

Exploring, understanding and reducing emergency cancer admissions (EURECA study)

Study funded by Macmillan Cancer Support from the MacPaCC budget

Dan Munday, The University of Warwick
Email: d.munday@warwick.ac.uk

Summary

This study is exploring the experiences of lung cancer and chronic obstructive pulmonary disease (COPD) patients who have had an unplanned admission to hospital, and also the experiences of their carers, and healthcare professionals involved in their care. Insights from the research will facilitate the development of community and hospital services designed to reduce or avoid unplanned admission at the end of life and to improve hospital management following admission.

Background

Emergency admissions for cancer patients have increased by around 50% in the last eight years whilst elective admissions have only increased by 8%. Unplanned admission of cancer patients frequently lead to poor patient experience and lack of appropriate and timely care following admission. The End of Life Care Strategy has highlighted the importance of preventing inappropriate admissions at the end of life.

The current approach in the NHS is to address the issue of unplanned admission in a variety of ways. However, in order for these NHS strategies to be effectively implemented, it is important to understand the reasons for admission for these patients, from the patient's perspective and those of healthcare professionals involved in their care and ambulance crews.

The study aims to understand the patient experience by understanding:

- the mechanisms and contexts which lead to unplanned admission for patients with lung cancer and a comparative group of patients with COPD
- the experiences of patients following admission and the benefits or problems associated with hospital stay following unplanned admission.

The research aims to inform a future study which will:

1. Develop a qualitative risk stratification framework of the conditions and contexts influencing the likelihood of patients having an unplanned admission
2. Propose models of community cancer and end-of-life care to reduce the likelihood of such admissions occurring and to develop models aimed at improving the experience of admission.

The study is being conducted in three hospitals within the West Midlands. A total of 24 lung cancer and 15 COPD patients have been interviewed along with 20 carers (family or friends) and 23 community and 27 hospital practitioners involved with the care of the patients recruited.

Findings

Early analysis of interview data suggests that emergency admissions for lung cancer patients occur for a wide variety of reasons, with breathing problems being one of

the most dominant. The patient experience is also variable. The COPD patients interviewed have been admitted mostly because of breathlessness, which can be of sudden onset and forms a recurring pattern.

Contrary to common perceptions, lung cancer patients who have been recruited have not been receiving enhanced community services in comparison to COPD patients and many patients are not receiving regular input from community nurses. The care patients receive in hospital, from their perspective, does seem to follow a rather chaotic pattern with frequent ward changes and a lack of understanding from the patients about the aims of treatment. Few hospital professionals interviewed about specific patient admissions consider these to have been inappropriate or avoidable.

Why is this work important?

The findings of this work will contribute to the evidence base for understanding unplanned admissions from the patient's perspective and the complexity of the process involved. It will inform the development of a model which will support the objective of the End of Life Care Strategy to prevent inappropriate hospital admissions at the end of life. The insights from this research will enable community and hospital services to be planned to both reduce admission rates and improve the management of patients who have been admitted.

Publications

Karasouli, E. Munday, D. Why cancer patients are admitted to Hospital as emergencies? A systematic review. *7th NCRI Conference 6-9 November 2011, Liverpool UK.* www.ncri.org.uk/ncriconference/2011abstracts/abstracts/LB36.html