END OF LIFE CARE REGISTERS IN UK RENAL UNITS
Natasha Freeman, Jyoti Baharani. Heart of England NHS Foundation Trust

Aims To analyse the relationship between documentation of a preferred place of death and resuscitation status on the likelihood of death in hospital.

Methods Retrospective cohort study of all adults with a CMC plan made between 31st March 2011 and 31st September 2016 with a recorded place of death. We explored the cohort with standard descriptive statistics before using multiple imputation by chained equations and multivariable logistic regression.

Results Of all 11,839 persons, 1% with a recorded PPD wished to die in hospital. Those missing a PPD were 80% more likely to die in hospital (OR, 95% CI: 1.80, 1.61 to 2.01, p<0.001; 31% vs 14%), whilst those who were ‘for resuscitation’ were 89% more likely to die in hospital (OR, 95% CI: 1.89, 1.69 to 2.13, p<0.001; 30% vs 13%). Those missing one aspect of advance care planning were more likely to either for resuscitation or to have no recorded preferred place of death, respectively.

Conclusions Advance care planning in the form of shared PPD and resuscitation status is significantly associated with dying outside of hospital. These discussions should be offered to those at the end of life, and shared with relevant healthcare professions involved in an individual's care.

THE IMPACT OF ADVANCE CARE PLANNING ON DYING IN HOSPITAL
Thomas Callender, Julia Riley, Natasha Wiggins, Stephanie Archer, Joanne Droney. Imperial College London, The Royal Marsden NHS Foundation Trust

Background Fewer than half of patients opt to die in hospital, yet this remains the most common place of death in England. Coordinate My Care (CMC) is London’s Electronic Palliative Care Coordination Service. Previous analysis has shown that individuals with a ‘do not resuscitate’ order shared through CMC are 76% more likely to die in a place of their choosing, however the relationship between a recorded preferred place of death (PPD) and death outside of hospital is unknown. Enabling individuals to die outside of hospital is an indicator of quality in end of life care, and a cost-saving strategy.

Conclusion Ambulance practitioners fulfilled an important role in facilitating non-hospital care at the end of life challenges the negative view of near end-of-life hospital admissions as failures. Hospital provision was sought