P-110 DYING TO BE INVOLVED- A SURVEY OF WHAT MATTERS TO AN ACUTE HOSPITAL COMMUNITY

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In 2009, the Dying Matters Coalition was set up to promote public awareness of dying, death and bereavement. The aim was to address society's lack of openness and to encourage people to talk about their wishes towards the end of their lives with friends, family and loved ones, including thinking about where they want to die.

A Dying Matters survey was conducted at St Peters Hospital (ASPH), a District General Hospital in Surrey, UK. The aim was to open the discussion about death and dying to the ASPH community and determine 'what matters' to ASPH about death and dying.

Methods Potential participants were all people (including patients, relatives and staff) entering the hospital during dying matters week (May 2016). These participants were approached to complete a short anonymous questionnaire and provided free text comments. Participants were able to choose any number of areas of care that 'mattered' to them.

Results One hundred and seventy-seven completed questionnaires were returned. One hundred and twenty nine (73%) were from females, and the majority of respondents were aged between 25–64 years old (n=138, 78%). The element of care with the greatest response was 'being involved in care decisions' (n=152, 86%). 'Being with those who are important to you' and compassionate care were the next most important (n=144, 81%). Symptom control mattered for 60% (n=106). Dying at home for 64% (n=114). Analysis of free text comments showed a positive response to the dying matters awareness survey.

Conclusion This survey shows it is possible to engage an acute hospital community in dying awareness discussions. Of interest is the large majority of participants felt 'being involved in care decisions' was the most important element of care. Patient involvement in care decisions through shared decision making is pivotal to getting dying right for all.

P-111 PALLIATIVE CARE TRAINING FOR NON-SPECIALISTS: WHAT HAPPENS IN UK MEDICAL SCHOOLS, PRIMARY CARE AND HOSPITAL PRACTICE? HOW MIGHT DEFICITS BE ADDRESSED?

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Background and purpose PC has gained prominence in an effort to deliver quality care for people with end of life needs.¹ Non-specialist doctors provide the majority of such care.² Limited research suggests lack of preparedness and confidence for this role.³ Similarly, weaknesses may exist in PC teaching at some medical schools.⁴ Two parallel studies explore this further.

Methodology A survey of General Practitioners (GPs) and Hospital Doctors (HDs) examined education, knowledge and confidence in managing patients with PC needs. A second

study surveyed UK medical school PC course organisers, focusing on teaching and organisation. Results were analysed for common themes.

Results Most GPs and HDs regularly saw patients with PC needs, and viewed PC positively. Self-assessment of competences was mixed. Participation in postgraduate PC education was low. Attending conferences does not change practice. Clinical attachments, shadowing opportunities, e-learning and textbooks are more likely to be beneficial.

Undergraduates receive increased PC teaching time with greater curriculum integration and wider use of assessment however variability and areas of weakness exist. Concerns expressed include insufficient placements, teachers and funding. Doubts existed whether courses deliver quality training, adequately prepare doctors to care for PC patients, or fulfil General Medical Council requirements.

Discussion and conclusion PC teaching at medical school may be insufficient to equip doctors to care for patients with PC needs. There is a need for increased postgraduate training for non-specialists. To be effective, such training should be learner-centred, involve clinical scenarios and experiential learning, and recognition of barriers to PC education.

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P-112 IMPROVING ACUTE HOSPITAL CARE THROUGH PARTNERSHIP WORKING

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Background Northumbria Healthcare NHS FT has developed a novel partnership approach with Marie Curie to improve hospital liaison palliative care. This has increased the number of palliative care nursing staff from 2.8 to 9 WTE posts. This service expansion has coincided with the opening of Northumbria Specialist Emergency Care Hospital (NSECH). NSECH has been highlighted by NHS England as an example of good practice and, in line with the five year forward view,¹ may be replicated in other areas of the country. The vision is to provide emergency care within NSECH and ongoing, non-acute, care on 'base-site' hospitals. It is imperative to assess the impact of such a development on the development of palliative care services.

Design This service evaluation considered patient characteristics and outcome for patients seen in NSECH over 6 months following its opening. Data were extracted from an existing palliative care database.

Results 492 patients were seen, with 1232 face to face patient contacts.

At first assessment 65% were in an unstable phase of illness; 24% were deteriorating and 10% were terminally ill.

Mean performance status (KPS) was 39%.

66% of patients had a malignancy; 34% had non-malignant disease.

27% of patients were discharged home, 28% of patients died and 23% were transferred to a palliative care unit.

Median duration of episode of care was 1 day; the mean was 3 days (range 0–157 days).

Discussion The opening of NSECH has transformed the hospital palliative care liaison team. The provision of palliative care within an acute, emergency care hospital provides particular challenges, including acute care for patients who are dying, and the rapid discharge of patients with complex needs and high dependency. Partnership working with an acute trust has enabled this rapid development in service in an emerging area of palliative care provision.

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P-113 FACTORS INFLUENCING ACUTE CARE UTILISATION IN NURSING HOME RESIDENTS WITH ADVANCED DEMENTIA IN FINAL THREE MONTHS OF LIFE: A SYSTEMATIC REVIEW AND NARRATIVE SYNTHESIS

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Burdensome transfers to acute hospital are common and potentially unnecessary amongst nursing home residents with advanced dementia approaching last days of life

Aim To identify and appraise influencing factors associated with acute care utilisation amongst nursing home residents with advanced dementia in final three months of life with view to inform adaptation of an existing conceptual model.

To evaluate effectiveness of identified interventions influencing acute care utilisation amongst this cohort.

Methods Six electronic databases (MEDLINE, EMBASE, CINAHL, PsycINFO, Web of Science, Cochrane Library) were searched from inception through March 2015 for studies pertaining to the above research question supplemented by hand-searching selected journals, reference and citation tracking, contact with experts and grey literature search. Following a systematic process, key studies were identified, data extracted and results collated. Strength of evidence was determined according to quality, quality of studies and consistency of findings for individual factors and assigned as low, moderate and high to inform a conceptual model. Results were thereafter harmonised using the process of narrative synthesis.

Results No intervention studies meeting criteria for inclusion in the review were identified. Eight studies were identified

reporting four demographic, three clinical and five environmental factors across three countries and 5 02 323 individuals. High strength evidence was assigned for effect of four factors upon risk of acute care utilisation in final months of life; two increased risk (black ethnicity, co-morbidity {previous stroke}); two reduced risk (insurance status, presence of advance decision). The remaining were assigned moderate (two factors) and low (seven factors) strengths of evidence respectively impacting upon all domains of the model.

Conclusion A myriad of inter-related factors influence acute care utilisation in nursing home residents with advanced

dementia approaching end of life. Further interrogation of views of health-care proxies, professionals and other

stakeholders may elucidate additional influences upon decision making process, enhancing understanding.

Findings may assist in informing clinical, organisational and policy initiatives to attenuate unnecessary and burdensome transitions in this population.

P-114 END-STAGE CHRONIC LIVER DISEASE: A LOOK AT THE LAST YEAR OF LIFE

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Introduction Liver disease is the fifth most common cause of death in the UK.¹ Patients with chronic liver disease (CLD) and its complications present frequently to hospital; when their disease reaches end-stage, their supportive and palliative care needs can be high.² In this study we describe the last year of patients' lives with CLD to identify opportunities for concurrent palliative care involvement in the future.

Methods We performed a comprehensive retrospective case-note analysis of patients who died of CLD (or complications) in a teaching hospital over a period of 12 months. Caldicott approval was obtained.

Results Reasons for admission in the cases were varied, but could all be attributed to decompensation of CLD. Alcohol was the causative factor in the majority of cases. Almost every patient had DNACPR in place when they died. Patients died both on the ward and in level 2/3 settings. A minority met the specialist palliative care team. Many patients had active interventions and investigations within 24 hours of death.

Conclusions We were able to perform a detailed examination of the hospital admissions of this cohort of patients during the last year of life. We identified alcohol as a contributing factor in the majority of cases, however this did not appear to prejudice clinicians from admitting patients to level 2/3 care. It appears that DNACPR is considered appropriately, however patients are still having investigations and non-symptomatic medications even after death is recognised as imminent. More work is needed to identify whether early palliative care involvement could be helpful to these patients.

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P-115 IMPLEMENTING AN ELECTRONIC WHITEBOARD SYSTEM ON THE IN PATIENT UNIT

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Background A web application (PSAG, Patient Status At a Glance) was developed to replace the existing wall mounted whiteboard and marker pen system for displaying the status of in-patient beds, patients and requests for admission. It was developed in order to provide a more efficient way to manage