Improving in-hospital end-of-life care (EOLC) for oncology patients in a tertiary cancer centre

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Background

Globally, 40-60% of all deaths occur in an acute hospital setting. Cancer is the leading cause of death in Ireland, accounting for 28.5% of all deaths in 2021. Ireland, as in many other European nations, faces an increasing cancer incidence driven by an aging population. This, combined with a societal shift towards patient-centred care means that high quality end-of-life care (EOLC) for patients dying in the acute hospital setting is an essential part of delivering holistic care to patients with cancer and their families.

This is the second audit cycle to examine the quality of EOLC in Cork University Hospital (CUH), one of the largest university teaching hospitals in Ireland and an ESMO Designated Centre of Oncology Services. This is the second audit cycle to examine the quality of EOLC in Cork University Hospital, Wilton, Cork, Ireland and an ESMO Designated Centre of Oncology in Palliative Care Services. The first cycle, during the COVID-19 pandemic, identified several shortcomings in EOLC.

The initial audit resulted in interventions beginning in July 2022, including the introduction of a care of dying patients guidance document, EOLC quality checklist, and staff education huddles facilitated the Hospital Palliative Care team.

Methods

A retrospective audit of patient charts was performed. We identified all patients who died under the care of the Medical Oncology service between 11th July 2022 and 30th April 2023. Data on the quality of EOLC delivered during the final hospitalisation was collected.

Quality of EOLC was assessed using the Oxford Quality Indicators for mortality review, an audit tool based on UK National Audit of Care of the Dying audit tools and designed for routine mortality review in clinical practice. An overall score for EOLC between 1 (very poor) and 5 (excellent) was assigned to each patient. These were compared with the previously presented 2021 cohort (ESMO 2022: S1134).

Results

We identified 72 patients (41 female). The median age at death was 65 years [23-89]. The mean length of admission resulting in death was 15.2 days [0-118]. The mean quality score for EOLC was 4.0, an increase from 3.5 pre-intervention.

42 patients (58.3%) had care of the dying patient guidance documents completed. The mean quality score for EOLC for these patients was 4.56, compared to 3.1 for those without the document.

Discussion

The quality of EOLC in our organisation improved numerically in the second audit cycle. Although improvement was noted in key domains of EOLC, areas of ongoing non-compliance to the Oxford Quality Indicators include exploration of patient wishes and pastoral care.

The end of life committee in CUH now includes doctors in training, a palliative care pharmacist, and a specialist palliative care nurse. The development of a care of dying patients guidance document has provided additional significant benefits, and the hospital end of life care coordinator role has allowed significant improvements in the care of dying patients.

References


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