

Afternoon Breakout 2—Aged Care

72

HAVE WE IMPROVED ADVANCE CARE PLANNING FOR DYING RESIDENTIAL AGED CARE PATIENTS PRESENTING TO AN ACUTE TERTIARY HOSPITAL?

J Wilkinson,¹ M Street,^{1,2} S Breen,¹ S Fullerton^{1,3} ¹*Eastern Health, Victoria, Australia;* ²*Deakin University, Victoria, Australia;* ³*Monash University, Victoria, Australia*

10.1136/bmjspcare-2013-000491.72

Background The number of people from Residential Aged Care (RAC) presenting to Emergency

Departments (ED) is increasing. The importance of rapid patient-centred decision making highlights the need for Advance Care Plans (ACPs).

Aim To investigate trends in ACP completion for the RAC population presenting to ED, by comparing data from 2009 to 2011; the proportion of patients with ACPs in place; whether ACPs were acknowledged and complied with by hospital staff; and whether current strategies have improved ACP implementation and compliance.

Methods A retrospective cohort study of 79 patients from RAC who died during hospital admission in 2011 was compared to a similar group of 90 patients in 2009.

Results The median age was 87 for both groups. Time from admission to death was shorter in 2011 (median 3.9 days, IQR=1.3–6.4) compared to 2009 (median 4.3 days, IQR=1.7–8.2). The proportion of patients with ACPs in place had doubled from 13% in 2009 to 29% in 2011 ($\chi^2=5.448$, $df=1$, $p=0.02$). Improvements were seen in the number of patients for whom ACPs were acknowledged or adhered to. The proportion of patients transferred from RAC who died during that admission was lower in 2011 (6.2%) compared to 2009 (7.3%).

Discussion More aggressive discharge planning of dying RAC patients by the palliative care team has resulted in fewer than previous deaths of RAC patients in acute beds and shorter length of stay.

Conclusion Overall improvement in ACP implementation and compliance has resulted in improved patient outcomes.