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 families and continued education may lead to sustainable improvement in the quality of EOLC delivered by these teams.

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.