

How could hospitalisations at the end of life have been avoided? A qualitative retrospective study of the perspectives of nurses, family carers and general practitioners

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Research Background

About 55% of patients in the Netherlands experience 1 or more transfers from home to hospital in the final 3 months of life, and the majority of them die in a hospital*

About a 1/4 of GPs assessed afterwards that hospitalisation at the end of life could have been avoided**

2/3 of final hospitalisations were acute**

Most patients want to be cared for and die at home in het last phase of life.

*Abarshi et al, 2009

** De Korte-Verhoef, 2014

Research Question

How hospitalisation at the end of life can be avoided, from the perspective of community nurses, family carers and GPs



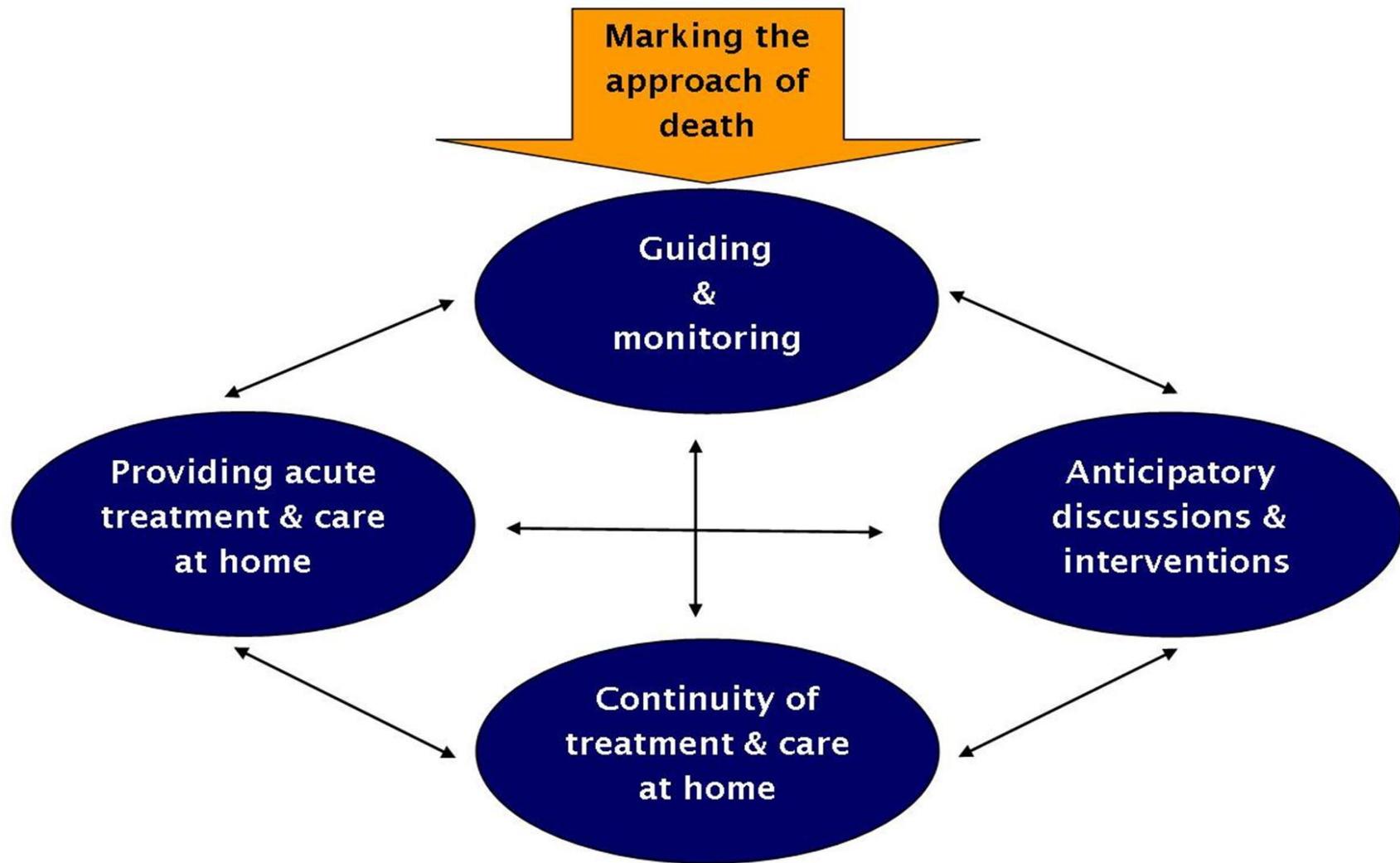
Methods

Qualitative method: in-depth face-to-face interviews

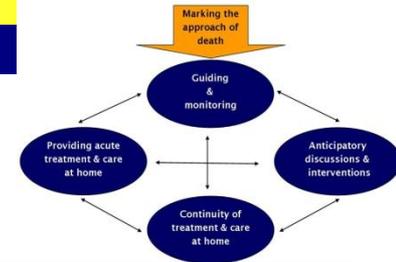
30 patient cases (20 hospitalised, 10 non-hospitalised)

- 26 General Practitioners (GPs)
 - 15 nurses
 - 18 family carers
-
- Analyses: thematic analyses

Model: Strategies for GPs and nurses to avoid hospitalisations at the end of life



1. Marking the approach of death



Interviewer: "Why is it necessary to say explicitly that someone is incurably ill?"

Nurse: Well, of course it is necessary for the awareness and eventually for the acceptance, when that comes. Because of course people will otherwise... well ultimately they want to keep looking for something that will make them better. And that can get very difficult because that something is no longer an option."

Nurse



2. Provide acute treatment and care at home

"If you want to discuss this difficult problem, you need to allow more time for it. I would talk to the people separately and say that there is a really high risk of this ending in death and the benefit for you if you keep him at home and immediately increase the level of care is that you remain in your own surroundings and he can eventually pass away in his own home (...) We could do that just as well here at home as we could in the hospital or a hospice or whatever."



Woman about hospitalised husband



3. Anticipatory discussions and interventions to deal with expected severe problems

When we get a client from the hospital, we get information transfer from the GP making clear that this is a terminal client. Well, often we'll talk then about what we should do if something should happen. What if someone should have a haemorrhage for example or become unwell. Well, then it's useful to know if we should call the emergency number and then go to the hospital. Or should we consult a out-of-hours general practice, stay at home and do what we can to make things more bearable?"



Nurse



4. Guiding and monitoring



Because it's about knowing someone really well and knowing how my father responded to medicines. And simply the nurse is always there and sees what's happening.

Family Carer



5. Continuity of treatment and care at home



GP: "I do feel he was the victim of a lack of continuity care by the GP practice. Otherwise things might have gone differently."

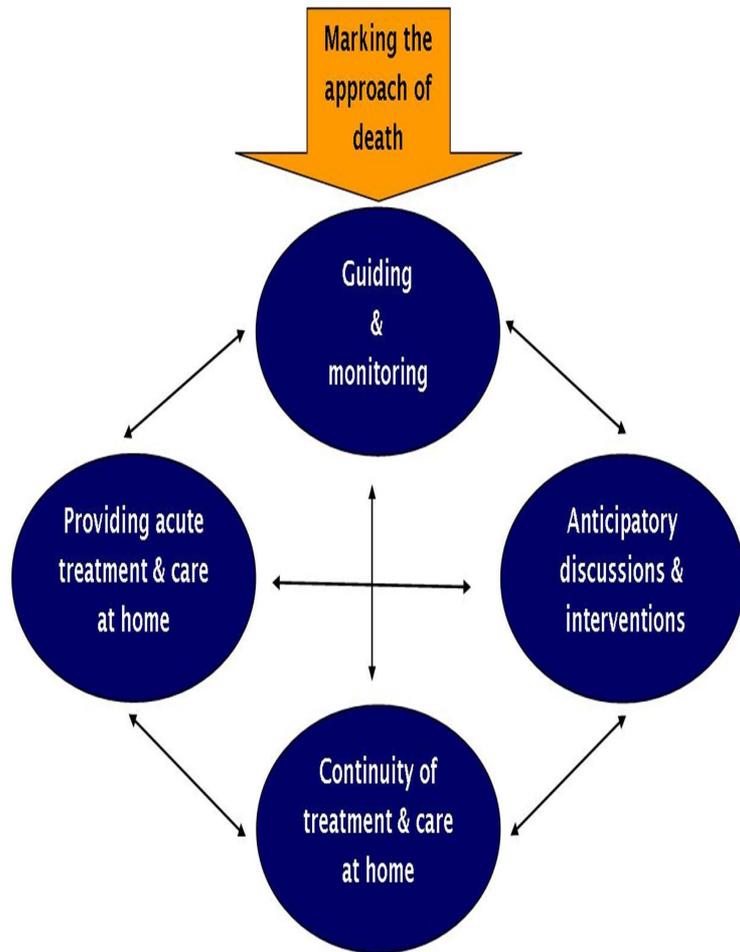
Interviewer: "Oh? What do you think might have gone differently?"

GP: "You've built up a relationship and you know what someone's cognitive status is and how that has changed and then you can take proactive measures"

GP



Conclusions



-Descriptive study provided insight in strategies which helps to avoid hospitalisations at the end of life

-Interrelation between the five key strategies

-It is needed that community nurses and GPs work together as a team to avoid hospitalisations at the end of life

Questions??

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De Korte-Verhoef MC, Pasman HRW, Schweitzer BPM, Francke AL, Onwuteaka-Philipsen BD, Deliens L (2015). *How could hospitalisations at the end of life have been avoided? A qualitative retrospective study of the perspectives of family carers, GPs and nurses.* PLoS One,10:e0118971.