Abstracts

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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Background: 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.

References


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
and prioritise admissions to our hospice In Patient Unit (IPU), as well as enabling the capture of data for audit purposes. Planning for the process began in May 2015 with a pilot taking place in December 2015. It was formally rolled out in January 2016.

Benefits
- It has improved the way in which we manage our admissions waiting list by allowing us to easily assign/update priority
- It will be a useful audit tool for looking at unmet need (those patients who would have been admitted if there had been a bed) as well as length of wait for a bed and reasons for admission
- Provides data on average urgency of request and whether we manage to meet the urgency stated
- It can be accessed by all clinical teams who work on IPU from any connected PC in the hospice
- Improved confidentiality (previous whiteboard could have been viewed through a window or open door)

Issues
- Time taken to train all staff and to adapt to the new system
- System relies on accurate and timely entering or updating of information
- Initial problems with maintenance and troubleshooting as there was no on-site IT support
- PSAG is not linked to our electronic records system (SystmOne) so risk of duplication of information or relevant clinical information not being entered into SystmOne
- It cannot collect some data that we have previously been collecting manually

The Future
Use of the PSAG continues to evolve as new issues arise

Results
Immediate feedback stated the training had been very useful. Further results regarding how well the Physiologists have put the learning into practice will be available in the near future.

The majority of Palliative Care attendees admitted to little understanding of cardiac devices before the study day compared to a good understanding afterwards.

Conclusions Cardiac Physiologists are a group of the non-cancer workforce who are potentially neglected with regards to end of life communication skills training. We would encourage other services around the country to provide this training to improve the end of life care for patients with ICDs.

Interactive role play appears to have been a successful method to provide this training.

The joint educational programme between Cardiology and Palliative Care facilitated learning from shared differing experiences and helped develop relationships between the teams.