The challenge of integrated palliative care- a nurse-led project to explore emergency admissions

Ullgren, H., 2018, GAP Conference Stockholm, Sweden

5 admissions adequate: emergency admissions - blocked nephrostomy, spinal cord compression
Paracentesis, ileus

8 admissions doubtful emergency admissions: Rapid progression of disease, fever during chemo, psychosocial issues.

27 admissions unnecessary emergency admissions: Poor nutrition, dehydration, uncontrolled pain, no hospice beds, dyspnea, blood transfusion

Result
Of 40 readmitted patients, only five were assessed as relevant admissions. The majority of the cases could have been managed at home and in most cases there had been no communication between the specialized palliative care (PC) and the oncology teams before the patients were sent in to the emergency department.

Conclusion
Better integration between the acute hospital’s oncology teams and the specialized PC team is needed to decrease unnecessary emergency admissions. Collaboration and communication needs improvement, to have a well-informed patient and a safe care transition.

Reflection
It is increasingly difficult to assess the prognosis and the line between curative and palliative is not always clear. To be sent to hospital if not needed may cause unnecessary suffering and also a lack of trust between the patients and the palliative home care team.

Introduction
When starting a new advanced nursing role (coordinating contact nurse, CCN), one of the first tasks were to interview patients regarding care transitions, information and more. The care was described as poorly coordinated, and not enough contact between acute and palliative care. In a study of patients with Head & Neck (H&N) cancer, receiving cancer treatment and palliative care referral, it was indicated that early palliative care may not be beneficial if not integrated. Patients being referred to PC, were less satisfied with information regarding disease (p<0.000), the spread of the disease (p<0.001) and were more likely to visit hospital emergency departments (43% vs. 19% p< 0.000

Aim
The idea of this project was to explore readmission to the acute hospitals of cancer patients that were during active cancer treatment and also referred to specialized PC.

Methods
Data on readmissions to acute care for cancer patients with palliative care support were collected from electronic health care records, during November 2015-February 2016. Health care records were reviewed by two of the CCN, and findings discussed between them if not agreed.

Actions taken to improve collaboration
A workshop was arranged, with the aim to improve care transitions and communication. Both participants from acute cancer and palliative care, as well as patient representatives were invited to the workshop. The topics that came up were the need for closer contact, communication and more active handovers between the two teams. Educational needs were identified, together with discussions of level of care, side-effects of cancer treatment and advanced symptom management.

Ongoing and future projects

Figure 1: Exploring reasons for emergency re-admissions from palliative team to oncology clinic

Figure 2: Challenges with a shared responsibility – concepts what do they mean?