inpatients assessed for GSF and currently using this information for targeted education and learning. As of the 30th September 2019, the three front runner wards had a combined assessment rate of 90.2%. Through this log, other metrics broken down by ward include identification rate, percentage of patients who achieve their preferred place of care and how many have an individualised plan of care in place or offered ACP

Conclusion Initial results indicate that having an electronic centralised database for monitoring GSF outcomes provides a platform to scrutinise key metrics for end of life care, which enable the wards and specialist palliative care team to ensure high quality end of life care is achieved.

CRITICAL CARE AND PALLIATIVE CARE: A LIAISON QIP

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Background and Introduction The NMUH Specialist Palliative Care Team (SPCT) were finding that patients discharged from Critical Care with a treatment escalation plan ‘Not for readmission to ITU/HDU’ were experiencing high levels of suffering on the wards for several days prior to SPCT review. They were also dying within the same hospital admission and not reaching their preferred place of care. The team proposed the idea of having all patients from this group referred at point of CRC discharge which would give these patients faster access to expert symptom control, advanced care planning and transfers to preferred place of care.

Method A baseline audit conducted on all patients discharged from CRC from 1/1/18 – 30/11/18 revealed that only 14% of patients with a TEP form ‘Not for admission to ITU/HDU’ were referred to SPCT at point of CRC discharge. Over 7 months several interventions were implemented through monthly PDSA cycles to improve the referral rate. This included emails sent to CRC staff, palliative care teaching at the CRC educational sessions and training of the critical care outreach team in making SPCT referrals.

Results Overall there was an improvement of referral rate of this group of patients to SPCT from 14% to 70% during the 7 months where the interventions took place. Moreover, the increasing collaboration between the two teams through this QIP culminated in the introduction of a palliative care representative at the weekly CRC MDT meeting.

Conclusions While an overall improvement in referral rate to SPCT was established it remains to be seen whether patient outcomes have improved due to this change. Thus a case note review will be conducted to assess this. Rotation of juniors in CRC means that the educational interventions need to be recycled biannually to keep up referral rate.

ABSTRACT WITHDRAWN

SYSTEMATIC REVIEW OF PROGNOSTIC VARIABLES ASSOCIATED WITH MORTALITY IN ADULT PATIENTS WITH HEART FAILURE

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Background Heart failure is a serious life limiting condition and patients can have a high symptom burden, reduced quality of life and increased unscheduled hospital admissions. Despite guidance advocating a palliative care approach in advanced heart failure, the variable disease trajectory leads to difficulty in predicting prognosis, which acts as a barrier to considering palliative care for these patients.

Aims This systematic review explores which clinically relevant variables are associated with a poor prognosis in heart failure and examines if it is possible to determine which of these variables best predict mortality.