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**DEFINING END OF LIFE CARE IN ONE OF AUSTRALIA'S BUSIEST HOSPITALS.**

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Despite evidence illustrating the importance and benefits of Advance Care Planning (ACP), and sustained efforts to promote its use and uptake, the use of documented ACP in patients presenting to hospital at or near end-of-life (EOL) remains low.

**Treatment orders documented in each patient's most recent Resuscitation Plan**

	Number of patients
Full treatment	181 (22.9%)
Not for CPR but is for intubation	25 (3.2%)
Not for CPR or intubation (is for non invasive ventilation)	154 (19.5%)
Not for CPR, intubation or ventilation	306 (38.8%)
Palliative care	123 (15.6%)

The Royal Melbourne Hospital (RMH) has the largest number of admissions and separations of any other Australian hospital. Consecutive deaths occurring at the RMH from June 1<sup>st</sup> 2011 (n=90) were retrospectively reviewed to assess the preparedness of patients and carers for end-of-life care, specifically looking at ACP documentation and Limitation of Medical Treatment (LMT) orders. In this population of patients, only 3 patients presenting to hospital, who went on to die during that admission, had a documented ACP. During the final admission, there was a high incidence of documented LMT orders, (present in 80% of deaths). However in 15.28% of such instances, the LMT order was enacted following a "Code Blue" and/or Medical Emergency Team call, which raises questions about timeliness of discussions with patients and carers about clinical decision-making and EOL issues. Further data to be presented includes time taken from admission to LMT order (mean 4.89 days), quality of dying after defined LMT orders and the rates of consultation with Palliative Care (41.11% of cases). The results of this study highlight the ongoing need to promote appropriate early ACP discussions to guide EOL decision-making. The results of this study are to inform the basis of a new hospital wide initiative to promote and guide clinician-led ACP discussions.