

**Table 1** Documentation in Medical Notes

	Target	Cycle 1	Cycle 2
Resuscitation Status	100%	82%	97%
Prognosis	95%	55%	95%
Ceiling of Care	95%	41%	100%
Readmission Plans	95%	14%	100%
Patient/family awareness	95%	77%	100%

**Table 2** Discharge Documentation

	Target	Cycle 1	Cycle 2
Resuscitation Status	100%	6%	89%
Ceiling of Care	100%	56%	100%
Readmission Plans	100%	33%	100%
Patient/family awareness	100%	59%	100%

**Cycle 1** Documentation regarding prognosis and ceiling of care (escalation plans) was poor; often it was very difficult to find in the medical notes. On call teams had to make escalation plans for 4 patients. Patients and relatives were not always informed in a timely fashion leading to 3 complaints.

**Cycle 2** Re-audit results following the implementation of the ACP Summary showed an improvement in all 5 key areas.

**Conclusion** The ACP Summary ensured easily accessible information and prompted early discussions with patients, relatives and within the MDT. It improved communication with GPs on discharge.

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### AN AUDIT INTO ADVANCED CARE PLANNING FOR END OF LIFE CARE PATIENTS AT KINGSTON HOSPITAL

Sophie Merrick, Emily Guilhem, Lulu Kreeger. *Kingston Hospital NHS Foundation Trust, Kingston-Upon-Thames, UK*

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**Background** The End-of-Life Care (EoLC) Strategy 2008 highlighted the importance of early identification of potential for dying and Advanced Care Planning (ACP).<sup>1 2 3</sup> Early awareness of poor prognosis helps patients and their relatives to understand their illness and make informed choices about their care; for instance whether to decline aggressive intervention and hospitalisation if it is unlikely to improve their quality of life.

**Aims and Objectives** To prompt early communication within the MDT and with patients and their relatives about ACP for those deemed to be in their last year of life.

**Method** Data from 40 discharged patients, who had been identified as likely being in their last year of life, was collected in each audit cycle.

Cycle 1 was a retrospective case notes analysis from one Care-of-the-Eldery (CoE) ward. Five key areas of ACP were reviewed: resuscitation status, prognosis, ceiling of care, readmission plans, patient/family awareness of condition and prognosis.

Prior to cycle 2, an ACP Summary proforma was implemented where discussions around the five key areas could be summarised. It was introduced at a CoE department meeting and teaching sessions were held for junior doctors.

**Results** Tables 1 and 2 illustrate our findings.