Location of a Palliative Care Unit influences service provision

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BACKGROUND

Inpatient palliative care services, known as Palliative Care Units (PCUs), exist in different locations; stand-alone facilities or co-located within an acute hospital environment. In June 2022, the PCU at a tertiary academic health service in outer metropolitan Melbourne was moved from an off-site stand-alone facility to a ward integrated within the acute hospital.

- ***The aim of this project is to investigate the impact of moving the PCU from an offsite location to an integrated onsite location on service provision.***

METHODS

Data was extracted from 1st Jan 2018 to 31st December 2023 for palliative care inpatient beds, patient demographics and episode variables.

RESULTS

PCU episodes have trended up over the last 5 years with a step increase in 2022 that appears to have been continued in 2023. This was an increase of 42% in the number of patients admitted.

- Between 14% and 23% of patients had more than one episode on PCU.
- Patient demographics have remained relatively stable, while the share of patients who died during the admitted episode have fluctuated (between 62 and 75%) with no clear trends.
- Average length of stay decreased from 11.5 days when off site to 8.3 days when integrated onsite.

Strengths and limitations

- A key strength of this study is the use of linked inpatient and outpatient datasets over a five-year period. This comprehensive linkage allowed us to answer the research question with a high degree of certainty.
- However, our analysis was limited to a single hospital, which constrains the generalizability of the findings.

CONCLUSION

When integrated into the acute health services, more patients were accessing care on PCU, and the average length of stay dropped. This information can assist in the planning and provision of palliative care inpatient services. Following these results, an attempt will be made to understand the revenue and costs associated with the episodes of care.

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