

A review of inpatient activity data in a Specialist Palliative Care (SPC) Unit over a ten year period



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Background

Demographics suggest that demand for inpatient palliative care services will continue to increase over the coming decades, as a result of the ageing population and increases in the prevalence of cancer and other chronic diseases that accompany ageing.

Bearing in mind that inpatient beds are high cost and limited in number and that increases in bed capacity can take some years to implement it follows that services need to forward plan and adapt to cater for the increasing demands on their services.

Aims and Objectives

To review inpatient activity data in a Specialist Palliative Care Unit, and identify areas that could be addressed to facilitate the predicted increased demand on inpatient palliative care services.

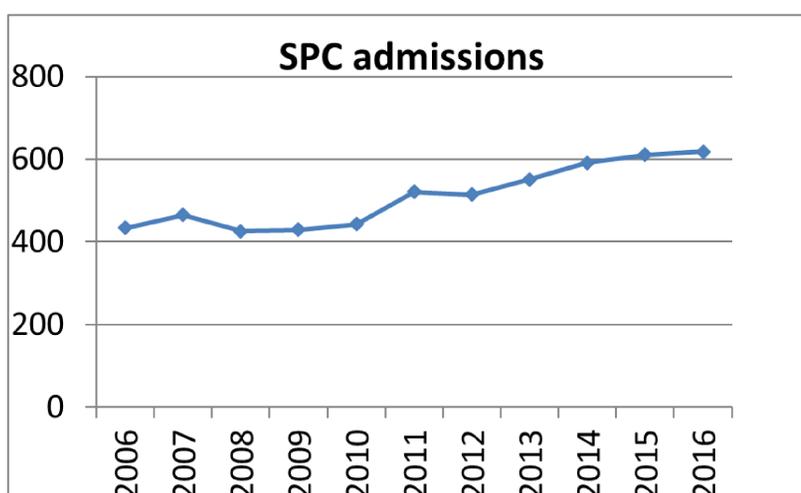
Methods

Patient data from a thirty-six bed specialist palliative care unit was reviewed and analysed using Excel.

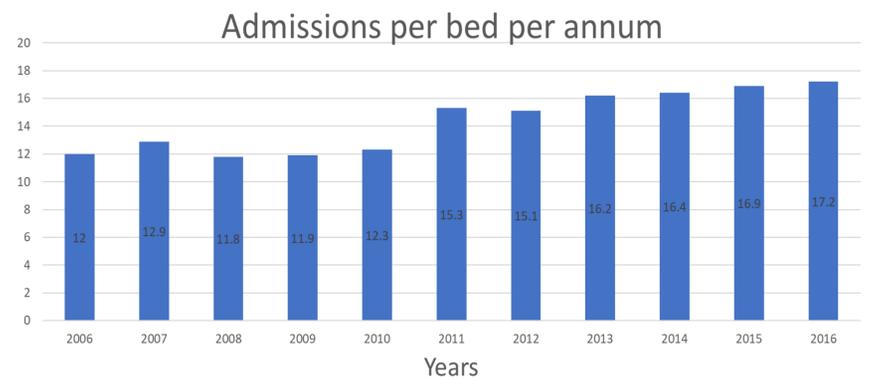
Data from 2006 to 2016 was utilised.

Results

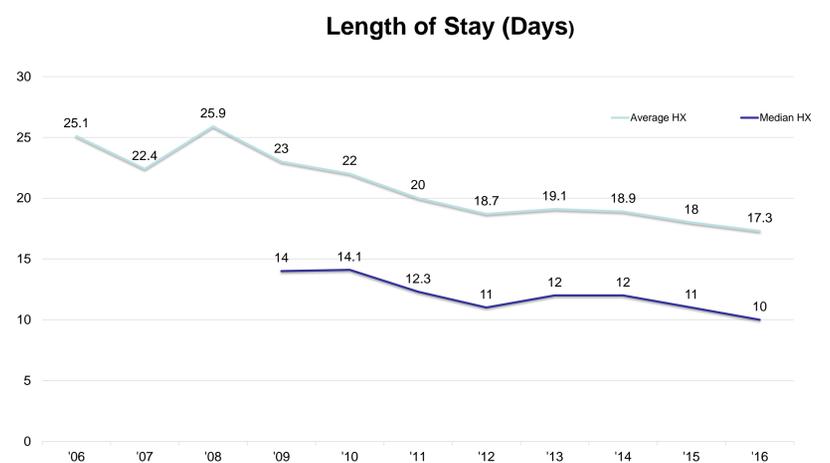
The total number of admissions to this specialist palliative care unit increased from 434 in 2006 to 618 in 2016 (Figure 1).



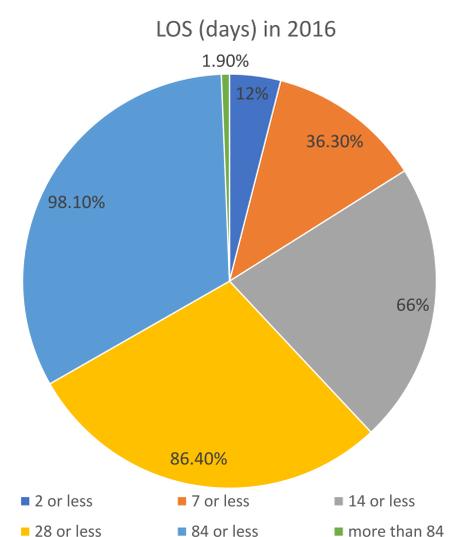
The number of admissions per bed per annum increased from 11.9 in 2009 to 17.2 in 2016 (figure 2).



Patients length of stay is decreasing overall, with a median length of stay of 14 days in 2009, compared to 10 days in 2016 (figure 3).



However there remains a significant percentage of inpatients whose length of stay exceeds 28 days – 13.75% of patients in 2016 (figure 4). This accounted for 49.5% of occupied bed days.



Conclusions

It is clear from the above results that a disproportionately small number of inpatients currently account for almost half the occupied bed days of our inpatient unit.

It is possible that some of these patients were not appropriate to admit to a SPC bed suggesting a need to review admission criteria and processes.

Alternatively this may be evidence of inadequate services to facilitate discharge of patients who, though initially requiring admission to a SPC unit no longer have SPC needs.

Addressing these issues may allow for some of the predicted increases in numbers of patients requiring inpatient palliative care services to be accommodated. Such adaptations will likely be much more cost effective than further expansion of the bed numbers.