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WHEN UNPLANNED ACUTE HOSPITAL ATTENDANCE IS APPROPRIATE: DEVELOPING A PATHWAY TO FACILITATE URGENT HOSPITAL REVIEW OF PATIENTS ATTENDING A SPECIALIST PALLIATIVE CARE DAY UNIT

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Background Specialist palliative care services are increasingly accessed by people in the early stages of a life-limiting illness, when functional status may be good and treatment aimed at prolonging life. Whilst avoidance of inappropriate hospital attendance for these patients is desirable, the value of *appropriate* hospital attendance should be recognised. We report an audit that appraised and developed the referral process from a specialist palliative care day unit to a local acute hospital for patients with suspected acute medical emergencies.

Method A retrospective case-note audit was carried out of all emergency referrals made from a specialist palliative care day unit to a local acute NHS trust over a three-month period. Qualitative and quantitative analyses were used to explore: the frequency of, and reasons for, emergency referral; association with primary disease type; the action taken by the acute hospital receiving team; documentation of the event; and clinical outcomes.

Results We identified nine referrals, equating to 1.3% of day hospice attendances, with all patients having a primary diagnosis of cancer. Reasons for referral (and frequency) included clinical suspicion of: pulmonary embolism; acute cardiac ischaemia; and sepsis. Seven episodes led to hospital admission (length of stay 2–14 days), with all patients subsequently being discharged home. Communication between palliative and acute services was comprehensive at the time of referral, but lacking at the time of discharge.

Discussion This audit highlights the importance of recognising and taking steps to appropriately manage emergency medical problems in a specialist palliative care patient population. Such problems might occur with increasing frequency as access to specialist palliative care services for those with early-stage disease expands. The results have been used to develop a robust process that uses effective partnership working and communication between palliative and acute services to facilitate appropriate hospital assessment, investigation and treatment.