

A retrospective study about the influence of an emergency information form on the place of death of Palliative Care patients



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Background:

In palliative medicine planning in advance is important for critical care situations. It is highly significant to make useful and by the patient and his relatives desired decisions. These concern transport in a situation of crisis and the venue of death (either death at home or transfer to a hospital).

In this study the effect of a new Emergency Information Form about the place of death was examined. The used Emergency Information Form enabled the patient to express a wish on transfer in the case of crisis in advance and communicate this wish to the Emergency system.

Methods:

A total of 858 patients, taken care of by the mobile palliative-team Hartberg / Weiz / Vorau in the period from 2010 to 2015, were included in the study. The Intervention group – the patients for whom an Emergency Information Form was established - counted 38 patients. Data analysis was retrospective, pseudo anonymized and external.

Result 1:

The Emergency Information Form increased the probability for the intervention group to die at home.

intervention group (IG): 72.2%
control group 1 (KG1): 53.0%
control group 2 (KG2): 56.6% - historical

place of death

| | palliative care unit | hospital | at home | nursing home |
|-------------|----------------------|----------|---------|--------------|
| IG | 5,6 % | 8,3 % | 72,2 % | 13,9 % |
| KG 1 | 7,6 % | 31,8 % | 53,0 % | 7,6 % |
| KG 2 | 6,6 % | 22,8 % | 56,6 % | 14,0 % |

Result 2:

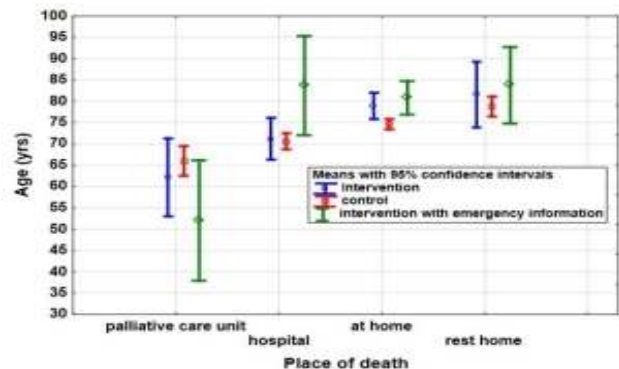
Important in this change was, that the opinion of the patients was considered. The decision made in the Emergency Information Form correlated with a high significance ($p=0.01$) with the actual place of death.

place of death

| decision for | hospital or pc-unit >> transfer | at home / nursing >> no transfer |
|----------------------|---------------------------------|----------------------------------|
| no transfer | 0 % | 100 % |
| transfer | 75 % | 25 % |
| no preference | 40 % | 60 % |

Result 3:

Furthermore, it came clear that the Emergency Information Form was a useful tool to handle the utilization of special facilities. Within the intervention group young patients (with a lot of symptoms) died in a special facility more often than old patients. These, rather geriatric people, were mostly brought to a general hospital.



Result 4:

There was no significant relation between the duration of care and the probability that an Emergency Information Form was established ($p=0.63$). However, there was a high significance between the number of home visits and the probability that an Emergency Information Form was written ($p=0.02$).

Discussion:

Due to the fact that there was a small intervention group restricted to only one palliative team further studies could help to make clear advises for palliative teams regarding scope, duration and frequency of home-visits. Thus the term "care continuity" could be concretized in the guidelines.

The study brought forward that numerous (and short) contacts with the patient were more convenient than less but long home-visits in order to fulfill the patients wish concerning his place of death.

References:

Polt G, Weixler D, Bauer N: Eine retrospektive Studie über den Einfluss einer Notfallinformation auf den Sterbeort von Palliativpatienten. Wien Med Wochenschr. 2019 Feb; doi: 10.1007/s10354-019-0681-3