

relationships over time; that physical care tended to take priority over time spent exploring issues especially when time was limited. Reasons for not exploring and documenting were common for all staff groups.

**Conclusions and recommendations** The results were presented to the wider hospice team who made suggestions for change. These included: offering additional staff education and training in communicating with cognitively impaired people; proactively consulting informal carers to gain a deeper understanding of patients' needs; the use of a person-centred document for informal carers to complete with patients if able, that encouraged identification and exploration of psycho-social concerns; using routine handovers to highlight when these areas had not been addressed. A working group will be formed to implement and test changes to practice as part of the quality improvement in this area.

## 90 EMERGENCY ADMISSIONS FROM CARE HOME TO HOSPITAL AT THE END OF LIFE: AN ANALYSIS OF NATIONAL DATA 2006–2015 FOR ENGLAND

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**Objective** Hospital admissions of care home residents close to the end of life are a source of concern and frequently described as 'inappropriate' and avoidable. However, the magnitude of this 'problem' on a national scale has not been investigated to date. This recently completed study investigated trends and characteristics of emergency admissions from care home to hospital where death occurred within seven days.

**Methods** Longitudinal and cross-sectional analysis of linked Hospital Episode Statistics with ONS mortality data for England 2006 to 2015: 1 85 830 care home residents aged 25 + who experienced a last week of life emergency admission to hospital, with comparator group 9 03 175 care home residents who died in care homes.

**Results** Of those in the last week of life in a care home 16.1% had an emergency hospital admission; of whom 91.3% died in hospital. Last week of life admissions contributed 14.6% of emergency admissions from care home to hospital and 9.2% of hospital mortality following emergency admission. Residents who had an emergency admission in the last week of life were less likely to be female (OR 0.84, CI: 0.83 to 0.85), from older age groups (OR 0.35, CI: 0.34 to 0.37, for 95+ compared with 25–64) or to have dementia (OR 0.37, CI: 0.36 to 0.37). They were more likely to have an underlying cause of death of stroke (OR 2.74, CI: 2.67 to 2.80), heart disease (OR 3.29, CI: 3.21 to 3.36), chronic respiratory disease (OR 3.91, CI: 3.81 to 4.01) acute respiratory disease (OR 5.74, CI: 5.61 to 5.88) or external injury (OR 9.73, CI: 9.32 to 10.16) compared to cancer. Trend analysis revealed significant decreases in these admissions from 2008 onwards

**Conclusions** Last week of life hospital admissions are a small, and decreasing, risk for care home residents, the majority of whom remain in their care home in the final week of life. The implications for practice and policy are discussed

N.B. Data analysis recently completed: late-breaking abstract

## 91 HOW THE TRACEY JUDGEMENT HAS CHANGED DNACPR DISCUSSIONS IN PALLIATIVE CARE

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**Background** The decision published from the Court of Appeal of England and Wales in 2014 in the case of Tracey vs Cambridge University Hospital ( 'the Tracey judgement') changed the requirements for discussing Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions with patients.

**Methods** A retrospective case note review aiming to identify changes in practice when discussing DNACPR decisions following the Tracey judgement. 150 case notes from 2013 (before the Tracey judgement) were compared with 150 case notes from 2015 (following the Tracey judgement) at five hospices in the West Midlands. The notes were analysed to identify whether the judgement had resulted in a change in how frequently DNACPR decisions were discussed with patients or their families, as well as any changes in the rationale for not discussing such decisions.

**Results** Discussions with patients increased from 31% to 60% and with relatives from 29% to 59%. The most common reason that DNACPR decisions were not discussed with patients or relatives changed from a belief that these discussions would cause distress in 2013 (23%) to the patient lacking capacity to engage in such discussions in 2015 (40%). There was a lack of consistency and clarity in defining the concept of 'physical or psychological harm' following the Tracey judgement.

**Conclusion** Healthcare professionals specialising in palliative care in the region and time frame studied are discussing DNACPR decisions more frequently with patients and families following the Tracey judgement but clarity on what constitutes 'physical or psychological harm' caused by these discussions is still required.

## 92 AN AUDIT OF CURRENT GUIDELINES AND RECOMMENDATIONS FOR MOUTH CARE IN PALLIATIVE AND END OF LIFE CARE

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**Background** Oral complications in palliative care patients are very common. Guidelines for oral care of these patients are available from several different sources within the UK. However, these guidelines are often inconsistent and it is unclear whether the recommendations are implemented in practice. This project aims to determine if the guidelines for oral care translate into the care provided to patients, and identify any additional techniques that are not published but provide benefits to patients in end of life care.

**Methods** A literature review of the guidelines and published evidence was conducted to collate a list of recommendations. A pilot survey and qualitative research was conducted with Special Care Dentistry Consultants, Palliative Care consultants, geriatricians, and those providing day-to-day care for palliative care patients. This focused on what treatment was being provided to maintain oral care and comfort for palliative care patients.