

**Results** 12 patients satisfied inclusion criteria in cycle one and 6 in cycle two. Data demonstrated improvements in a number of areas. These included involvement of the palliative care team increasing from 50% to 83%, documentation of plans for hydration from 42% to 67% and nutrition from 50% to 67%, rationalisation of medication from 42% to 83% and of interventions from 33% to 83%. Improvement was seen in documentation of communication with patients and their family such as those relating to prognosis from 75% to 100%, CPR decisions from 50% to 83%, preferred place of death from 25% to 83%, assessment of Psychosocial or spiritual needs of the patient from 50% to 83% and for their families from 33% to 83%. However, the percentage of patients with CPR decisions remained 83% in both cycles.

**Conclusions** Use of simple educational interventions and prompts have demonstrated improved documentation of individualised end of life care plans in ASU/Trauma. Ongoing audit and continued education may lead to sustainable improvement in the quality of EOLC delivered by these teams.

### 78 ASSESSING THE END OF LIFE CARE NEEDS OF PATIENTS IN ACUTE HOSPITAL SETTING? FINDINGS FROM A SCOPING REVIEW

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**Background** High quality end-of-life care is required to ensure the care patients receive in acute settings meets their needs, but end-of-life care needs are not always adequately assessed on admission. The use of appropriate assessment tools that guide clinical decision-making and care planning could improve care and enable rapid transfer to the preferred place of care. This paper reports the findings of a literature review which investigates the use of end-of-life care assessment tools in acute hospitals.

**Methods** This scoping review adopted a three-step search strategy using five databases. 760 citations were generated and following the PRISMA process, 55 full texts were assessed for eligibility and sixteen of these were identified as suitable for data synthesis. Data were retrieved from each paper and analysed thematically using Braun and Clark (2006). The assessment tools were critiqued to assess validity and reliability to determine which were the most feasible for use in the acute hospital setting. A further search was carried out to identify any reports of the use of the tools in clinical practice.

**Results** Sixteen papers published since 2000, reported the development and application of fifteen different assessment tools in acute hospitals. Of these, only five reported the use of assessment tools in acute clinical practice. Analysis identified four key issues - potential improvement to patient well-being, training on the usability of assessment tools, burden to patient and staff, and validity and reliability of the assessment tools.

**Conclusions** Only a limited number of end of life assessment tools have been developed and fewer have been tested in routine practice. Some of the assessment tools reported for use in the acute hospitals made a positive impact on patients' end-of-life care. Further research is necessary to understand how assessment tools can help assess end-of-life care needs and ultimately improve supportive care in the acute setting.

### 79 IMPROVING DNAR DISCUSSIONS: A QUALITATIVE QUALITY IMPROVEMENT PROJECT

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**Background** Patients often do not recall all the key points in discussion with healthcare professionals, perhaps even more so when discussing topics like a Do Not Resuscitate (DNAR) decision. If communication in these potentially emotional situations can be enhanced using patient leaflets compared to discussion alone, perhaps it would be worth considering using them more often in future. The aim of this project was to ascertain whether at least 50% of participants felt that using the All Wales patient leaflets improved their understanding of CPR and DNAR decisions.

**Method** 10 patients and loved ones who were present for the initial DNAR discussion were surveyed. A questionnaire elicited whether they felt their understanding of CPR and DNAR decisions was good before reading the leaflet and if it improved after. This involved 8 participants on the Medical Assessment Unit at the Royal Gwent Hospital and 2 on a Care of the Elderly ward at Nevill Hall Hospital who had documented DNAR discussions.

**Results** 50% felt the leaflet improved their understanding and that it would have benefited them at the time of discussion. 70% felt it was a useful reference and 40% asked to keep the leaflet after the encounter. Anecdotally, cases where participants particularly found it useful were those where death was not imminent, large numbers of family members were involved and had different views and in complex advance care planning

**Conclusion** The data gathered from this small, qualitative project suggest there may be a role for patient information leaflets on DNAR decisions when used in the right context.

### 80 CARE DOESN'T STOP WHEN LIFE DOES: IMPROVING DOCUMENTATION OF CARE AFTER DEATH IN A HOSPITAL SETTING

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**Background** Staff responsible for care after death should 'Record all aspects of care after death in locally relevant documentation and identify the professionals involved.'<sup>1</sup> A Trust-wide audit in 2017 showed that documentation of care after death at the trust was poor and only 30% of patients had any documentation of care after death recorded. The care after death checklist was developed and launched as a prompt for staff providing care after death to complete.

**Aims** To measure and evaluate the correct use of the care after death checklist and to ascertain whether the checklist has effected the documentation of the care provided after death.

**Methods** A retrospective audit involving review of the clinical notes and the care after death Checklist when completed was performed. Thirty sets of notes, across two hospitals within the trust were reviewed. Patients who died in the first two