

Transitions In Care Settings as Death Nears

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Research Need

The body of research on location of death is growing rapidly, with the locations where dying persons receive care in the last year of life of prime interest for quality care, compassionate care, economic, and other considerations.

Care type transitions that occur as a terminal illness proceeds are an established concern.

The number of transfers that occur from one care setting to another over the last year of life is an emerging concern.

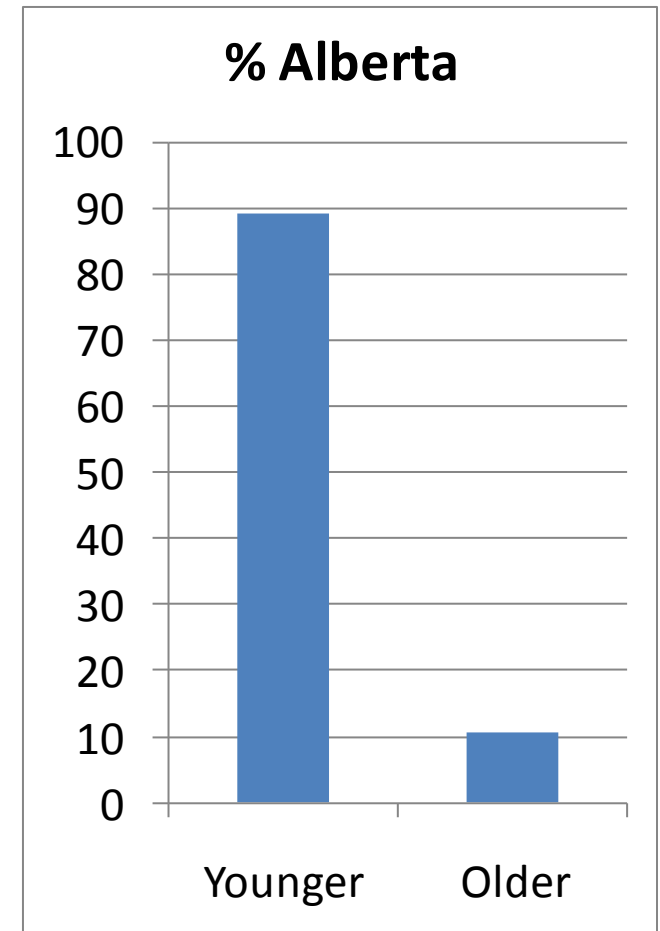
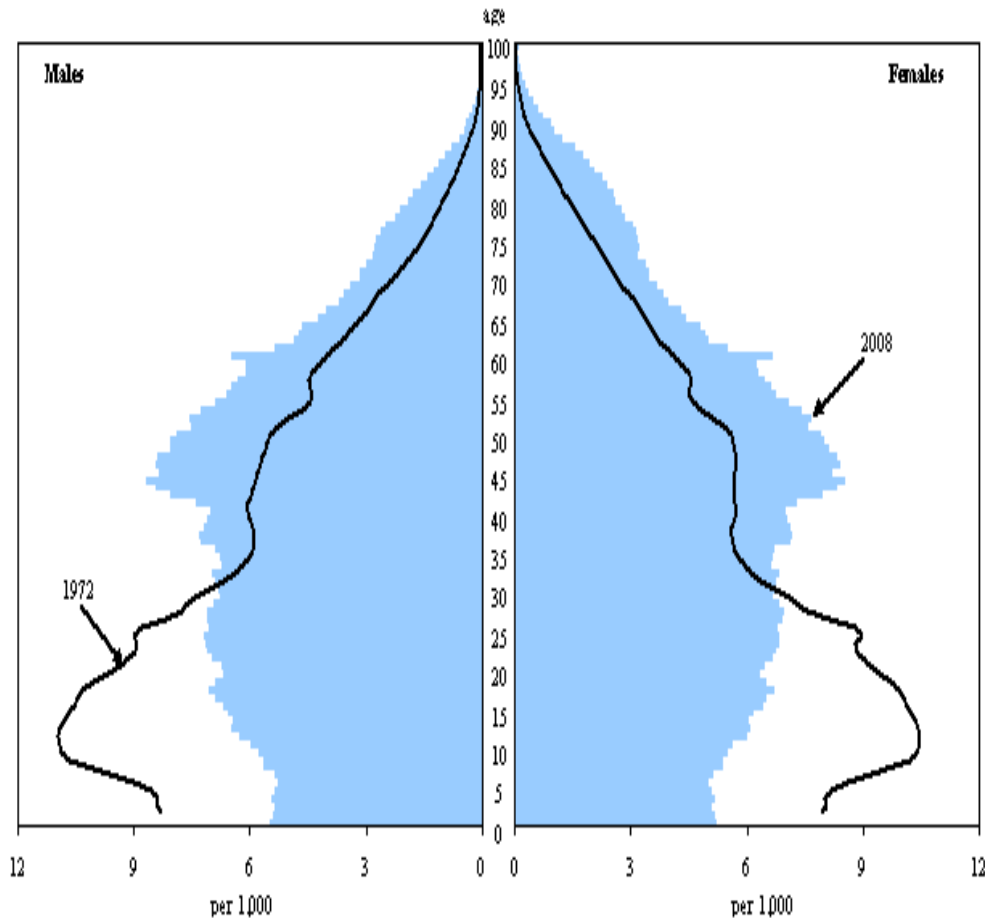
Research Background

A mixed-methods study to explore the number and impact of care setting transitions in the last year of life was undertaken in 2009.

This study was conducted in Canada, although mainly in Alberta where 20,000 persons die each year; with 80% 65 years of age or older.

A specific focus was on transitions for rural people, 20% of Albertans live in rural areas and they are thought to have reduced access to health care services, including specialized palliative care.

Canada is aging, but has relatively few (14%) older persons





Mixed Methods Research Investigation

1. Alberta hospital data (April 1, 2006 through March 31, 2008) explored to identify the frequency and types of care setting transitions in the last year of life (died in 2007),
2. online (cross-Canada) recall survey to determine number and types of care settings in last year of life, and assess impact of transfers, and
3. qualitative interviews of family members and care providers within one year following a death, for a deeper and richer understanding of the reasons for and impact of transitions in last year of life.

1. Provincial Hospital Data Analysis Findings

- half of all 19,398 deaths took place in hospital.
- 28.5% of decedents were never admitted to any hospital during the last year of life.
- average number of admissions to hospital over the last year of life was 1.6.
- in addition, on average, decedents had made 2.8 emergency room visits, 5.0 outpatient clinic visits, and 2.5 day surgery department visits during the last year of life.

1. Provincial Hospital Data Analysis Findings

- rural decedents were admitted approximately 50% more often to hospitals and ERs as compared to urban decedents, with rural decedents having 2.05 discharges on average versus 1.70 for urban decedents.
- rural decedents were often transferred from one hospital to another.
- rural decedents had more care setting transitions over the last year of life than urban decedents (4.23 vs 3.37 means – statistically significant)

2. Online Survey

Rural respondents or respondents about rural persons who died (N=108) reported:

- 8 care setting transitions occurred in the last year of life on average (range of 1-39).
- transitions were mainly from home to/from hospital, but also between many other places.
- transitions were very difficult; involving travel at all times of day and year, long/difficult/costly journeys, much care uncertainty/discontinuity, and considerable anxiety for all involved.

3. Qualitative Interview Findings

Eleven interviews were conducted until saturation
(family members with some doctors/nurses)

Data were coded and categorized, for 3 themes:

1. Needed care is scattered across many places.
2. Travelling is very difficult for terminally-ill or dying persons and all others involved.
3. Local rural services are minimal, in keeping with the few persons who die each year, with local hospitals and local medical clinics relied on.

Discussion

Rural residents are burdened by the necessity to travel and travel frequently in the last year of life; with frequent and difficult transitions from one care setting to another marking the last year of life.

Rural residents are especially impacted by 2 factors:
(1) tests and treatments can occur without admission to hospital for inpatient care, and
(2) the consolidation of diagnostic tests, treatments, and specialists in urban areas.

Conclusion

Rural residents are a distinct and highly vulnerable group when terminally-ill, and for many reasons.

Frequent care setting transitions are a common reality, with attention needing to be directed at:

- earlier recognition of dying processes,
- practical transportation options in rural areas, and
- enhanced rural services such as hospices and home care.

Thank you.

Disclaimer

Alberta Health and Wellness, and the Government of Alberta, are not responsible for this study and have no comment on it.

Acknowledgements

This study was funded by a Canadian Institute for Health Research (CIHR) Interdisciplinary Capacity Enhancement (ICE) grant, # HOA-80057, entitled “Timely Access and Seamless Transitions in Rural Palliative/End-of-life Care” and funded through the CIHR’s Institutes of Cancer and of Health Services and Policy. This five-year program of research was awarded to A. Williams and D. Wilson (Co-Principal Investigators).

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