Canolfan Ymchwil Canser Cymru
Wales Cancer Research Centre

Palliative and Supportive Care Research Development

Which interventions are effective at reducing or avoiding unplanned hospital admissions of adults who are in the last twelve months of life and are living with a terminal condition? A rapid scoping review

01/09/2025

Evidence Implications:

Policy Implications:

While evidence implications have been presented, it should be noted that the included studies in this scoping review were not subject to quality assessment, as this is an optional component. However, we sought to highlight the key policy implications that emerged from the evidence. Several implications were identified in relation to interventions aimed at reducing or preventing emergency hospital admissions among adults with a terminal condition in their last year of life. The evidence highlights several areas for policy consideration, including:

- 24/7 support in communities (advice and response line)
- Emergency care in communities
- Integrated Care
- Advanced Care planning
- Early referral to Palliative Care
- In reach of palliative care into ED/ Care Homes
- Effective discharge planning to prevent further emergency admissions

A comprehensive document detailing the associated policy implications is available upon request.

Context

The End of Life Transformation Programme in Wales is dedicated to understanding the experiences of individuals who engage with emergency services during the final twelve months of life. Its core mission is to uncover the systemic challenges faced by people nearing the end-of-life and to design innovative, fair, and effective solutions for enhancing palliative and end-of-life care across the country. Extensive evidence shows that the quality of palliative and end-of-life care often varies based on factors such as location, health condition, and protected characteristics (Dixon et al, 2015, Dowd 2020, Marie Curie 2022). Currently, one in every fourteen attendances at *Emergency Departments in Wales* involves someone in their last year of life many of which result in avoidable hospital admissions.
Emergency care usage tends to be high during the final year of life. According to the recent *Time to Care* report, nearly half of respondents in Wales (n=550) indicated that their loved ones who died had used an ambulance (48%) or visited A&E (45%) within the last three months of life.

Of those A&E visits, 70% led to an overnight hospital stay. On average, individuals experienced 1.7 hospital admissions in their final three months, with a mean length of stay of 23.4 days.
Unplanned A&E visits and hospital admissions are distressing for patients and carers and costly and resource-intensive for our health and care system (Mason et al. 2020, Pask et al. 2022).

This Programme will feed into the *National Programme Board for Palliative and End of Life Care* as well as providing evidence and policy recommendations for influencing the next Welsh General Election and Programme for Government.
We are interested in exploring interventions in primary and community settings and interventions within emergency departments that have been effective in reducing admission to hospital in the last twelve months of life. This rapid scoping review aims to identify which interventions are effective at reducing or avoiding emergency hospital admissions of adults who are in the last twelve months of life and are living with a terminal condition.

Key Findings

Database and supplementary searches generated 715 records in total. After removing duplicates and irrelevant records, 558 articles were screened for eligibility. Figure 1 shows the flow of information through the review. We identified 125 articles for full text screening, of which 47 studies were included.

The majority of included studies (n = 13) were conducted in the United States (Bercow et al., 2021; Breyre et al., 2022; Coppa et al., 2022; Daaleman et al. 2019; Delgado-Guay et al., 2016; Ghosh et al., 2024; Jennings et al., 2020; Meggyesy et al., 2022; Miller et al., 2016; Montgomery et al., 2017; Morrison et al., 2016; Oh et al., 2023; Temkin-Greener et al., 2018).

A further 11 studies were based in Australia (Aoun et al., 2023; Dowd et al., 2023; Grant et al., 2014; Hollingworth et al., 2016; Keall et al., 2020; Marco et al., 2023; McDonald et al., 2022; Rosenwax et al., 2015; Spilsbury et al., 2017; van de Mortel et al., 2017; Wright et al., 2018).

Nine studies originated from the United Kingdom (Ariss et al., 2023; Bone et al., 2016; Bone et al., 2019; Henson et al., 2016; Leniz et al., 2021; Leniz et al., 2022; Lofthouse-Jones et al., 2021; Purdy et al., 2015; Wiltshire et al. 2024) and seven were from Canada (Brown et al., 2021; Earp et al., 2021; Johnston et al., 2023; Kalluri et al., 2018; Quinn et al., 2022; Wang et al., 2019; Webber et al., 2019). In addition, one study each was conducted in Belgium (Maetens et al., 2019), France (Deniau et al., 2014), Finland (Haltia et al., 2023), Italy (Pellizzari et al., 2017), the Netherlands (Van Der Plas et al., 2015), Spain (Rodrigo-Troyano et al., 2022), and Japan (Shimada et al., 2017).

The interventions were organised into seven thematic categories, among which community support was the most substantial. Table 1 provides an overview of the primary themes and their associated sub-themes. Twenty of the 47 articles' findings centred on the role and effectiveness of community support to prevent emergency admissions. Types of community support included practical and emotional volunteer support (Aoun at al., 2023), digital tools to enable junior staff to make decisions more quickly (Ariss et al., 2023), home-based primary care (Coppa et al., 2022, Daaleman et al., 2019, Grant et al., 2014, Henson et al., 2016), extended hours (Keall et al., 2020) and community palliative care (Pellizzari et al., 2017, Rosenwax et al., 2015, Spilsbury et al., 2017). Bone et al., (2019a,2019b) showed the impact of coordinating care and preventing readmissions through joined up discharge plans.

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Key Findings (continued)

Integrated care emerged as the primary theme in eight articles. Integrated care included primary care working with secondary care specialist (both condition specific and palliative care) to develop needs based end-of-life care plans (Hollingworth et al., 2016, Jennings et al., 2020, Kalluri et al., 2018, Mcdonald et al., 2022, Quinn et al., 2022, Shimada et al., 2017, van de Mortal et al., 2017 and van der Plas et al., 2015). The main theme of a further eight articles centred on referral to palliative care and importantly how timely this was (Bercow et al., 2021, Brown et al., 2021, Earp et al., 2021, Haltia et al., 2023, Meggyesy et al., 2022, Miller et al., 2016 and Rodrigo-Troyano et al., 2022).

An emergency response team providing care at home was the main theme for four articles (Breyre et al 2022, Daniau et al 2014, Johnston et al 2023 and Montgomery et al. 2017). The fifth theme was focussed on palliative care specialists 'inreaching' into other care provision: firstly, into care homes (Ghosh et al 2024 and Temkin-Greener et al 2018), and secondly, into emergency departments and hospital wards (Delgado-Guay et al 2016 and Purdy et al 2015). Four articles discussed the importance of advanced care planning (Bone 2019a et al. Bone et al. 2019b, Purdy et al. 2015, and Webber et al. 2019. Finally, there was one theme that had one article: the impact of an information and support line ((Marco et al (2023). Instead of identifying one distinct theme, two articles explored multiple factors that could contribute to a person not accessing emergency services for example, not living alone. (Dowd et al. 2023, Australia; Lofthouse-Jones et al. 2021, UK).
It is clear that providing timely palliative care in community settings is the most significant finding in this review given that varying kinds of 'community support' was the largest theme accounting for over half of the articles included. The integration of primary and palliative care in community or home settings, the use of digital tools and volunteer support are also clearly important aspects of preventing emergency admissions at the end-of-life.

Offering community support and high-quality communication between professionals and teams within community settings are important elements in both understanding patients' needs and curtailing emergency admissions at the end-of-life.

A. Reliability of evidence

Among the included studies, only one was a cluster randomized controlled trial (Temkin-Greener et al., 2018). The majority were retrospective in nature, primarily involving the review of medical records, databases, registries, or data related to hospital admissions and mortality rates.

Study designs included before-and-after studies (Aoun et al., 2023; Hollingworth et al., 2016; Jennings et al., 2020; McDonald et al., 2022) and various observational studies (Breyre et al., 2022; Grant et al., 2014; Maetens et al., 2019; Montgomery et al., 2017; Rodrigo-Troyano et al., 2022; Wiltshire et al., 2024). Other study types comprised follow-back surveys (Bone et al., 2019a, 2019b), case record reviews (Deniau et al., 2014), a service evaluation (Ariss et al., 2023), and retrospective cohort studies (Brown et al., 2021; Coppa et al., 2022; Dowd et al., 2023; Earp et al., 2021; Ghosh et al., 2024; Haltia et al., 2023; Henson et al., 2016a). Each study was assessed for relevance in relation to the initial research question, based on predefined inclusion and exclusion criteria.

B. Consistency of evidence

All studies focused on adults in the last year of life who were living with a terminal illness. To ensure the findings could be meaningfully compared and applied, only studies from countries that are part of the Organisation for Economic Co-operation and Development (OECD) were included.

C. Relevance of evidence

The majority of included studies were conducted in non-UK settings, including Australia, Belgium, Canada, France, Italy, Japan, the Netherlands, Spain, Sweden, and the United States. Nevertheless, the consistency of findings across these international studies and those conducted in the UK suggests a high degree of relevance and applicability to UK clinical practice. As retrospective studies, which analyse historical data to identify associations with potential risk factors, they were methodologically appropriate and directly aligned with the aims of the research question.

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Review Methods

Search Strategy:

A search was conducted across a wide-ranging set of databases: CINAHL (EBSCO), MEDLINE (Ovid), Embase (Elsevier), and Scopus (Elsevier). The preliminary search strategy was developed on Ovid Medline using both text words and medical subject headings and restricted to English language. The search strategy was modified to capture indexing systems of the other databases. (Search strategies available upon request). The databases were searched from 2015 to May 2025. Overall, the searches generated n-=558 citations after removing duplicates and irrelevant records. Reference lists of systematic reviews were checked for relevant studies missed by the search. To capture additional literature, a search of websites and consultations with experts were used. In addition, the AI research assistant "Elicit" was used to get an overview of missing data. Figure 1 represents the flow of information through the different phases of the review.

Inclusion:

Adults who are in their last twelve months of life, with any terminal conditions (cancers, dementia, COPD, heart failure , frailty etc.) living in an OECD (Organisation for Economic Co-operation and Development) country. Interventions with a focus on reducing emergency admissions in the last 12 months of life.

Exclusion:

Children <18 years of age. Case series studies consisting of less than 25 patients; non-English language studies, book chapters and conference abstracts.

Study Selection/Data Extraction:

Study selection was carried out using Rayyan based upon review of the abstract by two independent reviewers. The full text was assessed independently based on the eligibility criteria.

Data extraction was carried out within a pre-agreed form, initially piloted with one article. Critical appraisal of studies was carried out using the relevant study design tool.

Quality assessment was not undertaken due to the review type being a scoping review. Any discrepancies between the two reviewers were resolved by consensus or by recourse to a third reviewer.

Figure 1: Flow Diagram:

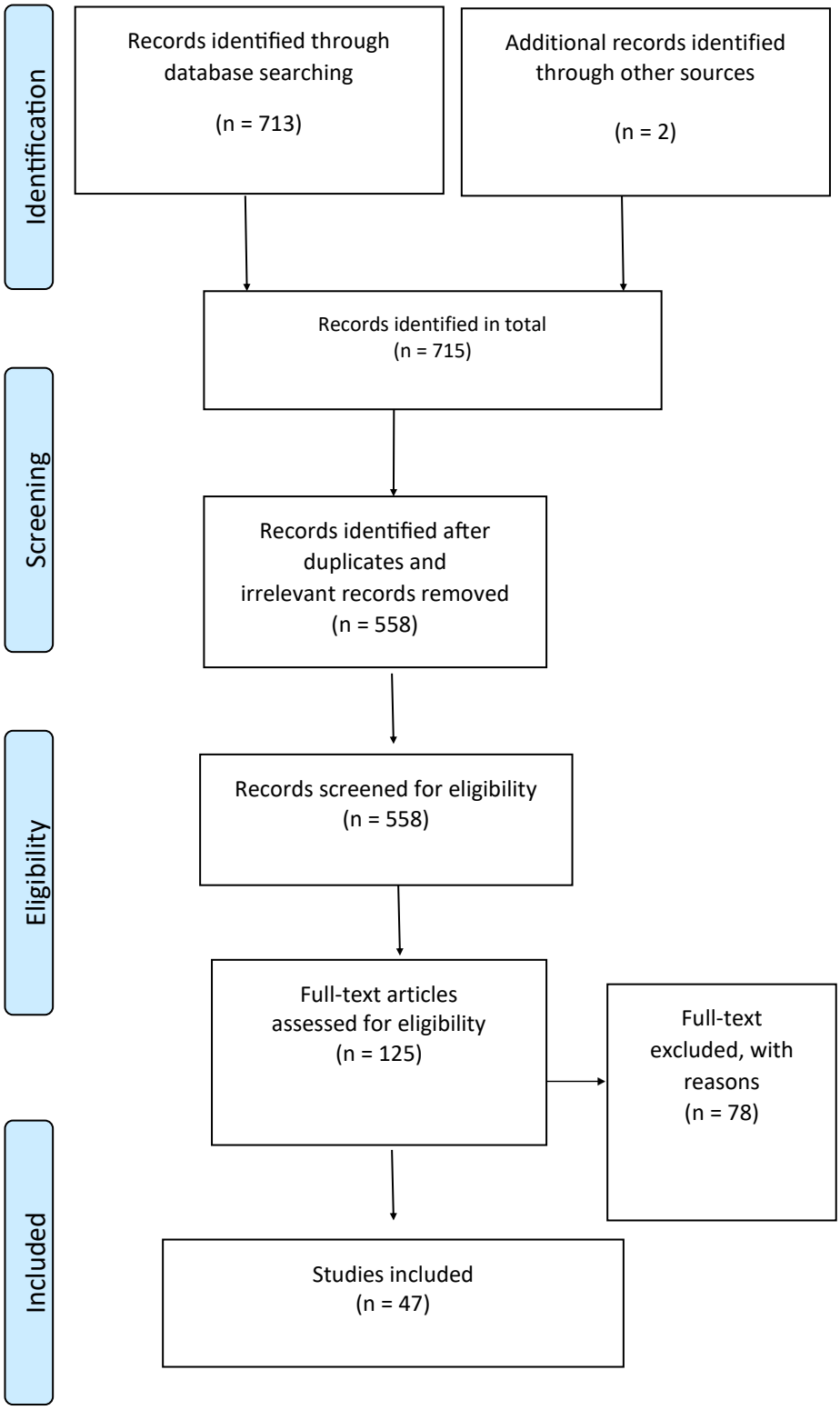

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Table 1: Key interventions along with associated sub-interventions

Community Support	
Practical and emotional support	Aoun at al. 2023, Australia
Home based community palliative care	Ariss et al. 2023, UK Coppa et al. 2022, USA Daaleman et al. 2019, USA Grant et al. 2014, Australia Henson et al. 2016a, UK Maetens et al. 2019, Belgium Rosenwax et al. 2015, Australia Spilsbury et al. 2017, Australia Wang et al. 2019, Canada Wiltshire et al. 2024, UK Wright et al. 2018, Australia
Care co-ordination	Bone et al. 2019a, UK Bone et al. 2019b, UK Purdy et al. 2015, UK Van de Mortel et al. 2017, Australia Van Der Plas et al. 2015, Netherlands
Extended hours	Keall et al. 2020, Australia
Support from specialist care on discharge home/ in community	Morrison et al, 2016, USA Oh et al. 2023, USA
Emergency care at home	Breyre et al. 2022, USA Deniau et al. 2014, France Johnston et al. 2023, Canada
Referral to Palliative Care	
Timeliness/ type	Bercow et al. 2021, USA Brown et al. 2021, Canada Earp et al. 2021, Canada Haltia et al. 2023, Finland Leniz et al. 2021, UK Meggyesy et al. 2022, USA Miller et al. 2016, USA. Rodrigo-Troyano et al. 2022, Spain Wright et al. 2018, Australia
Inreach	
Care homes	Ghosh et al. 2024, USA Temkin-Greener et al. 2018, USA
Emergency care/ Hospitals	Delgado-Guay et al. 2016, USA Purdy et al. 2015, UK
Integrated Care **(between condition specific and palliative care and/or between secondary and primary.**	Hollingworth et al. 2016, Australia Jennings et al. 2020, USA Kalluri et al. 2018, Canada Leniz et al. 2022, UK Leniz et al. 2021, UK McDonald et al. 2022, Australia Pellizzari et al. 2017, Italy Quinn et al. 2022, Canada Van de Mortel et al. 2017, Australia Van Der Plas et al. 2015, Netherlands
Support line	Marco et al. 2023, Australia
Advance care planning	Bone et al., 2019a, UK Bone et al. 2019b, UK Purdy et al. 2015, UK Webber et al. 2019, Canada

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Reference List - Included studies (in alphabetical order)

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Additional materials available upon request:

- Comprehensive document detailing the associated policy implications
- Table with in-depth descriptions of all interventions
- Critical appraisal / data extraction forms
- Search strategies
- List of excluded studies

This report should be cited as follows: Palliative Care Evidence Review Service. Which interventions are effective at reducing or avoiding emergency hospital admissions of adults who are in the last twelve months of life and are living with a terminal condition? A rapid scoping review. Cardiff: Palliative Care Evidence Review Service (PaCERS); 2025 September.

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Disclaimer: Palliative Care Evidence Review Service (PaCERS) is an information service for those involved in planning and providing palliative care in Wales. This scoping review provides an overview of key concepts and evidence, but due to its broad approach, it may not capture all relevant studies or data. The findings should be interpreted as a high-level summary, not an exhaustive review. The aim is to provide an overview of the best available evidence on a specified topic using our documented methodological framework within the agreed timeframe.

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