

lead to ways to improve patient reported outcomes as well as to help ensure the efficiency of the phase I process.

Abstract number: FC58

Abstract type: Oral

Variation in Care and Support Needs of Patients with Advanced COPD Baseline Data from an Ongoing Longitudinal Study of Trajectories of Need

Farquhar M.C.¹, Moore C.², Gardener C.², Holt Butcher H.², Ewing G.², White P.³, Burge P.⁴, Living with Breathlessness Study Team

¹University of Cambridge, Public Health & Primary Care, Cambridge, United Kingdom, ²University of Cambridge, Cambridge, United Kingdom, ³King's College London, London, United Kingdom, ⁴RAND Europe, Cambridge, United Kingdom

Background: Chronic obstructive pulmonary disease (COPD) is a chronic progressive condition with high symptom-burden, accounting for one death every 20 minutes (England and Wales). UK strategy documents state that quality end-of-life care should be available to patients with any condition, yet we rely for this on planning tools developed for cancer with its differing trajectory. We lack fundamental research on the non-malignant disease trajectory. **Aims:** To describe variation in the care needs and service use of patients with advanced COPD, sampled from a population base.

Methods: Mixed method baseline interviews with a cohort of over 200 patients recruited from primary care and their informal carers in the East of England. The cohort forms part of the Living with Breathlessness study and, as such, is being followed over time in a mixed-method 18-month longitudinal interview study involving 3-monthly semi-structured interviews with flexible methodology to capture changing function, need and service-access. Quantitative measures include: validated patient measures of function and need; lung function (spirometry); and service access. Quantitative data are analysed using descriptive statistics. Purposively sampled qualitative data are analysed using a framework approach and multiple perspective case study methodology.

Results: At the time of abstract submission baseline data collection is ongoing but due for completion by the end of November 2013. The results will highlight variation in need and in the experience and outcome of care in advanced COPD by describing symptoms and perceived needs, disease-specific health-related quality of life, service access and informal care.

Conclusions: The Living with Breathlessness study aims to provide new evidence on the trajectories of health and social care need and service access of patients with advanced COPD and their informal carers to inform a new framework for care and support in advanced non-malignant disease.

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Clinical and Cost Impact of Early Palliative Care Screening and Consultation in the ICU

Zalenski R.J.^{1,2}, Jones S.², Courage C.³, Waselewsky D.³, Welch R.³, Kaufman D.², ICU-PAL Project

¹Wayne State University School of Medicine, Emergency Medicine/Palliative Care, Detroit, MI, United States, ²Tenet Healthcare, Dallas, TX, United States, ³Wayne State University School of Medicine, Emergency Medicine, Detroit, MI, United States

There are currently no reports of clinical and cost outcomes of early systematic screening triggering formal palliative care consultation for MICU patients in a multihospital setting. A 7-item palliative care screen was used at two university affiliated and five community teaching hospitals in 3 cities. Palliative care consultation was ordered on a subset of high risk patients, with a score of 1 or more positive screen items. Using a propensity model and a regression analysis, high risk patients with and without palliative consultation were compared for DNR conversion, hospice referrals, readmissions within 30 days, length of stay, and total direct costs.

A total of 1923 patients were admitted, of which 58.9% were screened; 38% of patients screened scored positive. Patients who were high risk and received a PC consult had much higher rates of DNR, hospice referral, and lower readmissions at 30 days. Median daily costs decreased significantly soon after the start of PC consultation, regardless of the day consult began. On multivariate regression and propensity analysis, early consultation, begun at 4 or fewer days from admission, was associated with a reduction of 2.5 days (95% CI: -3.7, -1.1) LOS and \$2706 less (95% CI: -4518, -464 US dollars) per admission.

Early PC consultations in patients with positive screens were associated with significant clinical and cost impact. Early PC consultation is recommended for high risk MICU patients.

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Mental and Physical Health and Multidimensional Problems among HIV Outpatients in East Africa: A Multicentre Observational Study

Harding R.¹, Simms V.², Penfold S.², Downing J.³, Powell R.A.⁴, Mwangi-Powell F.⁴, Namisango E.⁴, Moreland S.⁵, Gikaara N.⁴, Atieno M.⁴, Kataike J.⁴, Nsubuga C.⁴, Munene G.⁴, Banga G.⁴, Higginson I.J.¹

¹King's College London, Cicely Saunders Institute, Dept of Palliative Care, Policy & Rehabilitation, London, United Kingdom, ²London School of Hygiene and Tropical Medicine, London, United Kingdom, ³Makerere University, Kampala, Uganda, ⁴African Palliative