weeks of April and May 2019 and were over 18 years old were included.

Results The care after death checklist was used in 27 out of the 30 patient notes audited. There was documentation of care after death in 100% of patients using the checklist compared to 67% in the cases without using the checklist. There was superior quality of information documented when the checklist was used compared to when it was not used across multiple domains. For example, in 100% of cases where the checklist was used there was documentation of explanation of the procedure for collecting the death certificate to relatives, compared to 0% when the checklist was not used.

Conclusion The use of a standardised checklist improves the quality and breadth of documentation of care after death provided in a hospital setting.

REFERENCES

Anticipatory Prescribing in Community End of Life Care in the UK: A Mixed-Methods Study of Healthcare Professionals’ Views Concerning Best Practice and Areas in Need of Improvement


Introduction Anticipatory prescribing (AP), the supply of injectable medication to a patient in advance of need, is well-established practice in the UK although there is currently limited evidence and guidance to support best practice. With a view to developing guidance, we explored the views of UK healthcare professionals (HCPs) about best practice and areas in need of improvement in AP.

Methods Two day workshops were held in London and Cambridge, attended by 89 delegates. Participants completed an initial survey and then participated in two focus groups at the end of which they wrote down 3 ‘top-tips’ for:
1. achieving best practice and
2. areas in need of improvement concerning AP. Analysis involved descriptive statistics of survey responses and thematic analysis of free-text ‘top-tips’.

Results 71/89 (80%) of participants completed the survey; 25 (35%) palliative care nurses, 24 (33%) palliative medicine consultants, 22 (30%) ‘other’ (GPs, community nurses, pharmacists). 76% had >10 years of experience and 75% were involved in AP a few times each week. On a rating scale of 1–5 (1=low, 5=high), 38% were confident (rating 4) that AP is done well [median: 3 (IQR: 3–4)] and 20% were concerned (rating 4) about unsafe practice in AP [median=3 (IQR: 2–3)]. 89% agreed (score 4) that more guidance is needed to support AP [median=4 (IQR: 4–5)]. Top-tips for improving AP were: 1) improving communication with patients and families and between HCPs, 2) increasing out-of-hours access to medications, 3) supporting staff with training, education and guidance, and 4) reducing cross-system complexity by unifying documents and IT systems.

Conclusions There is a high demand amongst HCPs for unified guidance and documentation to support AP. A national guideline development group is being formed in response to this and at the request of NHS England. In-depth analysis of focus group transcripts is underway.