A TALE OF TWO SETTINGS: ARE THERE DIFFERENCES IN CARE OF PATIENTS WITH PROGRESSIVE BMJ Supportive & Palliative Care

Results
Ninety-two percent of those surveyed felt that the handover was easier to read, 100% felt they had a clearer understanding of what information to include on the handover. 92% had a better understanding of escalation status and 47% of nurses felt it was easier to explain this status to a doctor out of hours. Assessing advance care planning, 85% felt they had a better understanding of a patient's preferred place of death. Sixty-six percent of those surveyed felt patient care had improved as a result of these changes. Comments included 'this has been a great development which ensures a more robust and consistent approach to handover. However, 48% felt the changes had resulted in handover being more time consuming.

Conclusion
Multi-professional input to support changes in the e-handover led to improved communication between staff, a clearer understanding of escalation status and preferred place of death for patients, leading to improved patient care. Further work is required to understand the cause of time burdens in completing handover.

HA patients were more likely to be in the 'dying phase' (PoI) on IPU admission (14/50, 28%) compared to other phases than CA patients (9/110, 8%) (p<0.001). Mean IPU length of stay was longer in CA (17.6 days) compared to HA (13.2 days) (p=0.05). HA were more likely to die during that IPU admission compared to CA patients (46/50 (92%) vs 69/110 (62%)), (p<0.05). 41/110 CA patients were discharged from IPU.

Conclusions
Findings highlight potential differences in patient needs and outcomes depending on which setting the patient was admitted from. This will influence development of 24/7 services & bed utilization. Further analysis is beneficial to clarify findings.