

care and dieticians. As such, there is a risk of inconsistent practice. Hospital guidelines exist to help standardise treatment and ensure good quality care.

Methods Using coding data and manual review of notes, we identified 17 patients (with 23 admissions) admitted over a six-month period (August 2020-January 2021) who had MBO secondary to gynaecological malignancy recorded on their discharge notification. Through retrospective analysis of medical records, we compared care received against 8 key audit standards identified from our guidelines. Our target for each audit standard was 80%.

Results We met our target for 5 of 8 audit standards: a prompt gynae-oncology review and surgical decision was made in 87% and 82% of patients respectively. Where possible 100% of surgeries were performed on a routine list and above 80% of patients had a documented decision on steroid treatment and NG tube placement. Only 52% of patients were referred to palliative care within 24 hours of admission and under 80% of patients had a documented decision on further systemic anti-cancer treatment (SACT) and need for parenteral nutrition (PN). Median time from MBO diagnosis to death was 54.5 days with 43% of deaths occurring in hospital.

Conclusions We identified three key areas of care including: earlier palliative care referral, individual assessment for SACT and decision making around the need for PN which required improvement. The results indicate that MBO is an indicator of poor prognosis and therefore earlier palliative care involvement is vital. We aim to improve concordance with the guidelines through education and training and ensure written guidance is easily available.

P-94 HOW DOES LENGTH OF STAY DIFFER FOR DISCHARGE OUTCOMES IN THE ACADEMIC PALLIATIVE CARE UNIT (APCU) IN THE LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST: A SERVICE EVALUATION

Blessy Biji Charaleal, Andrew Khodabukus. *University of Liverpool*

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Background The APCU is a hospital in-patient palliative care unit which specialises in caring for patients with complex life limiting conditions. There is a gap in the research base of hospital based specialist palliative care inpatient units regarding the quality and benefits of such services for patients and their families.

Aims The main aim of this study is to look at the length of stay (LOS) of patients admitted to the APCU and compare this to different discharge outcomes. Secondary aims include whether LOS differs in patients admitted to APCU from emergency assessment units compared to non-emergency areas of the hospital and if there is a link between LOS prior to APCU admission and LOS on APCU.

Method Data was collected regarding LOS of 859 patients admitted on APCU from April 2018 to March 2020 using Hospital Episodic Data. Excel and SPSS software used for data analysis.

Results • LOS based on discharge outcome in days (difference between outcomes significant at $p < 0.001$ using Kruskal-Wallis statistical test)-

New Care home = 30.0

Hospital ward = 19.2
Usual care home = 15.2
Home = 12.3
Hospice = 9.9
Death = 6.8

• LOS on APCU depending on admission location in days (difference significant at $p < 0.001$ using the Mann-Whitney statistical test)-

Emergency unit - 7.8
Non-emergency - 10.6

• Positive correlation between LOS prior to APCU and bed days on APCU significant at $p < 0.045$ using ANOVA statistical test

Conclusion Results for the primary aim show a significant variation in length of stay for different discharge outcomes which identifies the need for more research regarding why this may be, perhaps by looking into transfer processes and whether this affects how efficiently patients can be discharged. Results have identified factors that affect length of stay such as long length of stay on wards prior to being admitted on APCU and admission from a non-emergency department.

P-95 A REVIEW OF OUTPATIENT ENHANCED SUPPORTIVE CARE SERVICES

Cahal Rafferty, Richard Berman. *The Christie NHS Foundation Trust*

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Introduction The ESC Team at The Christie is unique in that it offers supportive care for patients across the whole continuum of cancer (including curable, incurable but treatable and survivor cohorts). Historically there has been no single point of access (SPA) referral method to these services. This caused inconsistencies in referrals, which posed a greater challenge in triaging referrals and hence there was potential for a negative impact on emergency hospital admissions. This necessitated the creation of an SPA referral system to outpatient ESC services.

Method An SPA electronic referral proforma was created and a platform was used to collate data from 3 months' worth of referrals, which included:

- Urgency of referral;
- Disease type;
- Treatment intent;
- Reason for referral.

Results 28 patients were included in the results. 32% of referrals were deemed urgent and 82% were managed in accordance with the triage algorithm. The treatment demographics of patients referred were:

- 71% were deemed 'palliative – incurable but treatable';
- 11% were for best supportive care only and;
- 18% were being treated with curative intent.
- Symptom control was the main cause for referral, with pain management (89%) being the most common symptom.
- Review by the service caused admission avoidance of 36%, while 18% required admission to The Christie hospital and 3% required admission to another NHS trust.