

Better out-of-hours palliative care needed

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A better understanding of risks and causes of harm for out of hours palliative care is urgently needed to ensure patient safety, finds a study carried out by researchers at Cardiff University.

Funded by terminal illness charity, Marie Curie, and the RCGP, the

study found that among 1,072 [palliative care](#) cases reviewed, concerns arose as a result of four main issues requiring improvement: errors in medication provision; securing access to timely care; inefficient transfer of information between healthcare teams; and problems with non-medication based treatments like urinary catheters and feeding tubes.

In the study, almost two thirds (64.8 percent) of the [patient safety](#) incidents described 'actual harm' to [patients](#), with reports citing emotional and [psychological distress](#) to patients, families and carers. These incidents of 'harm' included errors in prescribing, dispensing or administering of medications, or delays in access to timely care or advice.

Serious harm (moderate harm or worse), highlighted more serious consequences in 129 (12 percent) of the cases studied, such as hospital admission and untimely death. The majority of incidents reported were medication-related.

Although palliative care can quickly relieve unnecessary suffering for people in their home and prevent unwanted hospital or accident and emergency admissions, which can be distressing for the patient and their family, the majority of resources go to in-hours services, with fewer staff, services and less funding for out of hours care.

Dr. Williams, an Honorary Research Fellow at the Patient Safety (PISA) Research Group in the School of Medicine at Cardiff University, feels that safety surrounding this group of patients needs to be thought about far more regularly.

"You only get one chance to get people's last days of life right, this is an opportunity to make that experience better for people," he said.

"This can happen through better planning during in-hours care to make

medications more easily accessible when they are needed – while being mindful that controlled drugs do need restrictions in place."

Safe access to medications and treatments, more timely care at the end of life and information transfer across care boundaries should be the focus of future improvement initiatives.

Simon Jones, Director of Policy and Public Affairs at Marie Curie, said the findings were just the tip of the iceberg, and added: "We know that the lack of care and support available out of hours is a huge issue across the UK. This is a segment of the health service that has been often overlooked and has not connected well enough with the emergency services, which operate 24/7.

"The reality is people don't stop needing care after 6.30pm – they can't switch their condition on and off depending on what time their GP, pharmacist or district nurse is available. More focus needs to be placed on what care and support is available out of hours, so people can access the right care they need at home to avoid unnecessary hospital admissions and reduce the pressure on an already over-worked emergency service."

Andrew Wilson-Mouasher, divisional general manager for Marie Curie in Wales, welcomed the findings and added: "Research like this allows us to open up conversations with other healthcare providers and also with patients and families themselves, to allow better planning for end of life care."

The research 'Quality improvement priorities for safer out-of-hours palliative care' is published in the Palliative Medicine journal.

More information: Huw Williams et al. Quality improvement priorities for safer out-of-hours palliative care: Lessons from a mixed-

methods analysis of a national incident-reporting database, *Palliative Medicine* (2018). [DOI: 10.1177/0269216318817692](https://doi.org/10.1177/0269216318817692)

Provided by Cardiff University

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