RESULTS

There was no mortality from CAP in our study population. Mean length of stay was 7 days (1–41). There was positive correlation between CURB65 and LOS (Rs = 0.41, p = 0.003). We did not observe any statistically significant correlation between the lactate level, albumin level or white cell count on admission and the LOS. Interestingly, we noticed that there was a statistically significant negative correlation with the day 3–5 albumin level with LOS (Rs = -0.522, p = 0.000627).

CONCLUSIONS

Our study suggests that low albumin on day 3–5 increases hospital LOS therefore it could be postulated that early nutritional intervention to keep higher level of albumin might decrease length of stay. We also believe that combing admission CURB65 and day 3 albumin will give us better tool to predict LOS but prospective study is needed to evaluate these findings further.

Abstract P241 Figure 1. CAP Bundle

P242 WHAT IS THE PRE-ADMISSION NHS-CONSULTATION BEHAVIOUR OF ADULTS WITH COMMUNITY-ACQUIRED PNEUMONIA?

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Introduction

Under 75 mortality from respiratory disease is highlighted as a target in the NHS Outcomes Framework. Community-acquired pneumonia (CAP) cases are likely to form a considerable proportion of such deaths. Most CAP deaths occur in hospital, but it is not known whether initiatives to reduce such deaths should be primarily targeted at hospital or alternatively at pre-hospital care. To help address this we set out to identify the pre-admission NHS contact behaviour of adults admitted for CAP.

Methods

Adult admissions for CAP to one NHS Trust were prospectively identified between 14th May and 25th June 2013. For each case the diagnosis was validated by chest radiograph examination. After written informed consent a structured interview was conducted with each patient. Anonymous data was collected in an Excel spread-sheet and analysed with IBM SPSS 20.

RESULTS

Of 83 possible pneumonia cases, 64 were confirmed to have radiographic pneumonia and 44 included in the study (Exclusions: declined – 4; language barrier – 4; immune compromise – 5; unable to provide history due to illness or confusion – 7). Median age was 73 years and CURB65 distribution was 36% to 34% - similar to the BTS audit population. Only 17% had had some form of pre-admission NHS contact for this illness, the majority presenting directly to hospital. Pre-admission NHS contacts included GP contact (17, including 9 consultations, 5 telephone contacts, 2 home visits, 1 out-of-hours service), 1 walk-in centre and 1 A & E attendance. 1 case had 3 pre admission NHS contacts. There were no contacts with NHS Direct / 111.

Conclusions

We have successfully designed a CAP admission and discharge care bundle and shown improvements across all measured standards post implementation. A further study is planned to measure effects on direct patient outcomes.

Poster sessions