

**Conclusions** This audit confirms that well documented ACP conversations do impact on place of death but that even within a specialised setting, it can be difficult to identify significant ACP discussions and for all staff to be easily aware of them. This has implications for recording and sharing this information between organisations which is recommended best practice. Changes to our recording processes are now in place in an attempt to improve this for the future.

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**ADVANCE CARE PLANNING IN PRACTICE**

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10.1136/bmjspcare-2014-000654.250

**Background** Advance Care Planning (ACP) is a voluntary process of discussion about future care between an individual and their care providers and is recommended as best practice in end of life care.

Hospice in the Weald (HitW) routinely documents patients' ACP in the patient record. This audit was carried out to ascertain what impact this information had on the patients' end of life care.

**Aims** To identify how many deceased patients had ACP conversations clearly documented in their record

To explore the content of the information in the notes in a 10% random sample

To look at place of death for these patients and compare with those who didn't have ACP notes

**Method** A retrospective audit was performed looking at patients who died between 1/8/2012–29/2/2013. A 10% random sample was identified, of whom half had ACP clearly documented. The notes were read and salient information recorded.

**Results** 439 patients died during the 7 month period of whom 51% had an identifiable ACP conversation recorded in their notes. 44 notes were looked at and there was a marked difference between the place of death for those with documented ACP and those without (Home 37% vs 22% and Hospital 4% vs 19%). There were many instances where although ACP conversations were taking place they were not recorded in one location and not updated and therefore were not easily accessible to all staff.