carers, in line with national guidelines.^{1 2} In 2018, this Trust introduced guidance that all patients at risk of acute deterioration and/or with a National Early Warning Score (NEWS) of 5 should have a TEP.

Aim To assess the proportion of patients on the palliative care caseload with a TEP and/or DNACPR decision in place over a three-month period.

Methods The palliative care caseload was reviewed weekly between December 2018 and March 2019. Two audit standards were set with a target of 100% compliance:

1. Completion of a TEP
2. Documented decision regarding CPR

Results The total sample size was 545 patients. Whilst the mean compliance with the audit standard for TEP was low (40%), over the three-month audit period there was an increase from 25% to 50%. Medical wards had a higher proportion of patients with a TEP (43%), compared with surgery (35%), ITU (33%) and oncology/haematology (31%). The proportion of patients with a documented decision regarding CPR status was high throughout (98%).

Conclusions Reasons for the increase in uptake of TEP may include increased awareness resulting from the audit process, and the focus on TEP as a priority within the Trust. The results were disseminated at divisional level and to the Deteriorating Adults Governance Group. Recommendations include TEP 'champions' to share examples of best practice, targeted education sessions, adopting appropriate use of TEP as a key quality indicator for the Trust and replacing the paper TEP form with an online version as part of the electronic patient record system. The audit will be repeated in 9–12 months to assess the impact of these interventions.

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IMPROVING COMMUNICATION BETWEEN SECONDARY AND PRIMARY CARE REGARDING ADVANCED CARE PLANS; USING AN ELECTRONIC TOOL

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10.1136/spcare-2020-PCC.150

Background Advanced care planning (ACP) and end of life discussions commonly happen in hospital. However, on discharge into the community there is often a poor handover from the hospital team regarding these decisions. Improving this communication is essential to reduce inappropriate admissions and ensure patient preferences are respected and needs appropriately met by community teams and on readmission to hospital.

Aim We aimed to improve the communication of ACP made in hospital by introducing an electronic ACP record on the discharge summary.

Method Retrospective baseline data was collected between November – December 2018 on an elderly care ward. This included whether ACP happened during hospital, who was this had with, whether they have a 'do not attempt resuscitation' (DNAR) form and would the multidisciplinary team

(MDT) be surprised if the patient died within the next 12 months. A mandatory tick-box was then added to the electronic discharge summary asking whether ACP decisions had been made or not. Further data from the same ward was then retrospectively collected between November– December 2019.

Results In total 71% (n=43) of patients were felt by the MDT that they would not be surprised if they died within the year. 72% (n=43) of patients had a DNAR form. The baseline data (n=23), showed that of those patients with DNAR forms only 29% of discharge letters communicated this decision. The post intervention data (n=20), showed of those with DNAR forms 50% were communicated on the discharge summary.

Conclusions This simple intervention has improved the communication between secondary and primary care teams. However further improvements are needed, the regular changeover of junior doctors means there is variability in how well the ACP is filled in. Further education regarding the importance of clear communication is needed and would be helpful at induction for new doctors.

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GENETIC REFERRALS IN HOSPICE CANCER PATIENTS: COMPLETION OF THE AUDIT CYCLE

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10.1136/spcare-2020-PCC.151

Background The majority of hospice admissions have a cancer diagnosis. An estimated 5–10% of cancers have a familial link. Patients have expressed a wish to participate in genetic screening as it may benefit surviving family members through informing subsequent counselling, genetic testing and preventative action. A hospice stay provides an opportunity to explore this. However, genetic referrals from the local hospice were thought to be infrequent with criteria unclear. The audit aimed to assess and improve the proportion of hospice inpatients with cancer who:

- had a family history recorded
- met a simpler 3–2–1 criteria for genetics referral
- were offered genetic screening if appropriate.

Methods The notes of 36 consecutive admissions with a cancer diagnosis were reviewed. Audit standards were not met so change was implemented through installing an electronic prompt for recording family history, teaching sessions for medical staff, and senior review of family history and genetic screening (if appropriate) of all new admissions. Data collection was then repeated.

Results Results showed audit standards were not being met but there was an improvement after interventions. The proportion of patients with family history recorded increased from 19% to 36%. In these patients, the proportion who met the 3-2-1 criteria was 43% initially and then 30% subsequently. Genetics referral was discussed in the notes in 23% of patients, compared to 6% initially.

Conclusion The interventions have improved the recording of patients' family history and consideration of referral for genetic screening. The findings were limited by information available but a relatively high proportion of patients met the 3-2-1 criteria, some of whom had not previously had genetic

screening discussed, suggesting there is a key role for palliative care in this aspect of patient and family support. Further work will now be undertaken with the regional genetics team related to referral criteria and process.

132 IMPLEMENTATION AND EVALUATION OF A PALLIATIVE CARE INPATIENT UNIT'S DELIRIUM GUIDELINES: A SERVICE IMPROVEMENT PROJECT

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10.1136/spcare-2020-PCC.152

Background Delirium is characterised by acute onset of fluctuating confusion and altered conscious level. It is common in palliative patients and associated with worse outcomes. Recognition and management of delirium is poorly supported in palliative care inpatient units.

Aim To produce a sustainable improvement in prevention, recognition and management of delirium in St. Gemma's Hospice Inpatient Unit, Leeds.

Methods This mixed-method service improvement project uses a behaviour change and normalisation-process theory based approach formed of three evaluation and two implementation stages. The evaluation stages use a mixed-methods approach to gather data from several sources:

- Retrospective case note audit
- Staff survey
- Staff interviews

The first implementation stage modified the delirium guidelines including:

- Introduction of the 4AT rapid clinical test for delirium.
- Delirium severity assessment replaced by agitation assessment, using the Richmond Agitation–Sedation Scale for palliative care inpatients (RASS–PAL).

Members of staff were appointed as 'delirium champions' to address sustainability and ongoing training. The second implementation stage will design and implement a behaviour change intervention:

- Data from evaluation sources will be collated to identify behaviours to be targeted.
- The delirium guidelines and strategies for its implementation will be modified using behaviour change techniques.

Results In the first evaluation stage 77 patient admissions were audited. 58 delirium episodes were retrospectively identified, of which 19% were diagnosed during admission. 27% of admitted patients were screened for delirium. No patients were risk assessed for delirium and no delirium prevention measures were taken. 17% of delirium episodes had appropriate non-pharmacological management while 88% received pharmacological management as per guideline.

Conclusion This baseline audit shows that prevention, recognition and management of delirium is poorly conducted. The first implementation phase has completed, and the second evaluation stage is in progress. I anticipate results from this phase will be available to present at The Palliative Care Congress.

133 DIALYSIS AND END OF LIFE: AN ANALYSIS OF COMMUNICATION AND OUTCOMES ACROSS HOSPITAL AND COMMUNITY SETTINGS

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10.1136/spcare-2020-PCC.153

Background The aim of the Renal Supportive Care Register (RSCR) at Birmingham Heartlands Hospital is to identify patients who are requiring dialysis with a prognosis of less than 12 months. This project aims to explore whether patients were identified appropriately on the RSCR and if advance care planning took place.

Methods We reviewed the inpatient and outpatient consultations of patients who died whilst listed on the RSCR between 2016 and 2018. We recorded the dates when patients were added to the RSCR and when they died. We reviewed conversations around dialysis withdrawal and events at the end of life.

Results There were 80 deaths on the RSCR in the 3 year period. 88% of patients were listed on the RSCR within 12 months of death; 69% of these were listed on the day they died. 38% of patients were offered a conversation on withdrawal of dialysis; 70% of these then opted to withdraw. Cited reasons for continuing dialysis were families' refusal to accept palliation and denial. 87% had valid Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. 2 patients who did not have DNACPR forms received CPR (without return of spontaneous circulation) on the day of their death in hospital. Preferred place of death (PPD) was established in 20% of patients. 21% were referred to the hospital palliative care team, often to help achieve PPD. 15% on the RSCR were known to their local community palliative care teams.

Conclusions Our data suggests that the deterioration and deaths of these patients may have been unexpected or unrecognised. Our work particularly suggests that patients' families put up barriers during conversations around withdrawal of dialysis. PPD was rarely discussed in our patient cohort. The majority of our patients died in the hospital setting, often without being known to community palliative care.

134 USE OF NALOXEGOL FOR THE MANAGEMENT OF OPIOID INDUCED CONSTIPATION IN AN INPATIENT CARE UNIT OVER 12 MONTHS: A RETROSPECTIVE CASE NOTE ANALYSIS

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10.1136/spcare-2020-PCC.154

Background Opioid induced constipation (OIC) affects approximately 40% of people taking opioids and is a cause of significant morbidity. Naloxegol is a peripherally acting mu-opioid receptor antagonist used in people who have had an inadequate response to laxative treatment. Most evidence for its use is in patients with non-malignant chronic pain with opioid induced constipation and there is little data for its use in palliative care. The aim of this project is to evaluate the use of naloxegol in people receiving inpatient specialist palliative care.