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Causes of Unplanned Readmissions in Their Last Six Months of Life- Analysis of Patients under Palliative Home Care Service of United Christian Hospital

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Introduction

Patients with terminal illness are frail with high risk of unplanned readmissions, especially at the end-of-life. Palliative home care nurse (PHCN) provides holistic care for patients with advanced disease in the community, to support them staying at home as long as possible. By studying the causes of unplanned readmissions of patients under palliative home care service (PHCS) is invaluable for future improvement of PHCS to lower unplanned readmission rate of patients with advanced disease.

Objectives

To determine the causes of unplanned readmissions in the last six months of life of patients under PHCS of Palliative Care (PC) Unit of United Christian Hospital (UCH).

Methodology

PC patients of UCH died from September to November of 2015 were retrospectively reviewed. Every episode of accident & emergency department (AED) attendances and admissions over the last six months of life of patients with UCH PHCS were retrieved from Electronic Patient Record (ePR) and analyzed.

Result

There were 87 PC patients identified. 65 (74%) of them had advanced cancer while 22 (26%) of them had advanced non-cancer disease. 64 (74%) of them received UCH PHCS while 23 (26%) of them did not. For those received PHCS, the top 4 leading primary diagnosis were end stage renal failure (23%), Ca Lung (20%), Ca Colorectal (20%) and Ca Liver (13%). There were totally 398 episodes of AED attendances and admissions in all index patients, of which 91 (23%) were clinical admission, 8 (2%) were AED attendances without admission and 299 (75%) were unplanned readmissions. 74% (222 in 299) unplanned readmissions were in advanced cancer patients while 26% (77 in 299) in advanced non-cancer patients. 84% (251 in 299) of the unplanned readmissions was in patients with PHCS. All the causes of the 251 episodes were analyzed and the ten most frequent (>5%) causes of unplanned readmission identified were chest infection (7.5%), gross ascites (6.9%), decreased generalized condition (6.6%), abdominal pain (6.3%), fever (5.4%), fluid

retention(5.4%),wound/skin problems(5.1%),pleural effusion(4.5%),shortness of breath(4.2%) and hypotension(3.9%).Other frequent(>25%) causes include cardiac problems(3.6%),gastrointestinal bleeding(3%),anemia(3%),dizziness(3%),uremia(3%),decreased appetite(2.7%),urinary problems(2.7%),dehydration(2.4%),electrolyte imbalance(2.4%).Although 84% of unplanned readmissions were in patients with PHCS, the average total number of hospitalized days was shorter in patients with PHCS.This review assists PHCN to identify risk factors for unplanned readmissions.Some of the causes could be dealt with at home or treated by clinical admission.Future improvement of PHCS on early identification of those risk factors with appropriate patient/caregiver health education may help reduce unplanned readmission rate in PC patients with advanced disease at their last six months of life.