Abstracts
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 hospi-
tal 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.

REFERENCES

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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Burdensoine transfers to acute hospital are common and poten-
tially 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 influenc-
ing 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 track-
ing, contact with experts and grey literature search. Following
a systematic process, key studies were identified, data
extracted and results collated. Strength of evidence was deter-
mined according to quality, quality of studies and consistency
of findings for individual factors and assigned as low, moder-
ate 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 environ-
mental factors across three countries and 5 023 323 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 deci-
dion). 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 deci-
sion 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-STATE 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-sym-
ptomatic medications even after death is recognised as immi-
nent. More work is needed to identify whether early palliative
care involvement could be helpful to these patients.

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ogy. A time to act: improving liver health and outcomes in liver disease. The

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