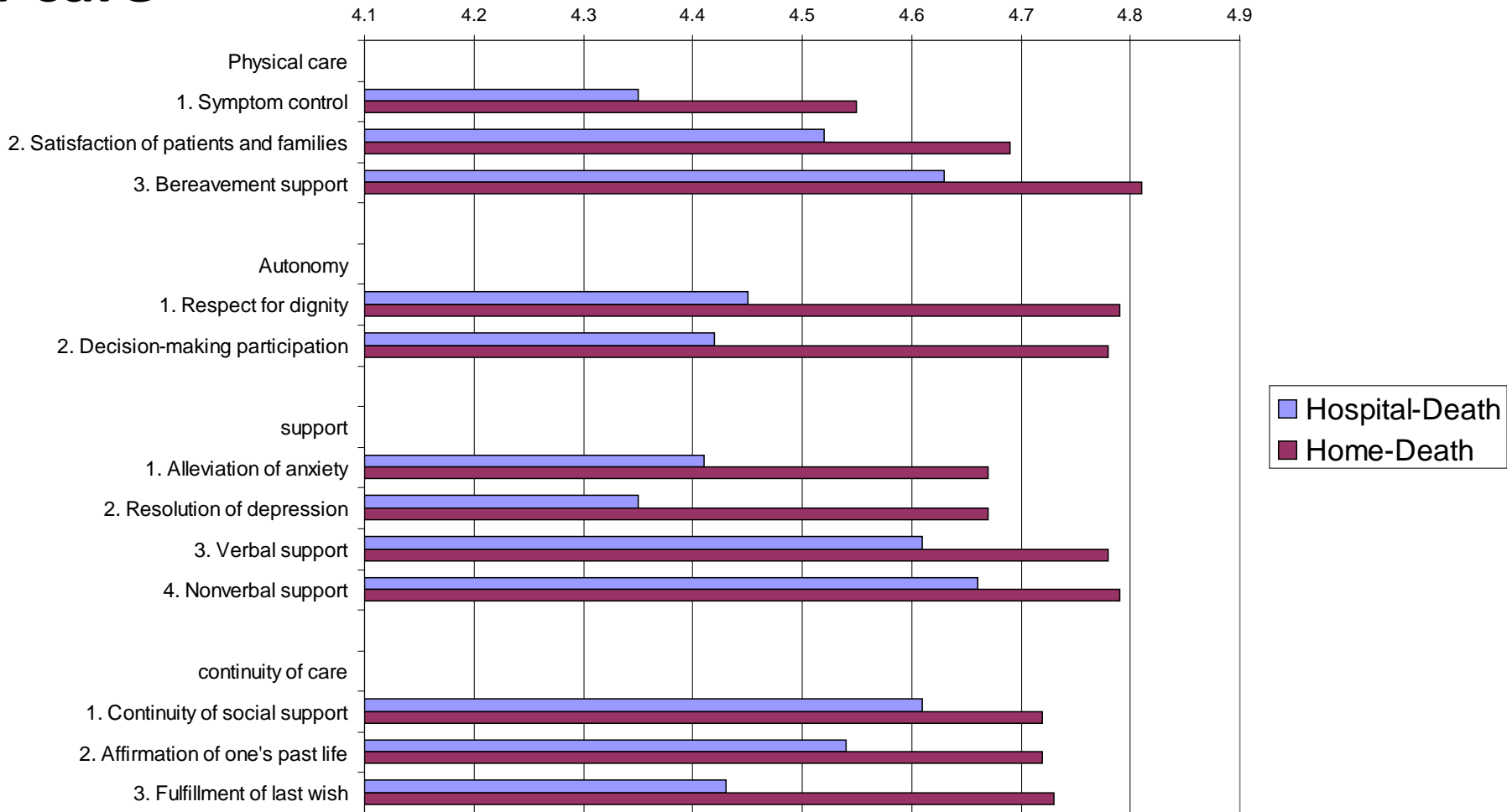
## Quality issues

aims of palliative care

poorer quality of life/dying

poorer quality of care

# Those dying in hospital may receive poorer quality of care



Overall score: home 56,69 ; Hospital 53,97



# There is a problem 'terminal' hospitalizations

## Quality issues

aims of palliative care

poorer quality of life/dying

poorer quality of care

hospital perceived as inadequate for terminal care

# The hospital setting is perceived as inadequate for terminally ill patients

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The acute hospital setting as a place of death and final care: A qualitative study on perspectives of family physicians, nurses and family carers



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# The acute hospital is perceived as inadequate for terminal care but is sometimes a last resort option

## Three key themes in qualitative data analysis

- 1) Inadequate setting for terminal care  
not adjusted to needs of dying patients  
cure and life-prolongation  
poor communication
- 2) Sometimes a 'safe haven', sometimes last resort
- 3) Improving end-of-life care in hospitals

# There is a problem of 'terminal' hospitalizations

## Quality issues

aims of palliative care

poorer quality of life/dying

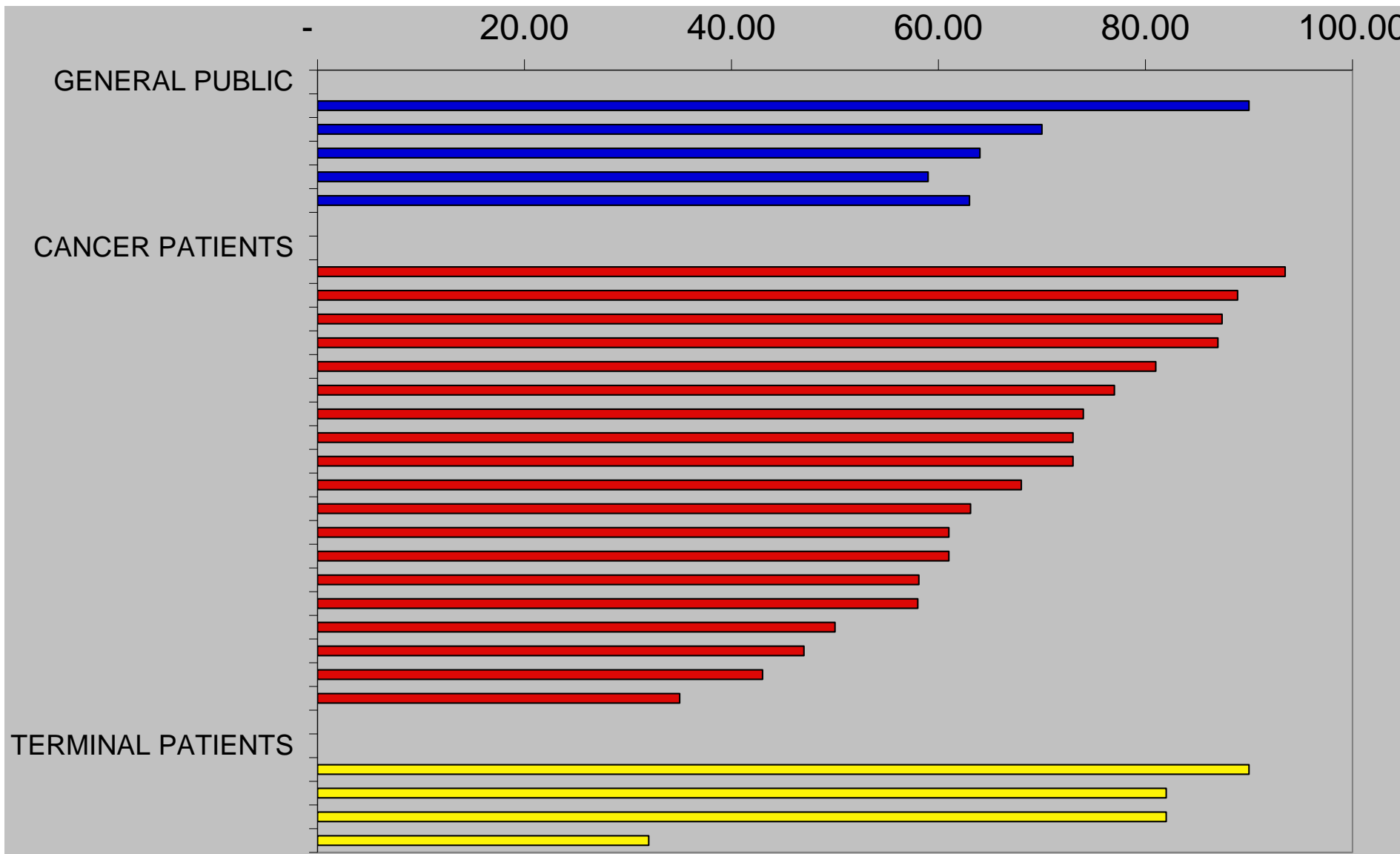
poorer quality of care

hospital perceived as inadequate for terminal care

## Health care costs

Not the preferred place

# Most people prefer to die at home



# There is a problem of 'terminal' hospitalizations

## Quality issues

aims of palliative care

poorer quality of life/dying

poorer quality of care

hospital perceived as inadequate for terminal care

Not the preferred place

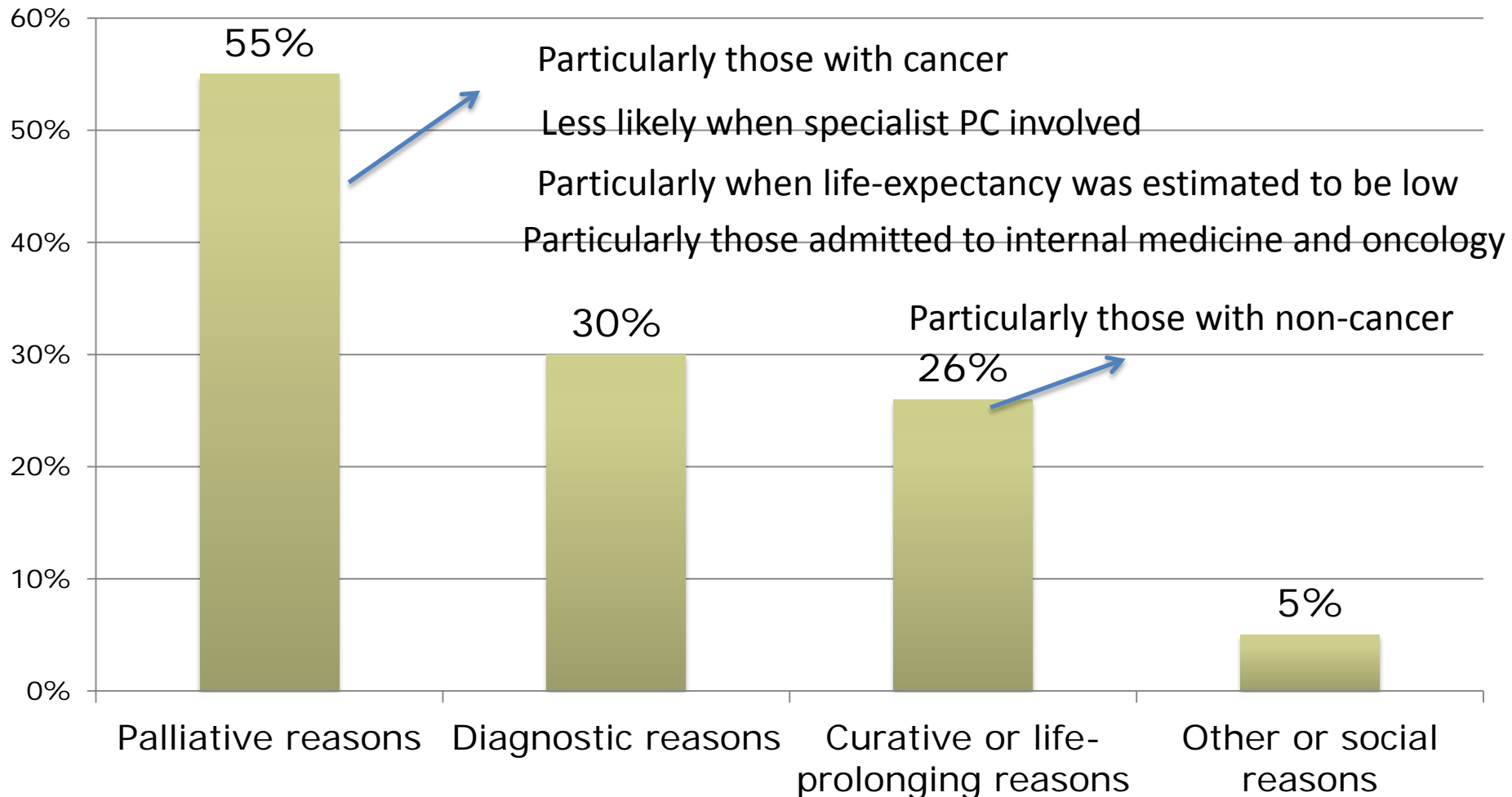
↔ **BUT large proportions die in acute hospital**

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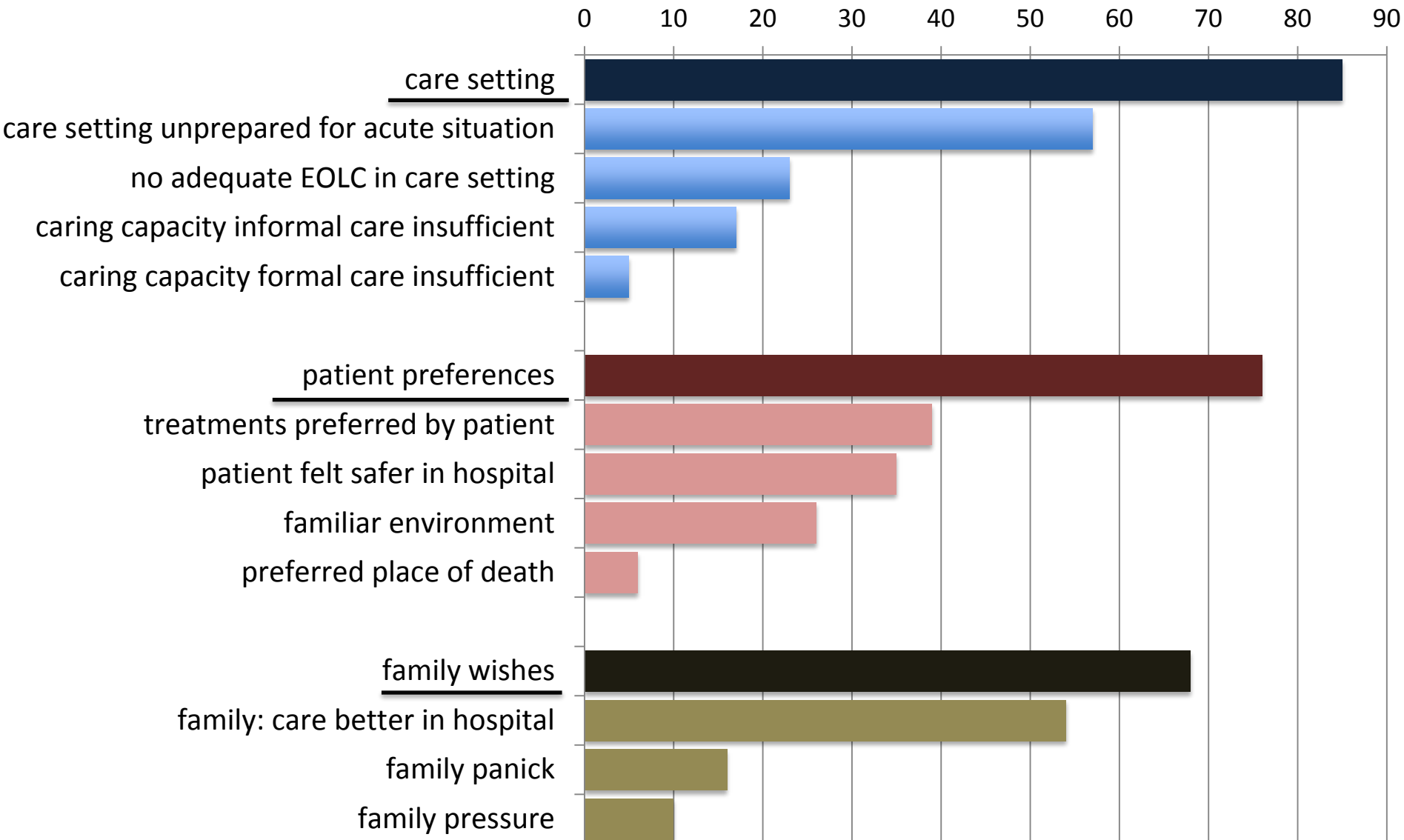
# A majority is admitted to acute hospital for palliative care reasons

(N=245; of which N=189 non-sudden)





# Aspects related to the care setting and patient preferences play a major role (N=245; of which N=189 non-sudden)



# Key points

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# Circumstances that justify terminal hospitalization (qualitative study):

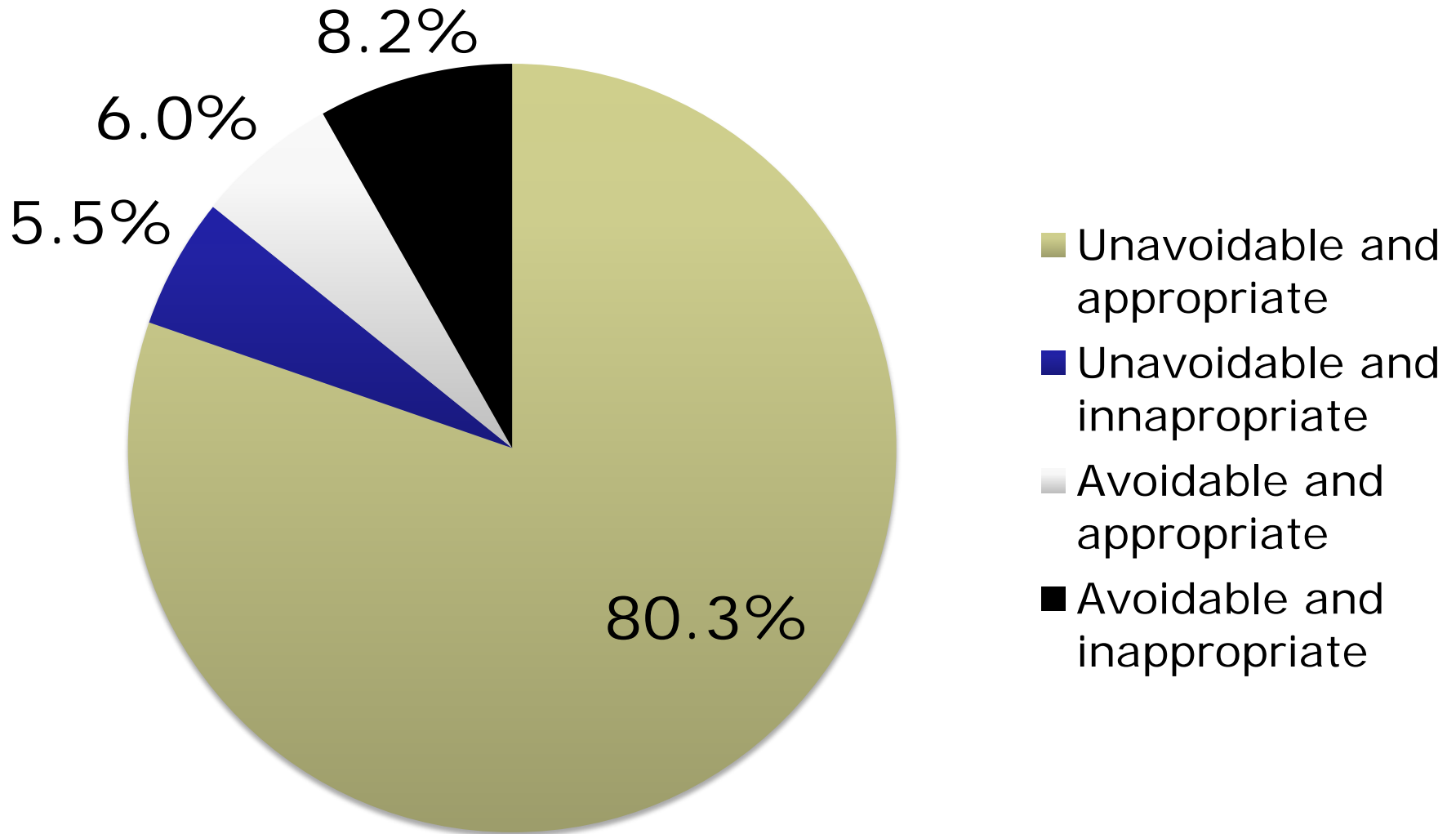
Patient preferences

Inadequate care in usual setting

Burden of family in home setting

Acute medical situations

A large majority of terminal hospitalizations is evaluated as avoidable and appropriate by the treating family physician



# Several factors influence potential avoidability/inappropriateness of terminal hospitalization

More likely avoidable or inappropriate if:

patient is nursing home resident

person had cancer

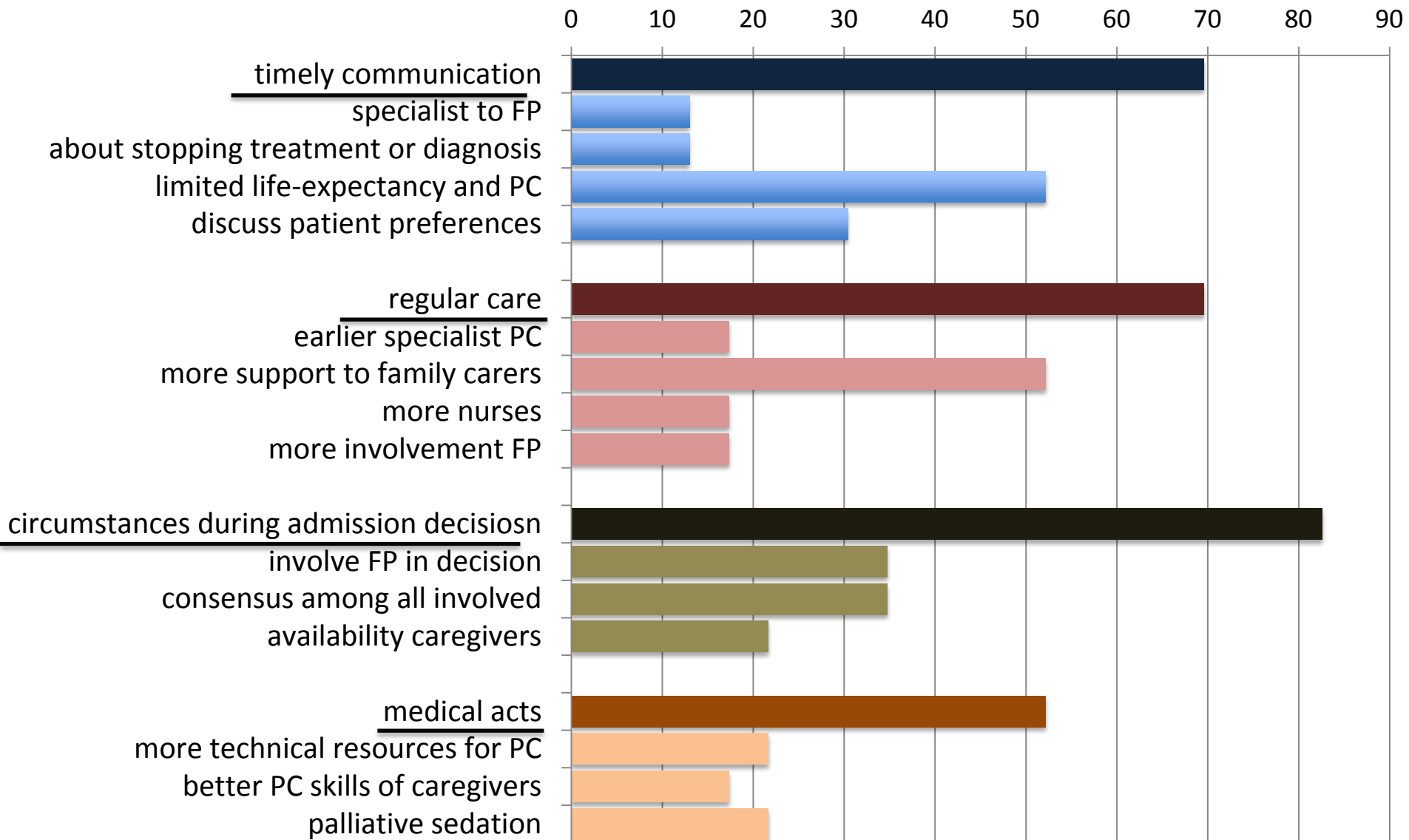
family physician has PC training!!

when patient or family took initiative for admission

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4. **More timely communication, and support for informal carers can prevent terminal hospital admission**

# More timely communication, and support for informal carers could have prevented terminal hospital admission



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# Attention points for policy to reduce terminal hospitalizations

- Timely communication / Advance care planning
- Support family carers
- Alternatives to acute hospital setting
- Role of FPs
  - Gatekeeping
  - Palliative care training
- Safeguard quality of PC in acute hospitals