

Marie Curie Cancer Care Research Programme - Project Grant

Project details
<p>Dr Chris Burton, Bangor University</p> <p>Initiating End of Life Care in Stroke: clinical decision-making around prognosis</p> <p>Duration of project: 24 months Start date: 01/06/2013 (TBC) Budget: £145k (TBC)</p>

Abstract
<p>Background</p> <p>Initiating end-of-life care in an acute stroke context should target those patients and families with greatest need in a timely and acceptable manner. This requires synthesis of information on prognosis, patterns (trajectories) of dying, and patient and family preferences. Within acute stroke, prognostic models are available to identify risks of dying, but variability in dying trajectories makes it difficult for clinicians to know when to commence end-of-life interventions.</p> <p>Aim</p> <p>To investigate the use (at an individual clinician level) of different types of evidence in decisions to initiate end-of-life care within trajectories typical of the acute stroke population.</p> <p>Our objectives are:</p> <ul style="list-style-type: none"> • To identify trajectories of dying in acute stroke • To investigate patients' and family members' experiences of the initiation of end-of-life care within acute stroke • To identify how clinicians draw on different types of prognostic, clinical and other information sources use in making decisions about initiating end-of-life care in acute stroke <p>Methods</p> <p>Two-phase study comprising investigation of dying trajectories in acute stroke (Phase 1), and the use of clinical scenarios to investigate clinical decision-making in the initiation of end-of-life care (Phase 2). The research will be conducted in three acute stroke services in North Wales.</p> <p>In Phase 1, biographical, clinical and service data will be extracted from incident stroke patients' records over six months. We aim to include 672 patients; 114 may die in the acute stroke phase. Analysis will focus on the investigation of prognostic factors which affect the outcomes associated with different trajectories identified in the data. In addition, semi-structured interviews of a sub-sample of patients, carers or bereaved relatives will uncover associated chronological narratives of experience. Interviews will draw on individually meaningful markers to identify the initiation of end-of-life care (e.g. information provision; withdrawal of interventions), and the way that this impacts upon experiences of care and illness progression.</p> <p>In Phase 2, a think-aloud exercise will be completed by 30 stroke clinicians, examining information used when making clinical decisions about initiating end-of-life care. Case scenarios drawn from Phase 1 will represent the types of patients and decisions that characterise initiating end-of-life care in acute stroke. Clinicians will also be interviewed about wider influences on decision-making.</p> <p>Use of results</p> <p>Clinical guidance on the recognition of dying and initiation of end-of-life care in acute stroke will be developed. Understanding clinicians' decision-making will maximise guidance implementation potential.</p>