

Winner of the PCC 2025 WMPC QI Abstract Prize

Abstract Award:

Free Paper, date and time to be confirmed

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Abstract Content:

Background: Nationally, patients in the final months of life, increasingly rely on emergency services, with 63% using ambulances and 53% visiting the ED*. At WPH, 9% of deaths occur in the ED, with 58% of these classified as "expected."

Methods: We established a Palliative Medicine Consultant-led service aiming to meet the needs of patients attending the ED in the last year of life, to reduce length of stay (LoS) and improve patient experience. The service focused on facilitating rapid discharge, early symptom control, setting ceilings of treatment (CoT) and improving end-of-life care (EoLC) for patients dying in the ED. Two new consultant posts were created, providing 20 hours of dedicated ED time per week, in addition to an established hospital Palliative Medicine Consultant. Daily meetings with ED and Medical Post-take teams enabled effective patient identification and referrals.

Results: Referrals from ED to the Hospital Palliative Care Team (HPCT) increased from 18% to 22%. Of patients referred from the ED, 37% were seen by a consultant. Of those, 35% for symptom control, 27% assistance with CoT, 20% EoLC in ED and 18% rapid discharge from ED. The mean LoS for all patients referred from the ED was 11 days, reduced to 8.5 days for those seen by a consultant. Yielding a saving of 2.5 days per patient. Over 10 months, this resulted in a saving of 420 bed days. Compared with the wider HPCT caseload there was a reduction of LoS of 12% for those patients referred from ED.

Conclusions: Our initiative demonstrates the benefits of having a Palliative Medicine Consultant present in the ED, enhancing patient experience and reducing LoS. Early referral to palliative care positively impacts outcomes, but the presence of senior palliative medical decision-makers is crucial for effective care coordination in a setting of high clinical complexity.

References

*Marie Curie's Better End of Life Report 2024: Time to Care, September 2024