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DEVELOPMENT OF A HOSPICE REFERRAL PATHWAY FOR PATIENTS WITH ADVANCED INTERSTITIAL LUNG DISEASE

Barbara Powell,¹ Sanjay Agrawal². ¹LOROS, The Leicestershire and Rutland Hospice, Leicester, England; ²University Hospitals of Leicester NHS Trust, Leicester, England

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Background Recognising the inequalities between the care offered to patients with malignant and non-malignant disease, we looked to improve the care given to patients with advanced respiratory diseases. In order to pilot the service we initially focused on patients with advanced interstitial lung disease (ILD).

Aim To develop collaborative working practices between the hospice team and the local respiratory physicians to produce a seamless pathway for ILD patients as their condition advances. Such a pathway could be modified to improve the care of patients with other advanced non-malignant respiratory diseases.

Method An initial audit of patients with advanced ILD admitted to the acute hospital, encompassing the SPICt criteria, allowed us to identify a cohort of patients who had sub-optimal symptom control and might ideally have been cared for in the non-hospital setting. We then developed a pathway in collaboration with the lead ILD physician aimed at earlier identification of such patients via the hospital MDT or clinic setting, to encourage timely referral to the specialist palliative care team.

Results Identified patients were assessed for non-pharmacological and pharmacological interventions to improve breathlessness mastery and alleviation of other symptoms via the multi-professional team. On-going support and advanced care planning /the development of an emergency health care plan

were also encouraged where appropriate. Of the 29 patients referred 6 have subsequently died, 5 in the hospice, one supported at home. 4 further patients have had an in-patient stay for symptom control, 8 have an ACP/EHCP in place. Of those referred, three patients have required hospital admission but none have subsequently died in the acute hospital.

Conclusion With appropriate collaboration it is possible to develop services to produce a major improvement in the care for patients with advanced non-malignant respiratory disease.