

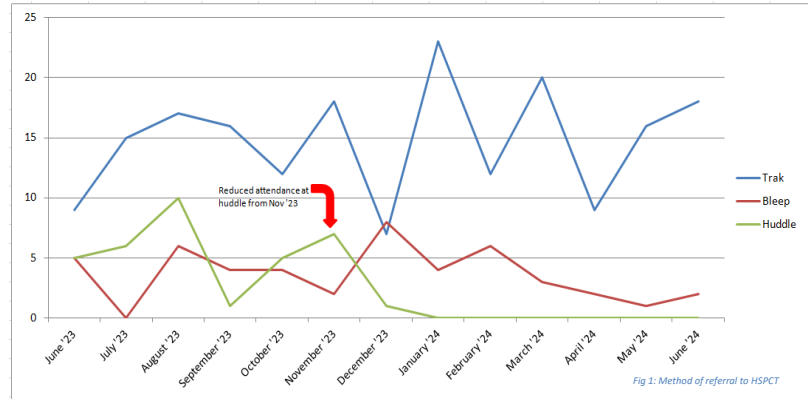
Proactive Palliative Care at the Front Door

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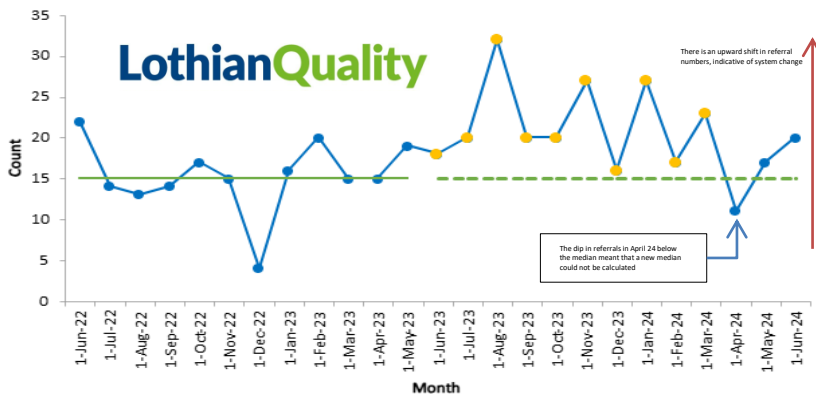
There is a growing recognition of the need for early palliative care team involvement at the hospital front door, to improve patient and family outcomes¹ and deliver Realistic medicine². The potential health-economic benefits of such an approach have also been acknowledged³. The Specialist Palliative Care Team (SPCT) at the Western General Hospital (WGH) in Edinburgh piloted a project aiming to improve access to early palliative care involvement in the acute setting.

Methods

Through reorganisation of consultant roles, the SPCT attended the daily huddle within the Medical Assessment Unit (MAU) of the WGH. This allowed in-person discussion about suitability for specialist palliative care input. Impact on referral numbers following this intervention was assessed by comparison with the 12 months prior. Time to and type of referral, as well as patient presenting complaint were captured. An illustrative assessment of SPCT care input was conducted. Staff and patient/ family feedback regarding SPCT involvement were gathered via questionnaire



Count of Palliative Care referrals



Impact

There was a 35% increase in absolute referral numbers from the front door following the intervention, comparing the 12-months before and after (n=274 vs. 188). SPCT presence at MAU huddles reduced after 5 months. Data collected demonstrates special cause variation, although this was not sustained throughout owing to a drop in referral numbers in April 2024. SPCT involvement in care was extensive, and indicative of the complex needs of these patients. Family and staff feedback demonstrated a positive response to SPCT involvement in care.

Conclusion

Comparing the 12 months before and after the intervention, there has been an increase in referrals to the SPCT from the WGH front door. Month-to-month data shows signs of a system change, with a reliable increase in referrals between June 2023 – March 2024, however this was not technically sustained over the 12 month period. The data provide encouragement that a face-to-face presence, building relationships and awareness amongst acute specialist teams can result in a sustained increase in early SPCT referrals. SPCT input into the care of these patients is extensive, and feedback has shown that families and colleagues from other specialties have a very positive view of SPCT involvement. Future analysis, in conjunction with NHS Lothian analytics, will look at the potential health-economic impact of early SPCT involvement; this will include an exploration of impact on admission duration and readmission rates.

References

1. Bayou J, Agbello AE, Acheampong EK, Abu-Ordah H, Davids J. Palliative care interventions for adults in the emergency department: A review of components, delivery models, and outcomes. *Acad Emerg Med.* 2022 Nov;29(11):1357-1378. doi: 10.1111/acer.14508. Epub 2022 May 16. PMID: 35435306.
2. The Scottish Government. Realistic Medicine. <https://www.gov.scot/Resource/0049/00492020.pdf>. 2014-15.
3. Wang DH, Heidt R. Emergency Department Embedded Palliative Care Service Creates Value for Health Systems. *J Palliat Med.* 2023 May;26(5):646-652. doi: 10.1089/jpm.2022.0245. Epub 2022 Nov 11. PMID: 36367980.



[On prior admission] "she ended up sat in the waiting area of your discharge lounge whilst in pain, sore and distressed as just been diagnosed with cancer... With PCT involvement [it] felt like someone was taking us seriously and that we were being listened to/heard"

Family member feedback from questionnaire

"From a patient pathway perspective and effective MDT working having PCT at the front door have been amazing and has had a very profound / positive effect for the management of palliative patients"

Staff feedback from questionnaire

2. Overall, on a scale of 1 (least helpful) to 5 (most helpful), How helpful have you found having Palliative Care involvement more regularly at the front door?

Question responses: 19

