

To audit the use of the AMBER care bundle in relation to improvement in the length of stay, hospital readmission, coordination of care, medical planning and communication when recovery is uncertain.

**Method** A sample audit of notes for inpatients that had died where their care had been supported using the AMBER care bundle. A sample of patients summary care records when patients had been discharged from hospital following a stay where care was supported using the AMBER care bundle.

The audit proforma included quality of the completion of the bundle itself, documentation of Preferred Place of Care, length of stay, communication, decision making and readmission into hospital.

A retrospective audit of case notes for in patients that had died that had not been supported using the AMBER care bundle used as a comparison.

**Results** The audit did show that there was a significant difference in quality of documentation, planning and the recording of preferred priorities for care for those patients that had been supported using the AMBER care Bundle, than not.

Health professionals were able to identify the correct patients as suitable for support using the bundle.

**Conclusion** The AMBER bundle improved the documentation in patient's case notes of escalation decisions, and the documentation of conversations with patient and or their family at a time of uncertainty.

P 218

#### IMPLEMENTATION OF THE AMBER CARE BUNDLE: A WAY TO MANAGE UNCERTAINTY

Joanne Meredith, Howard Evans. *Warrington and Halton NHS Foundation trust, Warrington, England*

10.1136/bmjspcare-2014-000654.259

**Background** Warrington and Halton NHS Foundation Trust is a part of Transforming End of Life Care in Acute Hospitals. The Transform programme advocates the use of tools and enablers to standardise good evidence based care for patients that are nearing end of life. The AMBER care bundle is one of the 5 key enablers, used to support communication with patients and family and promote good planning when recovery is uncertain.

**Aim** To Embed the tool through facilitation on selected wards throughout the trust and measure and record the impact on patient care, to continue to improve end of life care, in the acute setting.