End of life care medication ‘as stock’ for residents dying in nursing homes: a project in 3 nursing care homes

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Background:
The Gold Standards Framework for Care Homes and the Liverpool Care Pathway guidance recommends obtaining end of life care (EoLC) medication in anticipation of symptoms in the last days of life for nursing home (NH) residents (DH 2008). NH residents are dispensed anticipatory drugs on a named-patient basis which means that there could be considerable wastage if medication are not used. There is evidence (Seymour et al, 2010) that when these drugs are not available residents are hospitalised inappropriately.

Aims:
• to explore the frequency of symptoms experienced in the dying phase and the availability of EoLC medication
• to establish the cost savings of having EoLC medication ‘as stock’
• to explore the perceived benefits of EoLC medication ‘as stock’

Process:
Managers of three ‘Gold Standard Framework accredited’ NHs interested in obtaining EoLC medication met with their facilitator, specialist palliative care pharmacist and a pharmacist from the care home regulatory body. A proposal including a list of necessary medication, how to acquire them and guidance for an audit trail of medication was written. Standard Operating Procedures were developed. A baseline review was undertaken to ascertain symptoms experienced, current practice regarding the prescribing of EoLC medication and the usage/wastage for a 6-month period prior to obtaining the stock drugs. The review was continued for the 6 months after the EoLC medication ‘as stock’ was received in the homes.

Results & Discussion:
Forty-nine residents (53%) were documented as being symptomatic in their last days of life. Symptoms included pain, agitation, excessive secretions, dyspnoea, nausea and vomiting. Following the introduction of EoLC medication ‘as stock’, access to EoLC medication increased from 36% to 69%.

The total cost for residents medication on a ‘named patient basis’ (88/92), excluding four residents with a syringe driver, would have been £4,632. The actual cost of medication used was £246. One nurse manager reported that having access to stock medications had “transformed” the practice of her nurses. They now felt comfortable requesting prescriptions for every dying resident as they were confident that there would be no wastage. Another described how ensuring access to medication for the dying was “now higher up (her) nurses’ agenda”.

Conclusion: Not all frail older people require EoLC medication – however, many do which suggests that access to EoLC medication ‘as stock’ is imperative. Access to EoLC medication ‘as stock’ in NHs is a cheaper option than prescribing on a named patient basis.

References: