A SYSTEMATIC REVIEW EXPLORING FACTORS ASSOCIATED WITH PALLIATIVE CARE UTILISATION IN PATIENTS WITH IDIOPATHIC PULMONARY FIBROSIS

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Background Palliative care is being underutilised in patients with idiopathic pulmonary fibrosis (IPF). Barriers in accessing palliative care (PC) included prognostic uncertainty in IPF, lack of clarity regarding the role of PC and patients fear regarding the future. The aim of this review is to explain how PC is currently being utilised in IPF patients.

Methods Medline and CINAHL were searched following a sensitive search strategy developed with a faculty librarian. Inclusion criteria included reporting PC utilisation in a health care setting as defined by WHO.

Results From 245 search results, we included 12 articles. At a national and institutional level we found a PC utilisation of 0%-62% and 13.5%-36% respectively, with PC commencing 1 day – 1 month before death. PC was associated with in home and hospice death. PC utilisation did improve over time. Factors influencing PC utilisation include being older at the time of diagnosis with more severe comorbitides and residing closer to the institution. One cohort study highlighted patients receiving PC had more severe baseline disease which coincided with the centres focus on these measures. Many cohort studies focused on the idea of a PC referral. Novel Education programmes, MDT approaches and decision aid tools all increased PC utilisation.

Conclusion PC utilisation has shown high variability, with onset of care too late to derive maximal benefit, however utilisation has been improving over time. Structured approaches taken by individual centres did improve PC utilisation, however, more research is needed to understand the upward trend in PC utilisation. While some studies focused on the idea of a PC referral, centres should be aware that PC can be delivered by a range of healthcare professionals. Novel models of PC delivery have paved the way forward in increasing PC utilisation, therefore, more research should focus on developing these approaches.

REFERENCES

RETURNING HOME: EXPEDITING DISCHARGE INFORMATION TO COMMUNITY SERVICES

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Introduction Effective and efficient co-ordination between healthcare professionals across settings is vital to ensure the continuity and quality of patient care. Particularly in the palliative care population who often have complex and rapidly changing needs. This includes communication of admission information, medication changes, advanced care plans and follow up information. A key method of communication is the discharge letter. Whilst working in Woodlands Hospice, we became aware that there were a notable number of calls including from GP pharmacies, Community Palliative Care Team and GPs to clarify discharge information and I felt there was an opportunity to improve the discharge communication process. This project explored a range of interventions to expedite the flow of discharge information, we focused on the completion and dispatching of letters from the medical team. The aim was to increase the percentage of discharge letters being sent from Woodlands Hospice to community services (GRCPCST,etc.), within or at 24 hours of discharge to 100% at 4 months.

Methods Data was analysed from 07/06/21-15/10/21. We compared the time frame in days from a patients’ discharge, to the sent date printed on discharge letters. Prior to any intervention, the percentage of letters meeting the target was 47%. We planned to accomplish the aim through 3 interventions; 1.

WHAT DOES AN OUT OF HOURS CONSULTANT LED PALLIATIVE CARE ADVISORY SERVICE LOOK LIKE?

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Background Supportive Care UK provides a nationwide remote palliative consultant led service to support medical professionals. This study aimed to characterise the nature of calls made to their out of hours (OOH) helpline.

Methods Retrospective review of 126 anonymised call logs, documenting second on call phone advice given across 19 sites during OOH periods between January and September 2021. Data was collected on demographics of the call, the patient and the nature and complexity of advice.

Results 68% (86) calls were made on Saturdays and Sundays.
• Peak call times were 11–12 am and 5–6 pm.
• The most common caller was a junior doctor (32), followed by staff grade doctors (19), 73% of callers were doctors (92), 13% (7) were clinical nurse specialists/advance nurse practitioners and 10% (12) were registered nurses.
• Patients were most frequently aged between 60 and 89 (61%).
• 78% (98) of patients had a malignant diagnosis, most commonly colorectal, urological and lung cancer.
• The commonest reason for calling was for advice regarding symptom control (58% ~ 73 calls). 18% (23) were regarding medical emergencies, 16% (20) about medication advice, 3% (4) about non-symptom control end of life care issues, 1.5% (2) regarding ethical advice.
• 14 calls (11%) were simple not requiring specialist palliative care knowledge. 96 calls (76%) were more complex including advice on symptom control and syringe driver adjustments. The remaining 16 calls (13%) were particularly complex requiring experienced specialist input, such as advice on Methadone, Ketamine, Phenobarbital and complex ethical discussions or decision making.

Conclusions This project demonstrates a pattern of usage of a second on call advice line across multiple sites nationwide. The most common usage of the service were training grade or staff grade doctors doctors calling predominantly for symptom advice, in the weekend day period about patients with a malignant diagnosis. Further analysis is ongoing.

REFERENCES