

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.

REFERENCES

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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.

REFERENCES

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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