

Managing the Challenges of Discharge at the End of Life

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Why is timely co-ordinated discharge important in EOLC?

- Patient choice – preferred place of care?
- Common sense
- Delays are costly
 - time for the patient/family
 - Resources within organisation

National Context/Drivers

- The Route to Success in EOLC – achieving quality in acute hospitals (2010)
- Transforming Community Services(2009)
- End of Life Care Strategy;quality markers and measures for EOLC(2009)
- Mental Capacity Act (2007)

The Ideal World

- Discharge information gathering on admission
 - Co-ordination of services/family support
 - Social care
 - District Nurse
 - Pharmacy – TTO's
 - Transport
- = timely discharge=satisfied patients=happy staff

The Real World

- Patients and carers can change their mind (and frequently do!)
- Co-ordination/communication is time consuming
- Continuity due to shift patterns variable
- Conflict with other priorities of care
- Risk

Discharge Planning in Life Limiting Disease – Top Tips

- Have you had any particular thoughts about your care and where it should take place in the future?
- If your condition deteriorates where would you MOST like to be cared for?
- What is important to you in the way you are cared for and what would you like to happen?
- What would you NOT want to happen?
- Do you have an advance decision to refuse treatment?
- Do you have any requests or arrangements?
- Is there anyone else you would like to involve if it ever becomes difficult to make decisions?

Discharge at the End of Life?

- Diagnose Dying?
- Immediate? (hours to days) LCP
- Urgent expected death in 4 -14 days?
- Home?
- Hospital?
- Hospice?

What would you do?

- Emma 39yrs, breast ca – liver & bone mets
- In for drainage of ascites +/- clinical trial
- Pain, nausea, fatigue, gross ascites, low HB, malaena,
- Condition has been changing week by week – now accelerating
- Loving and supportive husband, daughters aged 3 and 5 yrs

What would you do?

- George, 76 yrs prostate ca escaped hormonal control – painful bone mets
- Recent Spinal CC – had palliative RT
- No motor function in legs – paralysis
- Incontinent – catheterised
- Bedbound
- Wife in a nursing home with dementia

What would you do?

Lena 78 yrs – oesophageal ca – bleeding

- Haematemesis – admitted through A& E
– family rang 999
- LCP on assessment unit
- Patient wanted to go home....
- What needs to happen now?

Discharge on LCP

- Communication/handover : nurse to nurse, Dr to Dr, don't forget the family expectations!
- Is a hospital bed needed?
- Documentation: live LCP to go with pt photocopy in medical notes
- DRUGS !!!!!
- Syringe drivers? Contingency planning
- Transport
- Time of departure! Crucial communication!
- Afterwards