Palliative care inpatient needs

Palliative care inpatient needs: Supportive and Palliative Care Indicator Tool Survey in Kenya

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Palliative care needs may be present in up to 40% of patients in hospitals in Africa, but it is reported that few patients are receiving any palliative care, although the WHO call for integration of palliative care in all health service settings (1). We therefore conducted a census in a large rural hospital in Kenya managed by the Presbyterian Church of East Africa to identify what percentage of patients might benefit from palliative care, their diagnoses, and what percentage were actually receiving palliative care at the time. A resident doctor at a large faith-based hospital in Kenya on Nov 9th 2022 reviewed the electronic medical records of all the patients in the medical and surgical wards on that day using the Supportive and Palliative care Indicator Tool adapted to low income settings (SPICT-LIS™) to identify patients who would benefit from a palliative care approach (2).

First the patient's medical history was cross- checked against six "general indicators" of poor or deteriorating health. See copy of SPICT-LIS™ at Annex 1 or at www.spict.org.uk/spict-lis/. Then patients who had one of the general indicators were categorized according to their medical diagnoses into one or more 10 "clinical indicator groups". Finally we also examined the medical notes to identify if there was any mention of a palliative care approach in their care. These included holistic assessment, care planning, referral to the hospital specialist palliative care team, or mention of a family conference.

We found that 30 of the 91 in-patients (33%) were identified as potentially benefitting from palliative care; 20/33(67%) were female. Twenty (67%) were in medical ward, and 10 (33%) in surgical ward. Their average age was 60 years. The most common general indicators were unplanned hospital admissions and performance status being poor or deteriorating. The most common clinical indicators were cancer (13), renal disease (7), dementia or frailty (3), heart failure (2) respiratory failure (2), infections (2) and 4 with other conditions. However only 9 (10%) of identified patients were receiving palliative care, and 7 of those 9 had cancer. See Table 1

Table 1

AGE	SEX	WARD	SPICT General Indicator	SPICT Clinical indicator number in the SPICT, with clinical details (2 numbers in multimorbidity)	Receiving palliative care approach
58	F	MEDICAL	3	1 Melanoma with brain metastases	YES
87	F	MEDICAL	3	2 Frail with pressure sores	YES
53	F	MEDICAL	1	6,10 Megaloblastic anemia; renal failure	NO
72	F	MEDICAL	2	1 10 Prolactinoma; multiple syncopal attacks	NO
44	F	MEDICAL	2	1 Lung cancer with metastases	YES
49	F	MEDICAL	2	1 Breast cancer with metastases	YES
72	F	MEDICAL	1	4, 6 Heart failure, renal failure	NO
41	F	MEDICAL	1	6 Renal failure with multiple admissions	NO
67	F	MEDICAL	1, 6	5 COPD, second admission in a week	NO
74	F	MEDICAL	2	1 Retroperitoneal mass? unable to walk	NO
33	F	MEDICAL	5, 6	8 HIV, opportunistic infections	NO
65	F	MEDICAL	2	3 Stroke	NO
79	F	MEDICAL	2,3	2 Frail with pressure sores	NO
58	F	MEDICAL	2	1 Cholangiocarcinoma with metastases	YES
81	F	MEDICAL	2,	2 Dementia, recurrent pneumonia	NO
59	F	MEDICAL	2	1 Plasmactyoma with metastases; pressure sores	YES
88	M	MEDICAL	1	5 COPD, known prostate cancer patient	NO
21	M	MEDICAL	1	6 Renal failure – dialysis dependent ,	NO
30	M	MEDICAL	4	3, 10 Cerebral palsy ,dehydration, social neglect	YES
53	M	MEDICAL	1	6 Renal disease – dialysis dependent ,	NO
64	M	MEDICAL	1	6 Renal disease – dialysis dependent ,	NO
58	M	MEDICAL	1	6 Renal disease – dialysis dependent ,	NO
66	M	SURGICAL	6	10 Diabetes, peripheral arterial disease	NO
77	M	SURGICAL	6,3	1 Rectosigmoid cancer	NO
51	M	SURGICAL	2,3,4	1 Eosophageal cancer, feeding tube	NO
82	M	SURGICAL	4	1 Rectal cancer, obstructive	YES
77	f	SURGICAL	4	1 Eosophageal cancer	YES
17	F	SURGICAL	5	10 Hirschprungs disease, fortnighty admissions	NO
64	F	SURGICAL	5	1 Gastric cancer with obstruction	NO
64	F	SURGICAL	6	1 Thyroid cancer with metastases	NO
21-82	67%F	67% MED			33% YES

Although 33% of patients were identified by the screening tool as potentially having palliative care needs, only 10% were recorded in their notes as receiving a palliative care approach. The fact that the SPICT-LIS™ identified 13 patients with cancer, 11 with organ failure (lung, heart, renal or liver) and 9 with frailty, dementia or other diseases, iwqt would appear to reflect the prevalence of advanced illness, causes of death and the need for palliative care in inpatients. However while most people with cancer were receiving palliative care (54%), only 12% of those with non-malignant disease and identified by the SPICT as having palliative care needs were actually getting this holistic approach to care. Notably none of

the 11 patients with advanced organ failure were receiving a palliative care approach integrated in their care.

This pilot study indicates great unmet need for palliative care in a low income setting even in a regional referral hospital in Kenya, a country acknowledged as a leader in palliative care in Africa. It builds on a previous study in Uganda. (1) The use of the SPICT-LIS™ helped to identify patients with organ failure and dementia. It also helped the study to be systematic and carried out speedily – in this case within 4 hours due to the existing well-completed electronic patient records. Thus we found this survey to be a feasible and rapid way of estimating overall palliative care needs in hospital patients, as also recently found in Thailand (3).

As we reviewed the medical records rather than a clinical examination, our numbers may have missed some patients receiving some other aspects of palliative care. For instance, encouraging Christian Bible verses were written on the walls in many wards, and hospital chaplains routinely visited the wards, so spiritual support and prayer was already available and culturally acceptable.

SPICT-LIS™ development began with preliminary testing in Nepal with translation, adaptation and consensus building with expert clinicians. SPICT-LIS™ 2021 is an updated version written in consultation with colleagues from Nepal, Thailand and South Africa (4). An e-SPICT-LIS™ can be downloaded and used on mobile devices.

In response to this study, hospital managers are planning that clinicians could screen all patients at the time of admission using the SPICT-LIS™ tool. This would take them less than a minute, while follow-up and holistic assessment and care planning would be done by the ward teams. Ward staff will be trained, with support from Kenya Palliative Care Association. Training of ward staff in a large teaching hospital in Uganda and the introduction of clinical guidelines resulted in a large increase in patients receiving generalist palliative care from the ward staff (1).

Recognizing and managing key transitions in the patient pathway is fundamental to universal palliative care for all (5). We conclude that this study adds to the increasing evidence from high and low income countries on how more patients might be identified and receive palliative care earlier. The SPICT™ is a simple practical tool that can help hospital and primary care managers estimate the need for palliative care services, and also be used by clinicians to identify potential individual patients in need - due to malignant and non-malignant illnesses. It is available with supporting material in 15 different languages with versions for use in both high and lower income settings; versions including an app. We recommend its further use globally to help early palliative care be available in hospitals and in primary health care settings. See Using SPICT™ – SPICT for information to guide usage and to join a global partnership.

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