



BUCKINGHAMSHIRE NEW UNIVERSITY

EST. 1891

Downloaded from: <https://bucks.repository.guildhe.ac.uk/>

This document is protected by copyright. It is published with permission and all rights are reserved.

Usage of any items from Buckinghamshire New University's institutional repository must follow the usage guidelines.

Any item and its associated metadata held in the institutional repository is subject to

Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0)

Please note that you must also do the following;

- the authors, title and full bibliographic details of the item are cited clearly when any part of the work is referred to verbally or in the written form
- a hyperlink/URL to the original Insight record of that item is included in any citations of the work
- the content is not changed in any way
- all files required for usage of the item are kept together with the main item file.

You may not

- sell any part of an item
- refer to any part of an item without citation
- amend any item or contextualise it in a way that will impugn the creator's reputation
- remove or alter the copyright statement on an item.

If you need further guidance contact the Research Enterprise and Development Unit
ResearchUnit@bnu.ac.uk

TRANSITIONING END-OF-LIFE CARE
FROM HOSPITAL TO THE COMMUNITY

Pedro Lino and Mary Williams

28th April 2022

PREFERRED PLACE OF CARE

- Before the pandemic, just 7% of people expressed a preference for dying in hospital, yet nearly half of deaths typically took place in hospitals. Everyone should get the chance to choose where to spend the end of their life, but this depends on the right support and care being available in the community.
- Marie Curie (2021)
- Direct enquiry and identification of preferences for end-of-life care is associated with patients achieving their preference for place of death. Patients whose preferred place of death was unknown were more likely to be admitted to hospital for end-of-life care.
- Ali et al (2019)

PREFERRED PLACE OF CARE

- In 2020, the proportion of people who died in their usual place of residence increased in every region. Provisional data for 2021 (covering October 2020 to September 2021) shows that the proportion of people dying at their usual place of residence decreased slightly but remains above levels in 2019
- Nuffield trust (2022)
- Does this demonstrate that preferred place of care/ death can be achieved? How can this be achieved to ensure skilled end of life care?

WHAT THE EXPERTS SAY

- “As a result of our ageing population, in twenty years' time there will be 100,000 more people dying each year in the United Kingdom. This means demand for palliative and end of life care is set to increase rapidly, as more people live for longer with more complex health conditions. To ensure our health and care system is fit for the future, end of life care must be right at the heart of new systems for health and care.”

• Marie Curie (2021)

PATIENT CHOICE

- There is an increasing demand for palliative/ end of life care to be delivered in the community setting. The requirement for excellent collaboration between healthcare professionals in primary and secondary care settings to ensure patients receive optimum care has never been greater.

-

Lino and Williams (2021)

BARRIERS TO PREVENTING PPC



Communication	Barriers	Evidence source
Communication at organizational level	Lack of understanding of other disciplines service and its remit	Hawley (2017) reports poor integration among the multidisciplinary team due to misunderstanding of each discipline involved in patient’s care.
Communication with patients and family	<ul style="list-style-type: none"> Time constraints due to clinical workload Fear of saying the wrong thing Misinformation Inexperience 	De Lima and Pastrana (2016) highlighted the lack of understanding from patients and their family regarding palliative care. Additionally, a lack of investment in palliative care and time constraints poses a threat to effective care delivery in EOL and palliative care.
Communication between specialties involved in palliative care	Discrepancy between disciplines and pathway referrals	Hawley (2017) highlights that the disparity in the referral pathways and disjointed care among healthcare professionals can hinder the efficiency of service delivery.

HOW CAN THESE BARRIERS BE OVERCOME?

- Communication

- Poor communication between healthcare settings is the main issue for not achieving good end of life care.

- Taran (2011)

- A multidisciplinary approach should underpin palliative care practice, as it improves patient outcomes.

- Ferrell et al (2015)

ORGANISATIONAL STRUCTURES

- Handover of care, case management and the introduction of nursing guidelines are examples of problem areas in palliative care at the organisational level.
- Van Riet Paap (2014)
- NICE (2019) identifies obstacles in accessing palliative care. These are listed as fragmented communication, poor co-ordination of care, and lack of patient knowledge of out of hours services, all deemed as organisational barriers in effective EOL care.

ADVANCED CARE PLANNING (EVERYONE'S BUSINESS)

- Advanced care planning enables patients to have their preferences planned and recorded in advance.

-
- So why are we still so poor at it?
- Whose job is it anyway?

Rietjens et al (2017)

RECOMMENDATIONS FOR IMPROVEMENT IN TRANSITION

- Improvement in communication between the acute and primary sector.
- A traffic light system highlighting the need for community nurse involvement in discharge planning.
- Education of hospital teams to highlight the necessity of community practitioner involvement in the discharge process.
- Promotion of integration of primary and secondary sectors via seminars/ webinars to highlight failed discharges, this may improve the rapport between both sectors
- Discharge buddies, one from both sectors to coordinate discharge for patients at end of life

THE WAY FORWARD

- Holistic approach to palliative/ end of life care and multidisciplinary integration
- Closer working pattern between the primary and acute sector.
- Combined education- placements for all health care professionals during training in the primary care sector, with the aim of enhancing understanding of each others' roles and unique challenges.
- A transformation in discharge planning urgently required locally and nationally
- A specific and structured process during discharge planning for EOL patients- consider a flow chart to aid this
- ACP- staff awareness and training in both sectors- Education in EOL care

CASE STUDY:

- 87 year old lady discharged for EOL/Palliative care
- PMH: Type 2 Diabetes (insulin dependent), B12 deficiency, Alzheimers, Depression/Anxiety Disorder; bilateral PE; severe PVD
- Referral for the DN team to provide wound care, catheter care, EOL/Symptom Control (stats/syringe driver), BG/insulin administration, Fragmin injections
- Untriaged referral
- **“Patient needs a syringe driver once she gets home, please; hospital can’t provide syringe driver, sorry”**



ISSUES/ACTIONS:

- **Issues:**

- wrong documentation;
- wrong dose;
- no MDT approach (DSN review)
- poor communication

- **Actions:**

- liaison w/DSN
- Liaison/referral to local Palliative care team
- Liaison with GP and care agency

**PRESCRIPTION RECORD
CONTROLLED DRUGS/SYRINGE DRIVER**

Surname [REDACTED]	Forename [REDACTED]	Title [REDACTED]	D.O.B. [REDACTED]
Specialist Nurse	Surgery	Contact No.	NHS No. [REDACTED]

ROLUS DOSE/CONTINUOUS MEDICATION

Date DD/MM/YY	Time	Medication	Dosage	Frequency	Route	Authorised Signature
24/9/21		Amoxicillin	200mg	BD	PO	[Signature]
		Amoxicillin	1500mg	OD	"	
		Doxycycline	100mg	BD	"	
		Linagliptin	5mg	OD	"	
		Glimepiride	2mg	OD	"	
		Sitagliptin	100mg	OD	"	
		Aspirin	150mg	OD	"	
		Levamisole	1500mg	OD	"	
		Paracetamol	400mg	BD	S/C	
		Paracetamol	1g	OD	PO	
		M. 7420LAM	2-5mg	PRN	S/C	[Signature]
		10mg/20mg/30mg	20mg	PRN	S/C	
		Oral Morphine	10.000mg	OD	S/C	
		Oral Morphine	1-3mg	PRN	S/C	
		Oral Morphine	1-3mg	PRN	PO	

SYRINGE DRIVER

Date	Time	Medication	Dosage	Frequency	Route	Authorised Signature
20/9/21	12:00	Oral Morphine Syringe Driver	5mg	15mg/20mg	IV	[Signature]
21/9/21	12:00	MID 420LAM Syringe Driver	5mg	12mg	IV water for injection	[Signature]

140

sent back 711

Surname: Carter	Forenames: John	Title: MR	D.O.B: 02-02-1930
Address: 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000		Allergies No allergies recorded.	
GP: James Carter	Base: Wye Valley Surgery	Telephone: 01296 524044	

PRESCRIPTION RECORD CONTROLLED DRUGS / SYRINGE DRIVER
BOLUS DOSE / CONTINUOUS MEDICATION

Date	Medication	Dosage	Route	Frequency	Indication	Signature
07-Dec-2021	Morphine sulphate 10mg/1ml	2.5mg	s/c	PRN QDS	Pain	
07-Dec-2021	Midazolam 10mg/2ml	2.5mg	s/c	PRN QDS	Agitation	
07-Dec-2021	Nozinan 25mg/1ml solution for injection ampoules	6.25 mg (max in 24 hours 50 mg)	s/c	PRN	Nausea/Vomiting	
07-Dec-2021	Buscopan 20mg/1ml solution for injection ampoules	20 mg	s/c	PRN QDS	Excessive oral Secretions/Abdominal pain/spasms	

SYRINGE DRIVER

Date	Medication	Diluent	Dose over 24Hr	Route	Indication	Signature
07-Dec-2021	Morphine sulphate 10mg/1ml	Water for injection	30mg	s/c	Pain	
07-Dec-2021	Midazolam 10mg/2ml	Water for injection	10mg	s/c	Agitation	
07-Dec-2021	Nozinan 25mg/1ml solution for injection ampoules	Water for injection	5-25mg over 24hrs	s/c	Nausea/Vomiting	
07-Dec-2021	Buscopan 20mg/1ml solution for injection	Water for injection	60mg	s/c	Excessive oral Secretions/Abdominal pain/spasms	
07-Dec-2021	Water For injection	n/a	n/a	s/c	Diluting with medication	

CONCLUSION

- In 2022 patients have a right to die in peace and with dignity in their preferred place of care, irrespective of where that may be.
- The transition from hospital to the community for EOL care requires careful preparation, clear skilled communication and collegial working between both sectors.
- ACP is everyone's business and requires transparency and joined up working.

THANK YOU

Happy to take questions



REFERENCES

1. Maimoona Ali, Margred Capel, Gareth Jones and Terri Gazi (2015) The importance of identifying preferred place of death.
<https://spcare.bmj.com/content/9/1/84.long>
- End of life care. We look at trends in the quality of end of life care (2022)
<https://www.nuffieldtrust.org.uk/resource/end-of-life-care>
- Hawley P. Barriers to access to palliative care. Palliat Care. 2017;10:1178224216688887. <https://doi.org/10.1177/1178224216688887>
- The Better End of Life Report Marie Curie (2021)
<https://www.mariecurie.org.uk/policy/better-end-life-report>
- Lino, P Williams, M (2021) Transitioning end of life care from hospital to the community: case report. British Journal of Nursing, 2021, Vol 30, No 17

REFERENCES

- De Lima L, Pastrana T. Opportunities for palliative care in public health. *Annu Rev Public Health*. 2016;37:357-374.
<https://doi.org/10.1146/annurevpublhealth-032315-021448>
- Taran S. An examination of the factors contributing to poor communication outside the physician-patient sphere. *Mcgill J Med*. 2011;13(1):86
- Ferrell B, Sun V, Hurria A et al. Interdisciplinary palliative care for patients with lung cancer. *J Pain Symptom Manage*. 2015;50(6):758-767. <https://doi.org/10.1016/j.jpainsymman.2015.07.005>
- van Riet Paap, J., Vernooij-Dassen, M., Brouwer, F. et al. Improving the organization of palliative care: identification of barriers and facilitators in five European countries. *Implementation Sci*. 2014;9:130. <https://doi.org/10.1186/s13012-014-0130>

REFERENCES

- Rietjens JAC, Sudore RL, Connolly M et al. Definition and recommendations for advance care planning: an international consensus supported by the European Association for Palliative Care. *Lancet Oncol.* 2017;18(9):e543-e551. [https://doi.org/10.1016/S1470-2045\(17\)30582-X](https://doi.org/10.1016/S1470-2045(17)30582-X)
- Lino, P (2021) Challenges and complexities of discharge planning from a district nursing perspective. *British Journal of Community Nursing* Vol 26, No 4 pp 184-188
- National Institute for Health and Care Excellence (NICE) (2019) End of life care for adults: service delivery [C] Evidence review: Barriers to accessing end of life care services. <https://www.nice.org.uk/guidance/ng142/evidence/c-barriers-to-accessing-end-of-life-care-services-pdf-6955526992>

Current Issues in Palliative Care

Thursday 28th April 2022

America Square Conference Centre, London

Chair: **Dr Brian Nyatanga**

- 08:30 – 09:00** **Registration and refreshments**
- 09:00 – 09:30 Opening keynote
Gillian Keegan
- 09:30 – 10:00 Changes to patient care during COVID-19
Dr Bridget Jones
- 10:00 – 10:30 Psychospiritual experiences of ethnically diverse NHS staff
during the COVID-19 pandemic
Dr Riya Patel
- 10:30 – 11:00 Improving access to palliative care for people from ethnic
minorities during the peak of COVID-19 pandemic: Findings
from a service evaluation
Claude Chidiac
- 11:00 – 11:30** **Refreshment break and networking**
- 11:30 – 12:00 The ethics of Palliative Care
- 12:00 – 12:30 The challenges of delivering palliative care in the
private/independent sector
Charlotte Healey & Matt Makin

- 12:30 – 13:00 Children’s Palliative Care - adjusting to a pandemic and looking forward with hope
[Liz Searle & Sonya O’Leary](#)
- 13:00 – 14:00 Lunch and networking**
- 14:00 – 14:30 Afternoon Keynote
[Dr Amy Proffitt](#)
- 14:30 – 15:00 Improving symptom management in palliative care
[Dr Justin Maurice Fernando](#)
- 15:00 – 15:30 Transitioning end-of-life care from hospital to the community
[Pedro Lino & Mary Williams](#)
- 15:30 – 16:00 Refreshment break and networking**
- 16:00 – 16:30 Perspective from abroad: palliative care in Africa and around the world
[Professor Julia Downing](#)
- 16:30 – 17:15 Panel: What does the future of palliative care look like?
- 17:15 – 17:30 Close of conference**