Relocations and transfers of dying persons in hospitals and nursing homes

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An exploratory study in over 160 hospitals and nursing homes in Germany shows that approximately 20% (that means about 150,000) of all dying patients are relocated during their last days of life. The following main risks were identified: acute physical and mental deterioration and the external influence of the physicians or relatives. The surveyed employees show ways to improve the situation.

Key Words: End-of-life care, Relocation of dying patients

RESULTS

In 2015 about 80% of all Germans died in hospitals and nursing homes (1). This shows the outstanding importance of inpatient care in end of life caring. A first, own study in 2014 provided indications that the patient’s last phase of life could lead to relocation (2). And this, although it is the goal of all caregivers to recognize the dying as such (3), and to allow a dignity of death independently of the place of dying (4), because relocation basically means risks and stress for all concerned (5).

METHODS

In order to overcome this information deficit, a 27-questionnaire was developed and addressed to employees from hospitals and nursing homes in 2016. The questionnaire determines the frequency of relocation (a), the date (b), the address of the relocation (c) and the influencing factors which justify or moderate the transfers (d). The questionnaire was answered particularly by nurses and doctors. The questionnaire could be answered in writing and in an online procedure. As far as possible and meaningful, the data of the total of 545 interviewees were clustered so that each institution was included as an average case in the statistical evaluation (6). In this way, 101 hospitals and 65 nursing homes of different sizes, carrier companies and federal states were included in the statistical evaluation. The study has an exploratory character. The results should be reviewed by available supply data and further studies should be supplemented.

DISCUSSION

For nursing homes, they are even better placed to deal with the deterioration of their patients, so that dying people are not identified as “medical emergencies”, with all the problematic consequences (7). In the hospitals is quite similar. Here, too, the general units of care must be supported in such a way that dying persons are not yet moved into monitoring units as ICM or IMC. It is hoped that with the introduction of a new law (HPG) 2015, the situation for dying people in the hospitals and nursing homes in Germany will continue to improve. This includes less relocations of dying patients.

REFERENCES


