

## Session 16: Palliative Care 2

Time: 04/Feb/2020: 11:45am-12:45pm · Location: Lecture Hall BMW2

12:15pm - 12:30pm

### **Hospitalization in the last days of life - could it have been avoided?**

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#### *Abstract*

**Background:** In Norway, 50% of all deaths occur in nursing homes. We have limited knowledge about elderly people being transferred from nursing homes (NH) to hospitals and die there.

**Aim:** To consider whether transfer to hospitals could have been avoided during a five-year period.

**Method:** We included 170 residents from spring 2013 to spring 2018; the study combined quantitative and qualitative methods. We used the Resident Assessment Instrument for long-term care assessment annually ([www.interrai.org](http://www.interrai.org)) and analyzed the quantitative data ([www.raisoft.fi](http://www.raisoft.fi)). After each death, we interviewed the nurse who had followed the resident's last days of life. The wishes of the significant others during the last days before transferring to hospital were included. By combining the quantitative and the qualitative data, we composed a description of the resident's situation. These cases were reviewed in three focus group meetings, with other nurses who knew the residents.

**Results:** During the study period 110 of the 170 residents died. Fourteen of those (12.7%) spent their last days in hospital. We measured the length of stay in NH and the residents' age (mean and standard deviation). The residents who were transferred to hospitals had a year longer stay in NH, 3.8 (2.2) compared to 2.8 (2.3). Those who died in the hospital were also three years younger, respectively 86.1 (13.3) and 89 (7.3). The main reasons for hospitalization was an acute change in health condition of the resident, the lack of filling out the "Advanced Directive" - where questions about possible hospitalization were to be answered. In addition the desire for active life-extension treatment from the relatives and insecurity of the staff.

**Conclusion:** To avoid unnecessary hospitalizations, the responsible physician and nurses should have made an Advance Directive. If possible, one should listen to the significant other and the resident voices. In an acute situation however, it could be a great support to have a written advance directive. It is important to distinguish between what may be cured and what is a start of the death process. The staff may be reassure the relatives that optimal palliative care will be provided in the nursing home.

#### *Summary of Abstract*

We assessed nursing home patient for five years, RAI-LTCF, 110 died, of those 14 were hospitalized. One has to distinguish between the chances for cure versus the start of the death process. The staff may reassure the relatives that optimal palliative care will be provided in the nursing home.

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