

DYING IN ACUTE CARE DESPITE APPLYING TO A PALLIATIVE CARE UNIT: WHY?

Lise Huynh^{1,2}, Debbie Selby^{1,3}, Kalli Stilos¹, Lesia Wynnchuk^{1,2}

¹Division of Palliative Medicine, Sunnybrook Health Sciences Centre, Toronto, ON, Canada

²Division of Palliative Care, Department of Family and Community Medicine, University of Toronto, Toronto, ON, Canada

³Division of Palliative Medicine, Department of Medicine, University of Toronto, Toronto, ON, Canada

Introduction

- Honoring patients' wishes regarding place of death at end-of-life is essential.
- The Sunnybrook Health Sciences Centre is a tertiary care academic hospital with an on-site Palliative Care Unit (PCU) and is a regional centre for Cancer care, ALS care, and Trauma.
- Recent review of local data showed that of all acute care patients receiving palliative care at Sunnybrook Hospital who apply for admission to the PCU at end-of-life, 18% still die in acute care.
- Understanding the factors affecting PCU admissions for this population is imperative to ensure our patients' preferred location of death is honoured.



Methods

We conducted a prospective case series via a quality improvement framework of acute care patients receiving palliative care who applied for admission to our local PCU for end-of-life care but died in hospital.

Primary outcomes of interest included:

- Timing of PCU application and bed offer
- Factors limiting transfer to PCU
- The presence and extent of goals of care (GOC) discussions leading up to end-of-life/PCU application.

Results

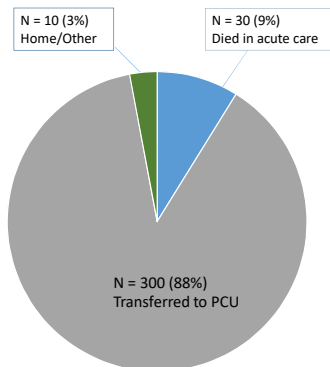


Figure 1. Disposition breakdown amongst inpatients who applied to PCU for end of life care

Between April 15th 2023 – November 15th, 2023:

- 340 internal applications sent to PCU from acute care of which:
 - 300 patients (88%) were transferred to PCU
 - 10 patients (3%) were discharged home or do a different preferred facility
 - 30 patients (9%) died in hospital
- Average time from PCU application to bed offer = 1 business day
- There were ongoing goals of care discussions during 1-7 days leading up to PCU application with
 - Median time from admission to PC Consult = 2.5 days (Range 0 – 30 days)
 - Median time from PC Consult to Death = 3 days (Range 0 – 16 days)

Reasons for non-transfer to PCU	Number (out of 30)
Expedient medical decline causing death within 24 hours of PCU application submission	27 (90%)
Change in Goals of Care	2 (6.7%)
Isolation requirements	1 (3.3%)

Table 1. Reasons for non-transfer to PCU amongst inpatients who applied to PCU for end of life care

	Transferred to PCU	Died in acute care
% Non-cancer Diagnosis	30% (91 of 300)	47% (14 of 30)
% Cancer Diagnosis	70% (209 of 300)	53% (16 of 30)

Table 2. Primary diagnosis category of patients who transferred to PCU vs died in acute care

Conclusions and Discussion

- Despite evidence of palliative care involvement leading up to end of life, 90% of patients dying in acute care died expeditiously within 24 hours of PCU application.
 - Our results underline the complexity of goals of care decision making at the end of life.
 - A recent local study examining factors that delay transfer to PCU from acute care indeed noted multiple provided, patient, environmental and system factors¹ and these findings were validated in a recent Canadian national workshop involving palliative care healthcare providers of multiple disciplines across the nation (unpublished).
- Our findings also reveal a greater proportion of patients with non-malignant primary diagnoses amongst those who died in acute care compared to the patients who did transfer to PCU.
 - This underlines the differential in access to PCU at end of life between cancer and non-cancer patients, a concept well described in the literature.²

Limitations and Next Steps

- This was a time limited (7 months) single centre study which limits the generalizability of its findings
- The study also primarily collected process related data
 - A more qualitative exploration involving active participation from patient partners will further shed light on the patient and patient factors affecting the decision to transfer to PCU at the end of life.
- This study served as a springboard for a larger scale retrospective cohort study examining the sociodemographic, functional, and clinical factors associated with dying in acute care with an open PCU application in hospitalized individuals that is currently underway.

References

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