

<b>Name</b>	<b>Validation study to evaluate whether prognostic screening tools assess palliative care needs in patients with advanced liver disease.</b>
<b>Type of project</b>	Exploratory validation study – longitudinal. Single site, UK liver tertiary unit.
<b>Aims/objectives</b>	<ol style="list-style-type: none"> <li>1) To assess if the Bristol Screening Tool (BST) and the Supportive &amp; Palliative Care Indicator Tools (SPICT) tool predicts palliative care needs.</li> <li>2) To assess if the BST and SPICT tool predict mortality at 12 months.</li> </ol>
<b>Inclusion/exclusion criteria</b>	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> <li>• All patients admitted under Hepatology or Liver Transplant to the Liver Ward at the Royal Free Hospital in the period April – November 2018.</li> </ul> <p>Exclusion criteria:</p> <ul style="list-style-type: none"> <li>• Patients not accepted under the care of Hepatology or Liver Transplant services but admitted to the liver ward.</li> <li>• Patient whose notes were not available at the time of audit.</li> </ul>
<b>Description of intervention/ methodology</b>	<ol style="list-style-type: none"> <li>1) To look through the notes of all patients screened with SPICT/BST to see which patients have palliative care needs, using a specially designed proforma. Referral to palliative care services considered the gold standard.</li> <li>2) To look through the notes of patients not screened case by SPICT/BST to know what happens to this cohort of patients.</li> <li>3) To follow up screened patients on their survival status 12 months post-screening date.</li> <li>4) Statistical analysis: The discriminatory ability of the tools will be assessed using sensitivity, specificity and a receiver operating characteristics curve (AUC). We will also assess the tools' performances of predicting mortality by plotting Kaplan-Meier survival curves for those identified as requiring palliative care against those who were not identified as requiring palliative care.</li> </ol>
<b>Measures used to assess progress</b>	<ul style="list-style-type: none"> <li>• BST (Hudson et al 2015)</li> <li>• SPICT (Highet et al 2013)</li> <li>• Proforma to assess palliative care need</li> <li>• Survival 12 months post-screening.</li> </ul>
<b>Resources required</b>	No specific funding. Work for this study was conducted by staff from the Marie Curie Palliative Care Research Department, UCL, who are funded from the Marie Curie Core research grant (MCCC-FPO-16-U).
<b>Progress</b>	Screening data has been collected on 121 patients.
<b>Lessons learnt</b>	<ol style="list-style-type: none"> <li>1) Some tools may disadvantage some patients without liver cirrhosis but with liver related diseases.</li> <li>2) Patients with liver related diseases often have complex physical, social and psychological needs.</li> </ol>
<b>Future plans</b>	<ol style="list-style-type: none"> <li>1) To use proforma to assess palliative care need in screened patients</li> <li>2) To follow up 12 month to check survival status</li> </ol>
<b>Resources produced</b>	n/a
<b>Contact details</b>	<p>Victoria Vickerstaff <a href="mailto:v.vickerstaff@ucl.ac.uk">v.vickerstaff@ucl.ac.uk</a>  Cathy Carroll <a href="mailto:catherine.carroll1@nhs.net">catherine.carroll1@nhs.net</a>  Joe Low <a href="mailto:joseph.low@ucl.ac.uk">joseph.low@ucl.ac.uk</a>  Doug Thorburn <a href="mailto:douglas.thorburn@nhs.net">douglas.thorburn@nhs.net</a>  Jo Wilson <a href="mailto:jo.wilson8@nhs.net">jo.wilson8@nhs.net</a>  Paddy Stone <a href="mailto:p.stone@ucl.ac.uk">p.stone@ucl.ac.uk</a></p>