

## Morning Breakout 1—Acute

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### HOW WELL ARE ACUTE HOSPITAL STAFF SETTING TREATMENT GOALS AND IDENTIFYING NEED FOR PALLIATIVE CARE FOR IN-PATIENTS?

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**Background** Medical teams in acute hospitals often do not set goals of treatment for patients, especially those who are frail or complex. Hospitals have limitation of treatment policies, but compliance is often poor. The need for palliative care is also under-recognised.

**Aim** This was an observational audit to determine whether patients in a tertiary Melbourne hospital had goals and limitations of treatment documented by the treating team, and the association with length of stay and outcome.

**Method** Over 2 weeks, the records of hospital inpatients were reviewed. Data included demographics, co-morbidities, goals and limitations of treatment (LOT), need for referral to palliative care and outcomes.

**Results** 290 records were reviewed; 55% were male, average age was 67. 60% of patients had no goals of treatment. Ten patients were asked about advance care plans. Of those who should have had LOT according to hospital policy, 55% had no plans. 23 patients were suitable for Palliative Care, but only 9 had been referred. 18% of patients were confused; 60% of these had no record of discussions with family. 9% of patients died, 76% went home and 8% to residential care.

**Discussion** There was a lack of setting goals and limitations of treatment and under-referral to palliative care. Patients were more likely to die or go to residential care the longer they stayed in hospital and the greater their co-morbidities.

**Conclusion** There is potential to improve the practice of setting goals and limitations of treatment in this acute hospital.