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A TWO PRONGED EDUCATIONAL PROGRAM REDUCED UNWANTED HOSPITAL ADMISSIONS BY INCREASING MCA COMPLIANT PERSONALISED CARE PLANS IN NURSING HOME RESIDENTS

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Background Clinical incident reporting has identified that nursing home residents have been admitted to hospital despite an expressed wish to stay at the nursing home. This may be caused by failures across the whole health system. Previous education has been delivered solely to those with direct patient contact. We were interested to see whether education of policy makers at the same time had extra benefit

Aim To improve the end of life care of nursing home residents and to reduce the unnecessary financial burden to the local health economy, by ensuring a sustainable improvement in the completion, documentation and sharing of personalised care plans.

Methods A longitudinal study of nursing home residents presenting to A and E was conducted over the same 2 week period in October 2016 (n=61) and October 2017 (n=52). Between the two cycles the educational initiative was introduced. This included engaging with senior management in the trust, CCG, ambulance service and clinicians.

Results Pre-intervention;

54.1% (n=33) had an illness suggestive of impaired capacity, but this was not recorded or assessed. Staff asked about the presence of a Personalised Care Plan (PCP) in 16.4% (n=10) of presentations and 4.6% (n=3) had PCP that was adequate enough to guide care. 29.5% (n=18) had a DNACPR form.

Post-intervention;

There was a 14.8% reduction in A and E presentations. 76.9% (n=40) had an illness suggestive of impaired capacity, with 3.85% (n=2) having a capacity assessment. Staff asked about the presence of a PCP in 19.2% (n=10) of presentations and 9.6% (n=5) had a PCP that was adequate enough to guide care. 53.8% (n=28) had a DNACPR form

Discussion Previous sporadic education yielded a disappointing impact on PCP completion. This study suggests that a two pronged educational approach is more effective.

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RECOGNISING THE PATIENT WITH FRAILTY OR DEMENTIA APPROACHING THE END OF LIFE – FOCUS GROUP REPORTS

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Objective In an attempt to address the findings of the CQC report 'A different ending – addressing inequalities in end of life care' we explored staff perceptions of end of life care in the Care of the Elderly (COTE) wards of an acute hospital trust.

Method We conducted focus groups with health care professionals (HCPs) (nurses, junior doctors and allied health professionals) working on two COTE wards in November 2016. We used vignettes describing a frail elderly person and a person with dementia to aid discussion. During the focus groups, the

facilitators wrote copious notes which were then analysed to produce a summary of participants' views, supported by verbatim quotes.

Results We spoke to 31 HCPs. Key themes identified were: patients try to discuss their imminent death but are prevented from doing so by staff and families; whilst HCPs recognise reduced oral intake as a symptom of approaching death, this is not well explained to families, leading to conflict and distress; care is directed by senior medics and other staff do not always feel able to challenge interventions they deem inappropriate.

Conclusions HCPs can recognise patients with frailty or dementia approaching the end of their lives, but feel unable to discuss this with the patients or their families. Early discussions around goals of care may reduce their feeling that 'patients are done to'. They would welcome learning about better communication skills with these patients and considered this as important as learning life support skills. No funding was obtained for this study.

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DOES AUSTRALIAN-MODIFIED KARNOFSKY PERFORMANCE STATUS (AKPS) HELP PREDICT OUTCOME FOR PATIENTS ADMITTED TO A HOSPICE INPATIENT UNIT?

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Background Australian-modified Karnofsky Performance Status (AKPS) is recommended as part of the OACC (Outcomes And Complexity Collaborative) suite of measures to assess palliative patients' functional ability in 3 dimensions: activity, work and self-care. AKPS ranges from 100% (normal function) to 0% (dead). There are studies suggestive that Karnofsky Performance Status (not Australian-modified) may be predictive of survival. If AKPS on admission to a short-stay hospice inpatient unit (IPU) is related to the likelihood of the patient dying during that admission, this information may help with prognostication, discussions with patients and families, resource allocation and service development.

Methods A retrospective patient records review was conducted for all patients admitted to our hospice IPU over one year from 01.06.2016–31.05.2017.

Results There were a total 314 hospice admissions, and 305 patient records contained sufficient data for inclusion in the analysis. AKPS on admission ranged from 10% to 80%.

There was a strong negative correlation between higher AKPS on admission and likelihood of dying during the admission (Pearson's Correlation Coefficient $r = -0.9771$, 95% CI: -0.87 to -0.99), and a strong positive correlation between higher AKPS and likelihood of discharge home ($r = +0.9806$).

92% of patients with AKPS=30% on admission subsequently died while still an inpatient, and 83% of patients with AKPS 50% survived to discharge.

Discussion This review suggests a strong association between AKPS on admission to our short-stay hospice and the outcome; in particular, patients with AKPS 30% or less are very likely to die during that admission. This knowledge may help to inform the support and information we offer to patients and families before and during hospice admission, as well as influencing how we allocate resources and plan future service developments.