



Good Practice in Palliative Care Services for COPD Patients

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Setting higher medical standards

ABSTRACT

Introduction

The UK National COPD Resources and Outcomes Project paired 54 acute hospital units in peer review visits to exchange examples of good medical practice in the care of hospitalized COPD patients. Palliative care was one area specifically examined in these visits.

Results

Only 42% of units had a formal arrangement for COPD patients to receive palliative care whilst a mere 11% had a policy to provide information about end of life care to hospitalized severe COPD patients when in a stable clinical state. A majority of units (60%) stated they had plans to improve palliative care services for COPD patients. Despite these disappointing statistics there were many examples of good practice described by visiting teams. One key area identified was the importance of a formal link with a palliative care team. In optimum service organization this team provided seamless care between the acute and community settings. Innovative teams included clinical psychologists, community based general practitioners with an interest in both respiratory and palliative medicine, and respiratory nurses trained in palliative care. Best services delivered a ward outreach service, all referrals seen within 24 hrs, use of the Liverpool pathway for care of the dying, respite care beds, formal links with a hospice including outpatients and drop in clinics.

Summary

Palliative care services for COPD patients are currently offered by few units but many hope to improve services. The examples of good practice in existence could be used to provide a framework within which to develop national minimum standards of service organisation.

Background

It has been reported that patients with COPD are less able to access or be offered appropriate palliative care at end of life.[1,2] Little is however known of the range or nature of palliative care services offered to such patients in the UK. The National COPD Resources and Outcomes Project (NCROP) paired 54 acute hospital units in mutual peer review visits in order to exchange good practice with the aim of improving COPD services. As part of NCROP examples of Good practice in end-of-life-care were sought and recorded.

Methods

All 54 acute Trusts undergoing peer review submitted data by both self reported survey returns and by discussion of service provision by the peer review teams during visits. Participants were asked to record examples of good practice either volunteered by the host hospital unit or discovered by the visiting peer review team.

Information on three specific areas was explored using the following three questions:

- Are there formal arrangements for COPD patients to receive palliative care in your area?
- Is there a policy for providing patient information about end-of-life care to severe COPD patients whilst in a stable clinical state e.g. in outpatients or at discharge from hospital?
- Does the unit (hospital) have plans to develop or further develop palliative care services for COPD patients?

Descriptive statistics of the numeric data were produced from an SPSS database. Emergent themes analysis was used to categorise the qualitative data. Four main themes emerged from the qualitative analysis, Teams, Care pathways, Service Components and Linkages, and examples are provided in the table. (PC = Palliative Care; COPD = Chronic Obstructive Pulmonary Disease)

Theme	Sub theme	Example
Teams	Members	Inclusion of a psychologist/a dietician, in a joint PC & COPD team/ Macmillan nurse post covering COPD and interstitial lung disease patient care/British Lung Foundation funded palliative care COPD nurse /nurse consultant leads the COPD-palliative care team liaison
	Training	Respiratory nurse specialist trained in PC/ Respiratory nurse taking MSc in PC/palliative care team teach respiratory ward nurses
Care Pathways	Formal	Implementation of the Liverpool care of the dying pathway on respiratory ward
	Policies	Assess all discharged patients who had type II failure/provision of patient information for end of life care to severe patients in outpatient setting/written guidelines for referral to PC service
Service components	Patient communication	Card system for those not wanting hospital admission during an exacerbation/patient leaflets on end of life care options
	Specialist services	A dyspnoea clinic for severe COPD patients/Cognitive behavioural service/establishing a research evaluation team for COPD palliation/Bay in respiratory ward set aside for palliative care COPD and other respiratory patients/Drop in centre for severe COPD patients
Linkages	General services	Day care centre/ respite care/ offered to end of life patients with COPD/5% PC activity specifically funded for COPD/funding for administrative support to fund the palliative care COPD service
	Acute sector	Formal MDT with PC team to discuss severe COPD patients access to local hospice beds/ joint PC & COPD nurse team
	Acute / community	Joint respiratory nurse with palliative nurse home visits/ GP led cross sector palliative care COPD team/primary care awareness package for COPD end of life options delivered by 2ry care

Discussion

Palliative care services are offered by just over half of units currently and both the lack of availability of service and lack of formal referral pathways must inhibit COPD patient access to appropriate end-of-life care. It is encouraging that 2/3 of units had plans to improve services but that implies a third did not. The examples of good practice described here could be disseminated more widely to assist those developing emergent end-of-life care provision for COPD patients.

References

1. Gore JM et al A comparison of palliative care and quality of life in COPD and lung cancer. Thorax 2000;55:1000-1006.
2. Goodridge D et al. Health care utilisation of patients with chronic obstructive pulmonary disease and lung cancer in the last 12 months of life. Respir Med 2008; 102:885-891.

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