An evaluation of palliative and end of life transfers facilitated by CoMET

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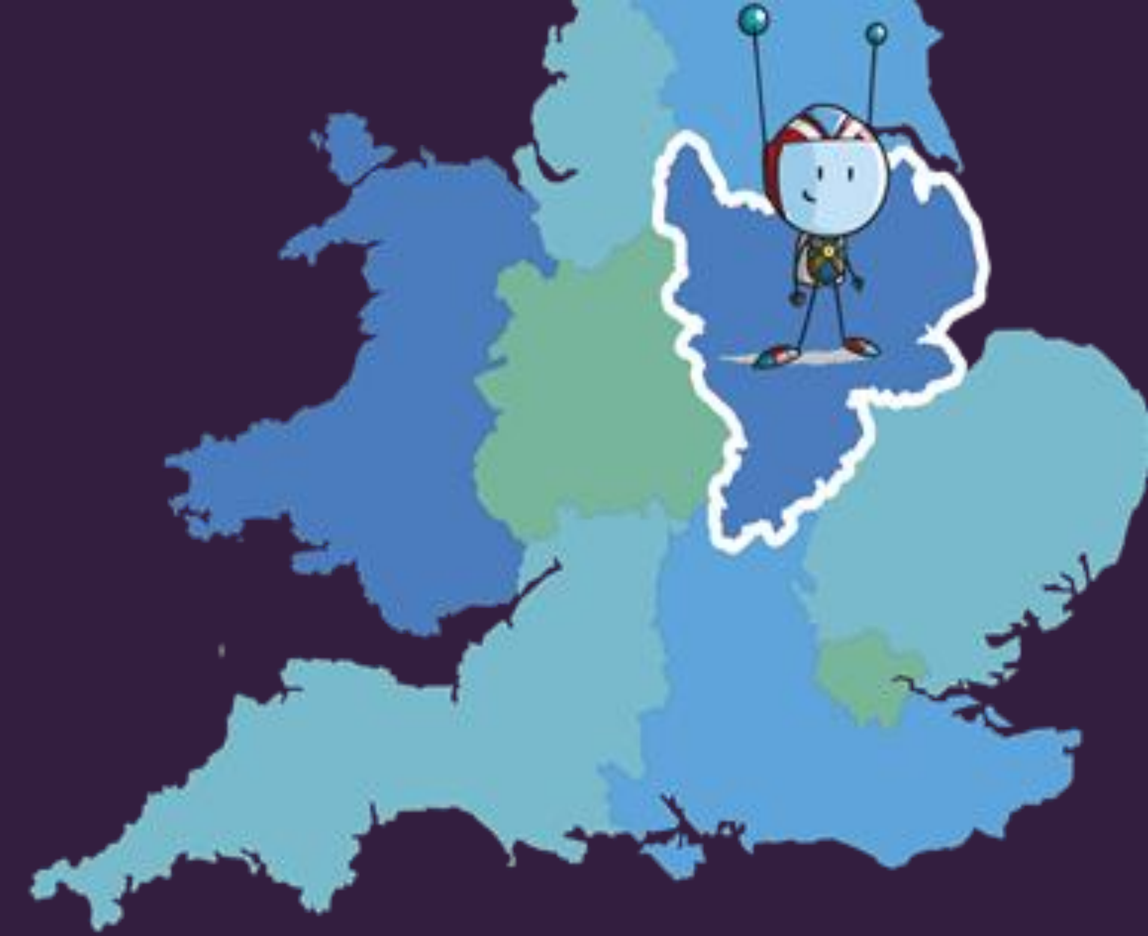


Introduction

CoMET (Children's Medical Emergency Transport) is a specialist critical care transport service based in the East Midlands, UK, supporting Tertiary Centres and District General Hospitals. The service is hosted by University Hospitals of Leicester and Nottingham University Hospitals. The team undertake a variety of transfers, including Palliative transfers to regional hospices and their own homes.

Palliative care is an umbrella term used to describe an active and total approach to care for a child and young person, from the point of diagnosis of a life-limiting condition through to their death and bereavement (1).

Methods

A retrospective review of a transport team database. Inclusion criteria; patients referred to CoMET for transfers to a local hospice or their own homes for palliative care between March 2017 to August 2022.

The patients needed to have palliative care, end of life care, withdrawal of care or one way extubation to be included in results.

Results

Since CoMET inauguration, 47 transfers were completed to a hospice or patient's own home for palliative care; there were 8 withdrawals of care that included extubation.

17% patients transferred died shortly following transfer.

The CoMET team were in attendance for one of these patient death.

The CoMET nurses and ambulance crew managed most of the palliative care transfers, alongside a medic. Consultants, Registrars and Advanced Clinical Practitioner's (ACP's) all took an equal role.

The largest age group of children and young people transferred were those less than a year.

55% of patients had documentation of an advanced care plan (DNAR, PRP, RESPECT).

Discussion & Conclusion

A small number of palliative care transfers were facilitated by CoMET each year.

Some of those patients died shortly afterwards; the data for those who did not is unavailable. Not all transfers resulted in end of life as some used the hospice as a stepping stone to home, or were transferred with expected imminent death but went on to be discharged home due to stability.

Despite the small number of palliative transfers, it could be argued that a specialist transport team is more appropriate than general children's nurses to carry out these transfers due to clinical experience. Considerations need to be made surrounding the emotional effects palliative transfers have on the CoMET team and the importance of specific guidelines to support these processes.

Palliative care transfers are a rare event for critical transfer teams. Research into the role that similar transport services provide for palliative care would be useful in helping to assess and improve the service provided, improving palliative care for local patients and their families.

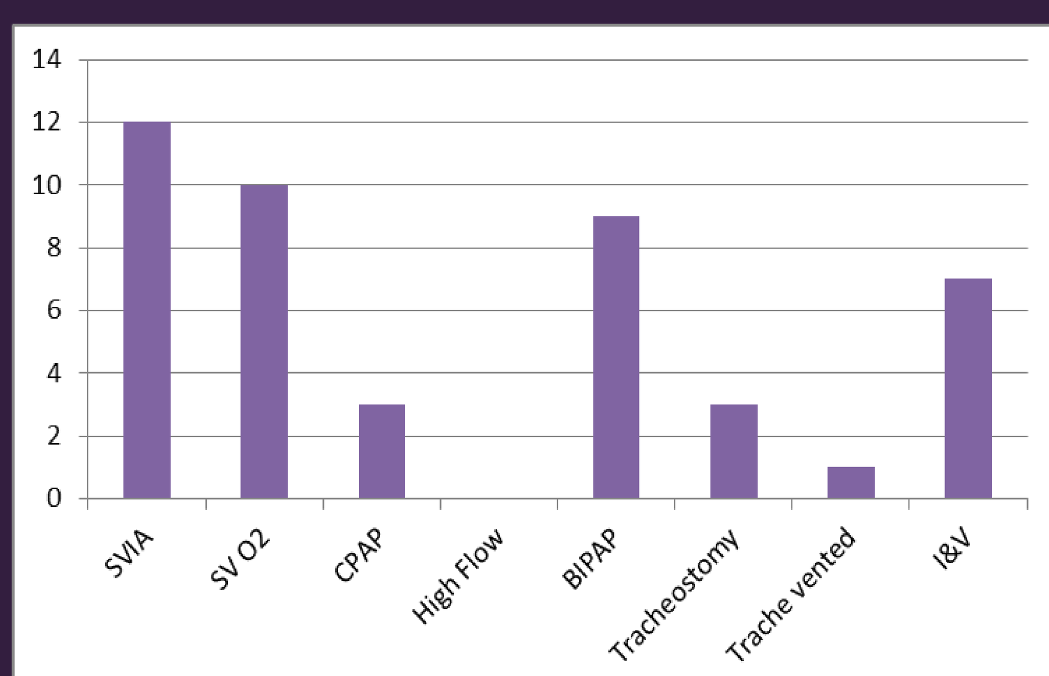


Figure 1: Ventilation status of Patients Transferred

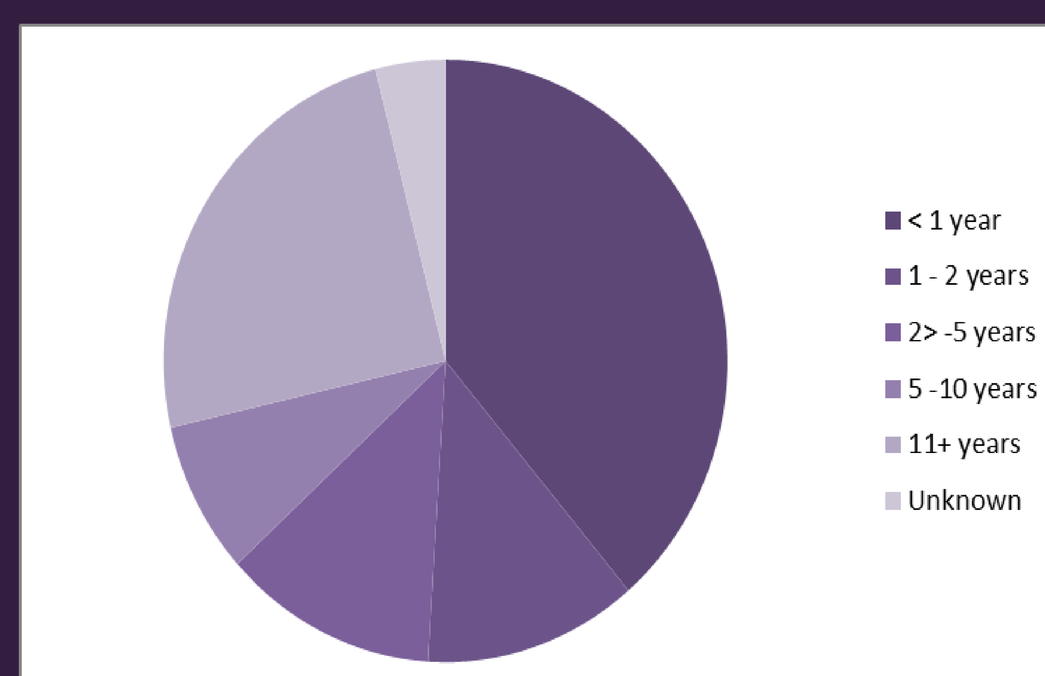


Figure 2: Age of Patients Transferred

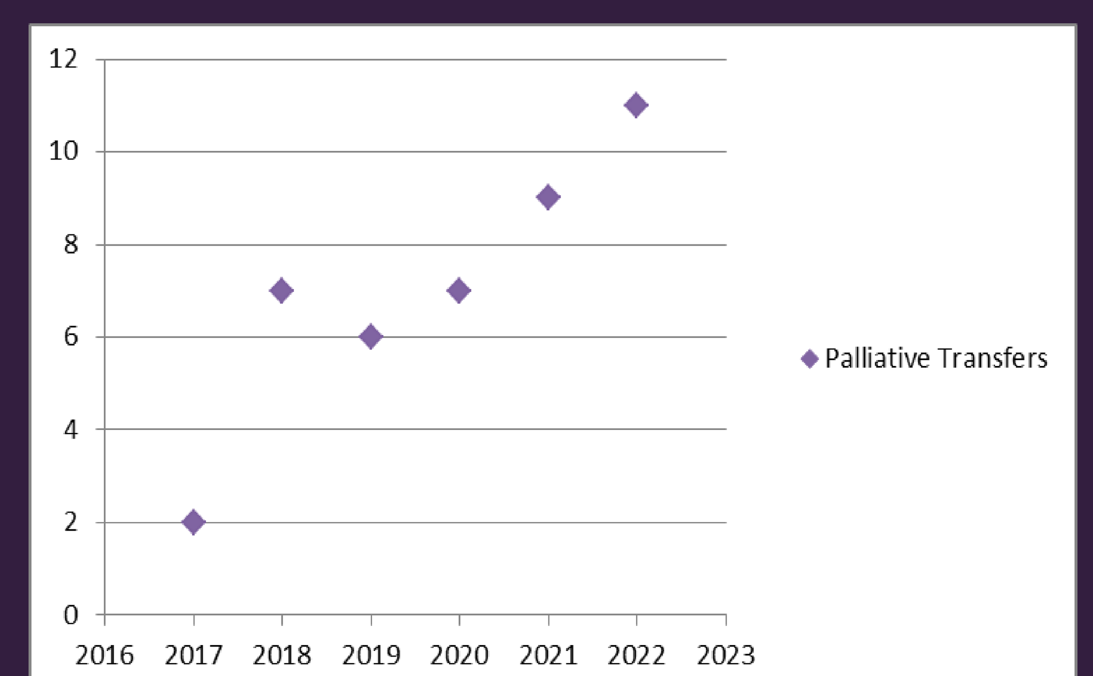
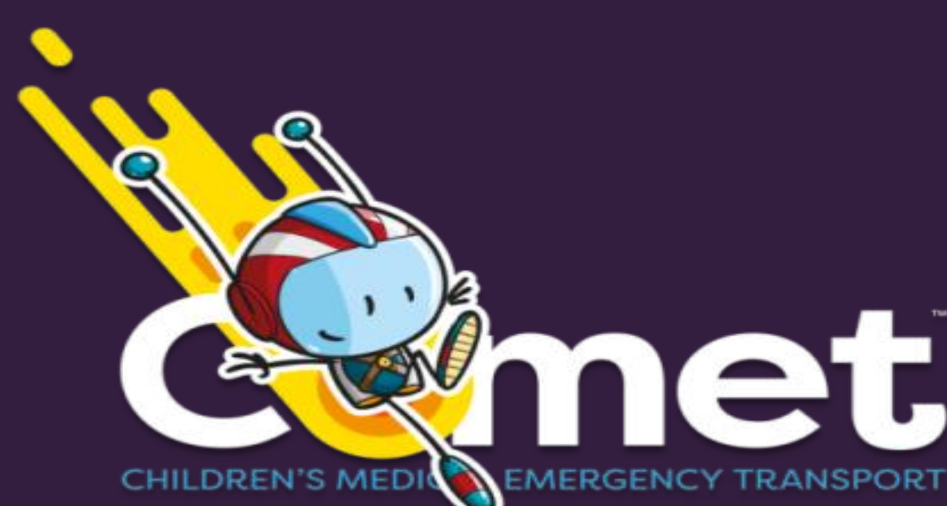


Figure 3: Palliative Transfers



References

(1) ACT. A Care Pathway to Support Extubation within a Children's Palliative Care Framework.

University Hospitals of Leicester NHS Trust

Nottingham University Hospitals NHS Trust