

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6887

### **Title**

*Documenting and honoring preferred place of death in oncology hospice patients*

### **Priority 1 (Research Category)**

Palliative and end-of-life care

### **Presenters**

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### **Abstract**

Context: Discussions regarding end-of-life (EOL) are often challenging. A US-based study conducted by the Kaiser Family Foundation found 69% of patients reported avoiding discussions about death, but 92% reported feeling somewhat comfortable talking to a health care provider about EOL wishes.

Unfortunately, EOL discussions may not always include conversations around preferred place of death. A 2006 study conducted at Marie Curie Hospice Edinburgh found 29% of 164 patients in hospice did not have a documented preferred place of death, indicating room for improvement in documenting this important EOL wish. Objective: Review when and how preferred place of death is documented in patient charts and congruence between preferred and actual place of death. Study Design: Secondary data analysis; quality research. Setting or Dataset: Outpatient palliative care cancer clinic at a tertiary health care center in the U.S. Midwest. Population Studied: Adult cancer patients seen by the outpatient palliative care team with a date of death between July 1, 2019 – July 30, 2023. Intervention/Instrument: N/A. Outcome Measures: Rate of documentation of preferred place of death (PPD); rate of documentation of advanced care directives; location of preferred place of death documentation in chart; congruence of preferred and actual place of death. Results: Of the 82 patients included in this study, only 12 (15%) had a PPD documented; 11 of these 12 patients indicated PPD was home. All PPD documentation was found within outpatient palliative care notes, but there was no consistency regarding location within the note template. Of the 11 patients with PPD documented as home, 5 (45%) died at home. Of note, 94% of patients had advanced care directives documented in their chart. Conclusions: While patients and providers appear to be engaging in EOL care planning, a gap in communication exists when it comes to discussing and documenting preferred place of death (PPD). Lack of a designated space within the current note template to document PPD could be a culprit. Educating providers and modifying note templates to enhance consistent documentation may facilitate difficult conversations and improve accessibility of crucial information for honoring patients' EOL wishes.

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