

inpatients assessed for GSF and currently using this information for targeted education and learning. As of the 30th September 2019, the three front runner wards had a combined assessment rate of 90.2%. Through this log, other metrics broken down by ward include identification rate, percentage of patients who achieve their preferred place of care and how many have an individualised plan of care in place or offered ACP.

Conclusion Initial results indicate that having an electronic centralised database for monitoring GSF outcomes provides a platform to scrutinise key metrics for end of life care, which enable the wards and specialist palliative care team to ensure high quality end of life care is achieved.

60 CRITICAL CARE AND PALLIATIVE CARE: A LIASION QIP

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Background and Introduction The NMUH Specialist Palliative Care Team (SPCT) were finding that patients discharged from Critical Care with a treatment escalation plan 'Not for readmission to ITU/HDU' were experiencing high levels of suffering on the wards for several days prior to SPCT review. They were also dying within the same hospital admission and not reaching their preferred place of care. The team proposed the idea of having all patients from this group referred at point of CRC discharge which would give these patients faster access to expert symptom control, advanced care planning and transfers to preferred place of care.

Method A baseline audit conducted on all patients discharged from CRC from 1/1/18–30/11/18 revealed that only 14% of patients with a TEP form 'Not for admission to ITU/HDU' were referred to SPCT at point of CRC discharge. Over 7 months several interventions were implemented through monthly PDSA cycles to improve the referral rate. This included emails sent to CRC staff, palliative care teaching at the CRC educational sessions and training of the critical care outreach team in making SPCT referrals.

Results Overall there was an improvement of referral rate of this group of patients to SPCT from 14% to 70% during the 7 months where the interventions took place. Moreover, the increasing collaboration between the two teams through this QIP culminated in the introduction of a palliative care representative at the weekly CRC MDT meeting.

Conclusions While an overall improvement in referral rate to SPCT was established it remains to be seen whether patient outcomes have improved due to this change. Thus a case note review will be conducted to assess this. Rotation of juniors in CRC means that the educational interventions need to be recycled biannually to keep up referral rate.

61 IMPROVING DISCUSSIONS AROUND TREATMENT ESCALATION DECISIONS ON A NEUROSURGICAL WARD

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Background It is becoming increasingly accepted that discussion and documentation of patient wishes and clinical decisions regarding treatment escalation planning are an essential

part of patient care. Following the Tracey judgement, it became a legal requirement, rather than a recommendation, for doctors to involve patients and their families in DNAR decisions. A previous audit in the neurosurgical department found a high prevalence of patients at risk of deterioration with little evidence of attempt to discuss or document treatment escalation decisions (TEDs).

Aims

- To improve the documentation of TEDs in the neurosurgical department
- To improve confidence and communication about TEDs within the multi-disciplinary team

Methods We conducted surveys of the multi-disciplinary team within the neurosurgical department to gain a better understanding of their opinions about the current discussion and documentation of TEDs in the department. These contained a mixture of rating scales and free text answers. Following this we engaged senior staff in plans to improve this by introducing these discussions to governance meetings and educated all members of the ward using e learning and tea trolley teaching.

Results Amongst 18 healthcare professionals, 12 felt patients did not have clear TEDs. Ten felt discussions were not appropriately timed. Response themes included feeling unsupported, poor timing of conversations and low quality documentation. Following this a consensus decision from the consultant body mandated documentation of TEDs in patients presenting with chronic subdural haematomas. We have worked closely with the national ReSPECT programme and established the neurosurgical ward as a lead for the introduction of the new form.

Conclusion The neurosurgery department is now at the forefront of the move to improving discussions and documentation about patient wishes in the Trust. Additionally, we have opened the conversation within the multi-disciplinary team and provided training and education about the importance of TEDs.

62 ABSTRACT WITHDRAWN

63 SYSTEMATIC REVIEW OF PROGNOSTIC VARIABLES ASSOCIATED WITH MORTALITY IN ADULT PATIENTS WITH HEART FAILURE

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Background Heart failure is a serious life limiting condition and patients can have a high symptom burden, reduced quality of life and increased unscheduled hospital admissions. Despite guidance advocating a palliative care approach in advanced heart failure, the variable disease trajectory leads to difficulty in predicting prognosis, which acts as a barrier to considering palliative care for these patients.

Aims This systematic review explores which clinically relevant variables are associated with a poor prognosis in heart failure and examines if it is possible to determine which of these variables best predict mortality.