

Evaluation of Practice of Advanced Care Planning in GIM wards in Queen Alexandra Hospital/ Portsmouth Hospitals University NHS trust.

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INTRODUCTION

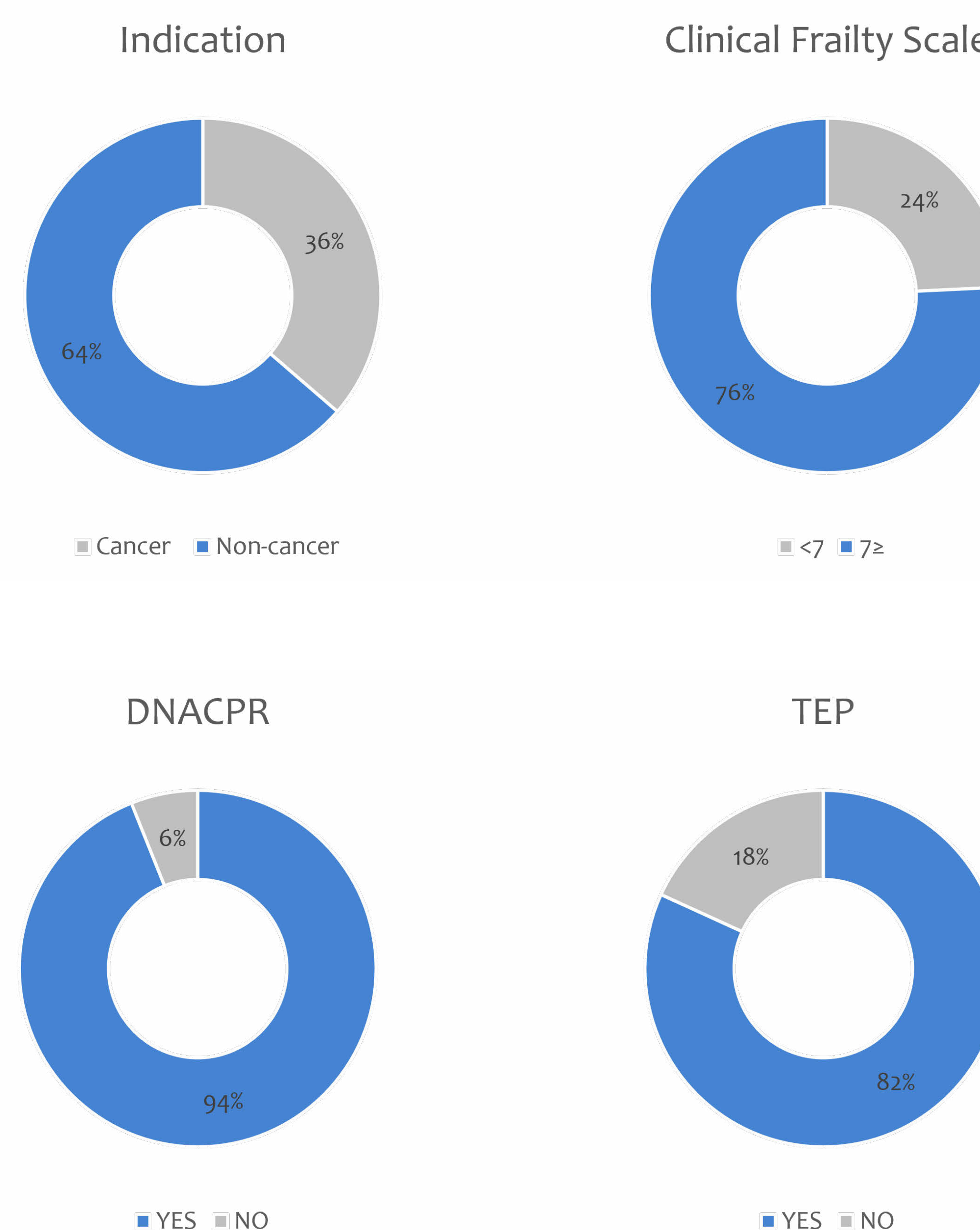
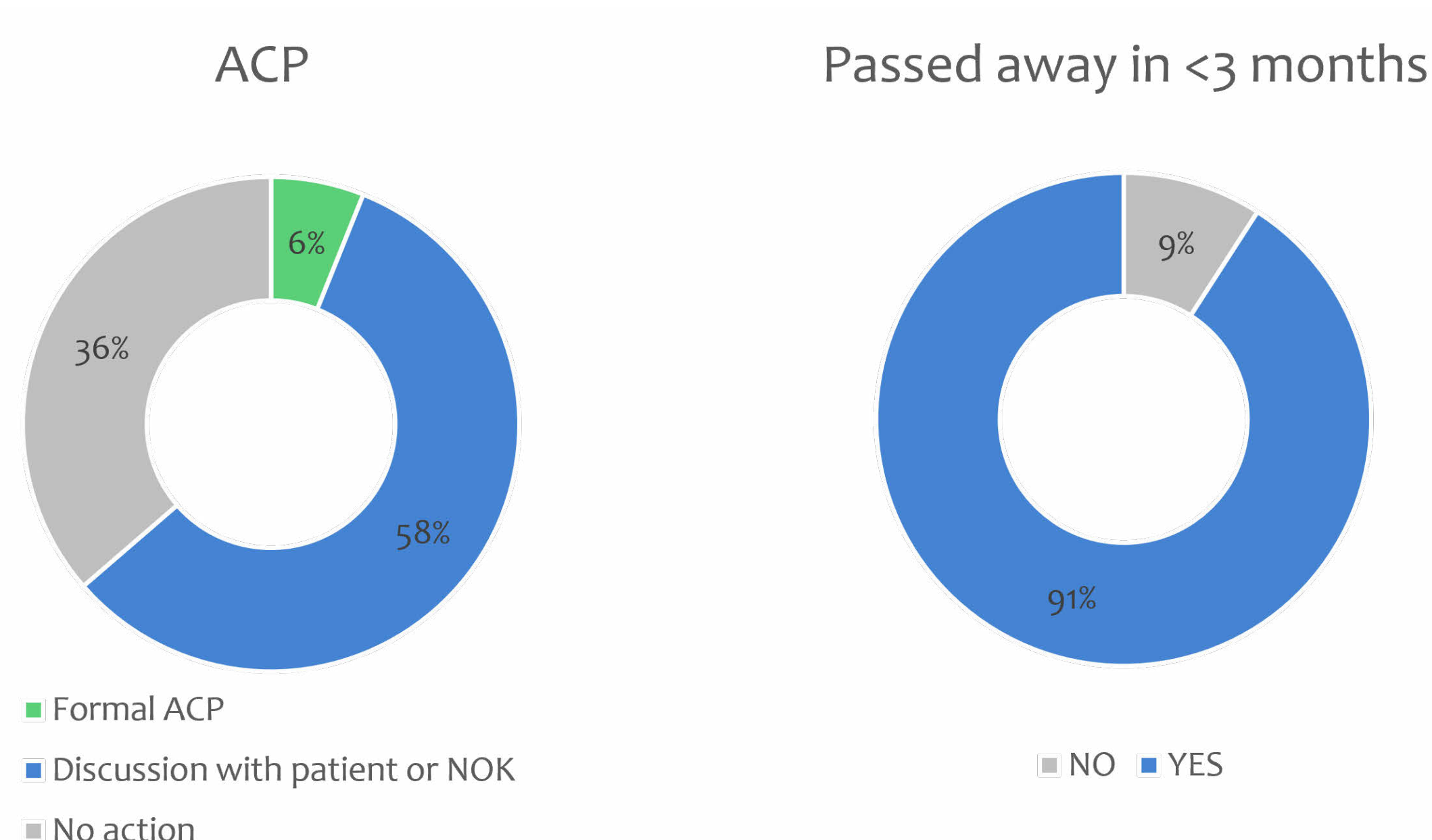
In today's healthcare practice, many patients live longer with multiple health issues, often in a frail or terminally ill state. Their quality of life doesn't necessarily improve. These patients require optimal supportive care that respects their dignity. Advanced Care Plans (ACPs) are crucial here, facilitating person-centered discussions about future care preferences while the patients have the mental capacity for meaningful participation. We aim in this study to assess how many patients in General Internal Medicine department would benefit from ACP and compare that to our current practice in implementing ACPs

METHODS

This cross-sectional retrospective study was done in 2 instances, 1 month apart from 29/03/23 to 01/05/23. The Sample size was 300 patients. The eligibility criteria were life expectancy of 12 months or less, age of 80 years and above, Clinical Frailty Scale (CFS) 8 or more, advanced dementia, and end-stage disease.

RESULTS

33 patients (11%) met the eligibility criteria for ACP. 8 patients (24.2%) were above the age of 85. 25 patients (75.8%) had a Clinical Frailty Scale score higher than 7. 12 patients (36%) had terminal cancer. ACP was done for only 2 patients (6% of the cases that meet the eligibility criteria). Within three months, 90% of the cases passed away. It is important to mention that in 19 patients (57.6% of the cases), ACP was discussed with the patient and the next of kin (NOK) but was not formally documented. The decision of "Do not attempt cardio-pulmonary resuscitation" (DNACPR) was made for 31 patients (94%).



CONCLUSION

We provide a snapshot of the availability of ACP in the GIM department. Our findings revealed that only 6% of the eligible cases had evidence of ACP. This aligns with the study "advanced care planning in patients referred to the hospital for acute medical care: Results of a National Day of Care survey" which showed 4.8% had an ACP. The scarcity of ACPs identified in our audit is surprising, particularly considering the high predicted one-year mortality associated with recent admissions, which stood at 90%. Various factors have been identified regarding poor ACP practice like: No formal easy pathway for ACP that can be accessed and used by all levels of doctors particularly the junior doctors, difficult types of discussion with the families with multiple challenging issues to be addressed / many aspects of care, additionally the knowledge of ACP among healthcare practitioners is variable from department to another. The absence of ACP in the vast majority of re-admitted patients represents a significant missed opportunity to improve care.

References

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