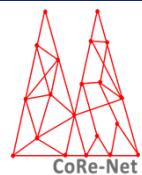


Last Year of Life: Hospitals are the most important but least valued checkpoints

Cologne Research and Development Network



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BACKGROUND

- Approaching end of life, patients often need complex care provided by multiple health and social care practitioners.
- Poorly executed transitions between health care settings can harm patients and lead to additional hospital visits which can be burdensome and decrease quality of life.
- For Germany, data on transitions during the last year of life (LYOL) beyond diagnoses and care settings are still rare.

AIM

To describe transitions into and within the LYOL, the dying phase and how they are valued.

METHODS

Part of the mixed methods "Last Year of Life Study Cologne" (LYOL-C).

Study design: Self-completion post-bereavement survey with relatives.

Data collection: Recruitment took place via institutional records and self-selection. Relatives received a modified German version of the "Views of Informal Carers – Evaluation of Services Short Form" (VOICES-SF).

Sample: Decedents (n = 351) were representative with respect to gender (48% male) and age (\bar{x} 76,2 years (SD 13,1)) compared with full data from the City of Cologne. The major underlying illnesses were cancer (60%), cardiovascular diseases (41%) and diseases of the respiratory system (29%).

Data analysis: Descriptive statistics were used.

RESULTS

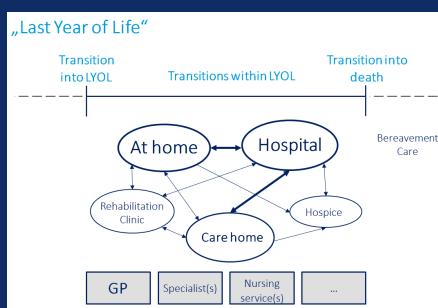


Fig. 1: Three phases of the LYOL.

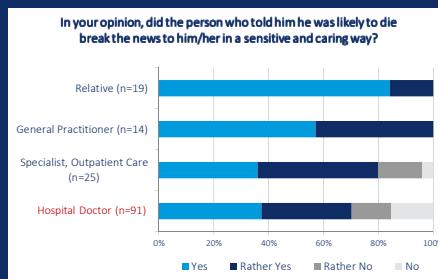


Fig. 2: Way of delivering a terminal diagnosis (Phase 1).

1. Transition into LYOL

- 60% of the relatives reported that the decedent was told he/she was terminally ill.
- Hospital doctors were breaking the news most often (58%).
- Hospital doctors were rated as least sensitive in delivering a terminal diagnosis (30% (rather) not sensitive).

2. Transitions within LYOL

- Each of the five most frequent transitions (>85% of all transitions) included hospitals: to/from home, nursing home, other hospitals.
- Overall, relatives were least satisfied with care provided by general hospital units and most satisfied with palliative care providers.

3. Transition into death

- Half of decedents (54%) were reported to have said where they wanted to die.
- The majority expressed a preference to die at home (68%).
- In contrast, hospital was the most frequent place of death (42%).

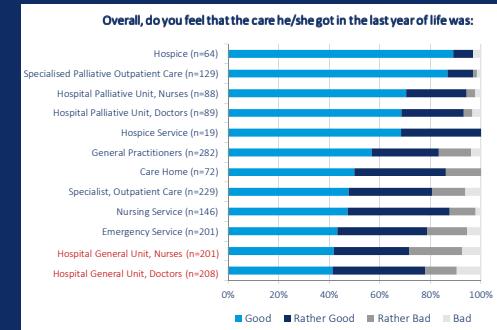
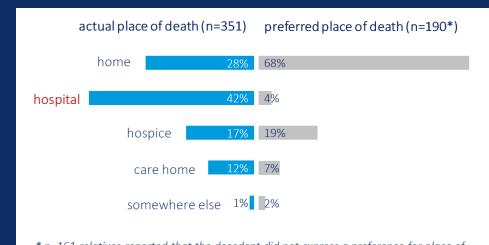


Fig. 3: Overall rating of care (Phase 2).



* n=161 relatives reported that the decedent did not express a preference for place of death or that they did not know the preference for place of death.

Fig. 4: Place of death (Phase 3).

CONCLUSION

- General hospital units are the most important checkpoints for transitions in the LYOL, irrespective of the availability of palliative and hospice care structures (as in the city Cologne, Germany).
- Relatives were more likely to report low levels of satisfaction when care was provided by general hospital units.

- Clinical staff should have more support to identify patients in their last year of life, to initiate conversations about wishes, and to plan care aligned to patient preferences.
- More research on patient reported outcomes with a strong focus on hospital care is needed.

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