Report to the Myre Sim Committee
September 2018

The Myre Sim Committee awarded me a grant of £2000 which contributed to the fees for a Masters by Research in Population Health Sciences with the University of Edinburgh.

I am a registrar in Geriatric Medicine and became especially interested in the care of older people living in care homes. Working in hospitals, I frequently looked after people admitted from care homes who were close to death, and witnessed the potential for distress caused by transfer to an unfamiliar environment and burdensome investigations and interventions. However, I was conscious that this was only part of the story. My experience as a hospital doctor was likely to be very different from that of staff working in CHs and indeed that of residents and their families. It was clear that hospitalisation of CH residents at the end-of-life was not a 'black and white' issue. I wanted to explore its complexity with a view to deepening understanding and hopefully suggesting ways of improving care. The grant from Myre Sim enabled me to gain the necessary research training and skills as part of a Masters by Research to undertake a mixed methods study exploring this issue.
In undertaking this study I have not only had the opportunity to learn and develop skills in literature review, qualitative interviewing and analysis, patient and public involvement in research, academic writing and presentation, but also to gain key insights into the care of care home residents which will influence my clinical practice and future career.

A brief report of the research study is presented below. I am very grateful to the Myre Sim Committee for their support in enabling me to undertake this research.

Why do some care home residents die in hospital? Exploring factors, processes and experiences?

Background
Care home (CH) residents are increasingly frail, multi-morbid and at risk of dying. Transferring CH residents to hospital can be associated with distress and unwanted interventions. The focus of recent UK policy has been on avoiding 'inappropriate' admissions to hospital and on enabling people to die in their preferred place of care. Anticipatory care planning (ACP) has been seen as a key facilitator of this however its implementation and communication pose challenges in CHs. Most residents and their relatives wish to avoid hospitalisation if possible. However, a proportion of CH residents do die in hospital. Little is known about what this group are admitted with, what happens to them in hospital and what influences the decision to admit to hospital.

Aims and Objectives
We aimed to explore the factors that influence hospital admission of CH residents who then die in hospital. The objectives were to describe the characteristics of this group of CH residents, the extent of documented ACP and to explore the experiences of CH staff and relatives.

Methods
A mixed methods study design was undertaken. This included an in-depth review of hospital case notes of CH residents who were admitted and died in two teaching hospitals in Scotland and qualitative interviews with a purposive sample of CH staff and relatives who cared for them.
Descriptive statistics were used to analyse the quantitative data and a thematic analysis approach was adopted to analyse the interview data.

Results
During the six month study period there were 109 deaths of CH residents in hospital admitted from 61 different CHs. Most admissions were out-of-hours (69%) and the majority of prompts for admission were acute changes. Length of stay in hospital before death was short, with 42% of deaths occurring within three days. There was evidence of documented ACP regarding hospital admission in 44%.

Twenty six CH staff from 14 CHs, and two relatives were interviewed. Themes emerging from the interviews included: staff wanting to provide end-of-life care in the CH; uncertain living and dying; family – role, expectations and relationships; anticipatory care planning and a fifth overarching theme of the need for support for staff in CHs.

Conclusions
Managing acute changes on the background of uncertain decline trajectories is challenging in CHs. Enhanced support is required to improve and embed ACP in CHs and to provide rapid, 24 hours-a-day support to manage difficult symptoms and acute changes.