ACT HEALTH VACATION STUDY PROGRAM

PROJECT SUMMARY

Project Title	What does End of Life care look like for patients after a Medical Emergency Team (MET) consultation in the acute care setting?: A clinical record audit
Supervisor	Kate Reed, Jo Lindbeck, Kasia Bail
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Lead discipline (please select one)	
X Nursing and Midwifery	☐ **Health Economics**
☐ **Allied Health**	☐ **Biostatistics**
☐ **Medicine**	☐ **Value-based Healthcare**
☐ **Pre-clinical**	☐ **Epidemiology**
☐ **Health Policy**	☐ **Other**

Outline of the project 250 words max

The original role of a Medical Emergency Team (MET) was to recognise and respond to clinical deterioration to prevent death and cardiac events. However, as not all patients will survive post-MET, the MET call is often a trigger point for the commencement for end-of-life care. Consequently, it is important to understand how MET calls, which are focussed on escalating access to medical treatment, intersect with the provision of palliative and supportive end-of-life care.

There is a significant gap in literature regarding what care actually looks like once a MET call is withdrawn. Studies reveal that up to 66% of patients still receive non-palliative interventions in the final 48 hours of their life, even when 82% of patients have documentation to suggest the patient is dying (Gunasekaran 2019) and this is more often in respiratory or cardiology patients compared to oncology patients (Maubach 2019). There are high numbers of patients (33-38%) receiving non-beneficial treatment at the end of life (Cardona-Morrell 2016), but how that care of benefit and treatment is communicated and delivered is less well understood.

Examining how key aspects are documented, including the patient voice; palliative and consulting teams; and ward staff communication of patient needs at the end of life can reveal new information about this complex issue. This study has conducted a retrospective audit of 20 randomly collected clinical records from a tertiary teaching hospital, and requires a student to complete extraction, analysis and write up. The audit and analysis will highlight challenges and opportunities in current health service design for people who die in hospital following acute deterioration.

Proposed research methods

Descriptive statistics, basic patient characteristics, using excel
Qualitative thematic interpretation

Preferred study discipline being undertaken by the student

Nursing, allied health, medical, health sciences, all considered

Benefits to the student and to the department

Early assessment and intervention for pain and symptom management and palliative care needs are essential for the effective delivery of quality patient care in health services. This is an area for ongoing development for the hospital, and building teams that can improve service decision making based on current evidence of current practice will promote improved quality care and patient and family experiences. The student will have the opportunity to learn analytical techniques and contribute to a journal article, and build their knowledge in palliative care.

Alignment with Government Research Priorities 100w max

Supporting public hospitals is Pillar Two of Australia's long term National Health Plan, and effective management of chronic conditions including cancer have been part of Australia's priority areas since 1996. Palliative care is funded as an acute service, but is dependent on service quality improvement, research, advanced care planning and knowledge building and awareness, which this project contributes to. The National Palliative Care Strategy along with the National Palliative Care Standards (PCA) and the Comprehensive Care Standard (NSQHS) are key areas for hospital accreditation, demonstrating government priority for delivering timely, appropriate and compassionate end of life care to people in acute health care facilities in Australia.

Department within ACT Health Directorate / Canberra Health Services where the student will be based

Specialist Palliative and Supportive Care, Canberra Health Services

Please submit form to preclinical.research@act.gov.au

References:

Cardona-Morrell, Kim J, Turner, Anstey, Mitchell, Hillman, Non-beneficial treatments in hospital at the end of life: a systematic review on extent of the problem, *International Journal for Quality in Health Care*, Volume 28, Issue 4, September 2016, Pages 456–469, https://doi.org/10.1093/intqhc/mzw060

Gunasekaran, B., Scott, C., Ducharlet, K., Marco, D., Mitchell, I. and Weil, J. (2019), Recognising and managing dying patients in the acute hospital setting: can we do better?. Intern Med J, 49: 119-122. https://doi.org/10.1111/imj.14177
Maubach N, Batten M, Jones S, Chen J, Scholz B, Davis A, Bromley J, Burke B, Tan R, Hurwitz M, Rodgers H, Mitchell I. End-of-life care in an Australian acute hospital: a retrospective observational study. Intern Med J. 2019 Nov;49(11):1400-1405. doi: 10.1111/imj.14305. PMID: 30908873.