

Advance care planning in older hospitalised patients following an emergency admission

Clinical practice recommendation from the Palliative Care Research Group

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Background

Advance care planning (ACP) involves discussion between an individual and their care provider about future wishes for care, particularly relevant in an emergency or when anticipating a future loss of mental capacity. ACP may include an advance statement of wishes for future care, an advance decision to refuse treatment, decisions regarding resuscitation and nomination of a surrogate decision-maker. In an ageing society with multiple co-morbidities, ACP is vital to promote patient autonomy. There is also a need to rationalise healthcare spending, since poor end-of-life care planning is unnecessary and expensive. Research has modelled healthcare savings from ACP.

Our research

- We have performed a longitudinal cohort study to ascertain the one-year mortality of patients aged 70+ admitted as an emergency to a large London multi-centre hospital cohort(1). We tracked 14,260 emergency admissions across all conditions for 70+-year olds over 12-months(1). The one-year mortality was 22.6% -most deaths (59.3%) were within 3 months of admission(1). We found that approximately **1 in 5 patients aged 70+ admitted to hospital as an emergency are in the last year of life**. This supports research which shows that since 20-30% of hospital inpatients are in their last year of life (2, 3).
- Our interviews with older hospitalised patients show that ACP is valued and should consider a spectrum of relevant issues from future health and well-being, to reflecting on potential chronic illness, disability and death(1).
- Our interviews with carers show that ACP can benefit older persons but must be enabled among social and healthcare challenges(4).

Clinical practice recommendations

- **An emergency admission in the over 70s can aid recognition of the last year(s) of life and trigger tailored ACP, since approximately 1 in 5 patients aged 70+ who have an emergency hospital stay are in the last year of life.**
- **ACP is an umbrella term for a spectrum of discussions with individuals at different stages of illness and differing prognoses:**
 - **Future care planning** for the 80% of emergency admissions with a prognosis over one year to discuss future care preferences. Most patients can use this as opportunity to discuss future health and well-being.
 - **Urgent care planning** for the 20% of admissions with a prognosis under one year, using clinical judgement, focusing on coordinating care services and understanding preferred place of care and death.
 - **End-of-life care planning** for patients with a prognosis of under 3 months (14% of emergency admissions within this subset).
- Frailty screening or other prognostication scores could help target urgent care planning appropriately for those with a prognosis of under 1 year.
- There is a need to share electronic, patient-accessible care plans across multiple sites and out-of-hours care providers to improve communication in ACP and end-of-life care.

References:

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