

P 154

COMMUNICATION WITH PRIMARY CARE REGARDING END OF LIFE CARE (EOLC) IN RESPIRATORY MEDICINE

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Background Leeds Teaching Hospitals is a flagship trust for the EoLC strategy. We aim to improve the identification of these patients, and critically the communication with the patient, family and primary care.

Method We conducted a retrospective review of clinic and discharge letters from patients who died as an in-patient or within 28 days of discharge. All were under the care of a respiratory physician during two 6 month periods in 2011 and 2012. Data is currently being collected for 6 months in 2013 and will be presented.

Results Notes from a total of 186 and 181 patients, with a median age of 74.4 and 75.0 years, were reviewed in 2011 and 2012 respectively. Between 2011 and 2012 there was an increase in the proportion of deaths post-discharge from 22% to 29%. Documentation of a palliative intent to therapy was noted and communicated to primary care in 21% of in-patient deaths during both years. Documentation of palliative intent on the discharge summary for patients dying within 28 days of discharge fell from 78% to 40%.

Conclusions The commonest causes of death for in-patients were pneumonia, lung malignancy and COPD. Those who died within 28 days of discharge had lung malignancy, other malignancy, ILD and COPD. The majority of patients with a documented communication about palliative intent had a diagnosis of thoracic malignancy. This reflects a more predictable disease trajectory and MDT decisions of “best supportive care”. Lack of confidence around predicting terminal disease in other respiratory diagnoses may account for the differences in rates of communication. In EoLC communication between professionals is a critical step in improving patient care and is particularly challenging in those with non-malignant disease.