23 THE USE OF A MODIFIED 'SURPRISE' QUESTION TO IDENTIFY AND RECRUIT DYING PATIENTS INTO A RESEARCH PROJECT IN AN ACUTE HOSPITAL SETTING

Jane Gibbins, Sophia Bloor, Colette Reid, Melanie Burcombe, Rachel McCoubrie and Karen Forbes *University Hospitals of Bristol NHS Foundation Trust, Bristol, UK*

10.1136/bmjspcare-2012-000196.23

Aims To determine the feasibility of recruiting patients into a study to examine their care as they died in an acute hospital trust.

Methods The authors performed a prospective mixed-methods observational study of the care given to patients who were dying in hospital. All patients on five study wards were screened on admission using the question, 'Is this patient so unwell you feel they could die on this admission?' If the answer was 'yes' the patient (and/or family) was approached to give prior consent to being included in the study 'should they become more unwell'. We calculated the sensitivity and specificity of the screening question and the proportion of patients providing consent.

Results Over 2 years, 6703 patients were screened; staff answered 'yes' to the screening question for 327 patients (5%). The screening question had a sensitivity of 57% and a specificity of 98%. Prior consent (23) or relative assent (94) was obtained for 117 (36%) of these patients. 70 died within the study. Only 25 (7%) patients were considered too distressed to approach and only 17 (5%) declined to participate. Other reasons for non-participation included patient improvement (53), death very soon after screening (45) and logistical reasons for example, patient moved to a non-study ward.

Conclusion To our knowledge prior consent for research during the dying process has not been used before within an acute trust. While a large number of patients were screened, our screening question was helpful in identifying patients who could die during an admission. It was possible to gain consent from about a third of these patients, or assent from their relatives, for inclusion in a study to examine their end-of-life care.