

transferred, the project team felt that such a short length of stay was unacceptably high and the process was reviewed. During the following 4 months, there were 22 admissions with 2 deaths in less than 24 hours. 9 of these patients had a non cancer diagnosis.

**Conclusion** This model has helped to increase the awareness of EoLC in ASPH and to promote closer collaboration with the hospice. It has illustrated the challenges of identifying patients at the EoL. The high number of patients dying in less than 24 hours may reflect the need for earlier identification and that in some non malignant conditions, treatment may continue until close to death.

## Service Development — Implementation and Evaluation

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### IMPROVING END OF LIFE CARE (EOLC) THROUGH INNOVATIVE WORKING

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**Background** As part of improving EoLC at Ashford and St Peter's NHS Foundation Trust (ASPH), the Trust collaborated with Woking and Sam Beare Hospices (WSBH) to increase access to hospice beds for patients who might not traditionally have been considered for referral, by contracting 2 EoLC beds at the hospice.

**Aims** improve the end of life care experience  
support patient choice around preferred place of care/death  
promote earlier identification  
seamless service delivering EOLC

**Methodology** Hospital and Hospice staff developed an agreed pathway. Patients are identified by medical and surgical teams, and then reviewed by the hospital palliative care team, to ensure that the transfer is appropriate and that it's the patient's wish to be admitted to the hospice. The hospital speedily transfers a patient when a bed is available and without a formal referral.

**Results** In the pilot period (3.5 months) there were 34 admissions, with 19 of these patients having a non cancer diagnosis. However, 10 patients died in less than 24 hours. Although all relatives reported they were glad that the patient had been