

with type 1 diabetes 50% were prescribed a once daily insulin regime with 100% having initial appropriate dose adjustments. Only 62.5% had a daily CBG (80% hospital, 33% hospice).

Discussion In hospitals there was increased diabetes specialist involvement and management of type 1 diabetics adhered closer to guidelines, suggesting availability of services being beneficial. Hospices were more likely to communicate plans effectively. Insulin use and monitoring of CBG varied, possibly demonstrating lack of knowledge or familiarity with guidelines. Recommendations include improvements in education (especially insulin use) and establishing formal links between palliative care and diabetic services.

76 RESPECT: FIND OUT WHAT IT MEANS TO ME – A PATIENT'S PERSPECTIVE

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Note to assessors This data has been produced by further investigation of the introduction of ReSPECT forms in our Trust. It looks at the perspective of patients' and links with the already accepted poster entitled 'ReSPECT, find out what it means to me- an audit of advanced care planning' (ID: 34336) which investigated staff's perspective.

Introduction ReSPECT is a national initiative to embrace shared decision-making around treatment and advanced care planning. Patients are encouraged to discuss their wishes regarding treatment escalation with their care providers and families. All adults admitted to the hospital are now expected to have a ReSPECT form filled on admission. The aim of this project was to evaluate patients' familiarity with the process and their response to discussions regarding DNAR status and treatment escalation.

Methods A questionnaire was devised that could be filled-out by patients or by their next-of-kin (NoK) if the patient was unable to respond. It evaluated the respondent's awareness of the ReSPECT process and if they had been involved in discussion regarding treatment escalation. They were also asked if they felt the patient discussed on the form had had their wishes respected. This questionnaire was distributed to patients across 10 acute medical and surgical adult wards from 2019–20.

Results There were 68 respondents in total, including 57 patients and 11 next-of-kin. The mean age of respondents was 87. 19% of respondents were aware of the ReSPECT process by name. 25% recalled a discussion regarding DNAR status and treatment escalation. 88% of those that had this conversation felt their wishes had been respected. 55% of those that had not had the conversation stated they would have preferred to have a discussion regarding treatment escalation and DNAR wishes.

Conclusions Based on the evidence presented, it would seem that patients aware of the ReSPECT process are a minority. It would also appear that clinicians are not succeeding in having discussions regarding advanced care planning with all patients on admission as is our target. However, it seems as though when these discussions are had, they are appreciated by a majority of the recipients. It also shows that there are patients who would have liked to express their views had they been given the opportunity.

77 MOUTH CARE AND HYDRATION AT THE END OF LIFE: A SURVEY FOR MEDICAL STAFF

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Introduction The regular assessment of hydration status and provision of mouth care are vital parts of care in the last days of life. We present the results of a survey assessing the knowledge and attitudes of medical staff towards mouth care and hydration at the end of life, based on recommendations from the National Audit of Care at the End of Life (NACEL, 2018) and from NICE Quality Standard 144.

Methods A survey for medical staff was devised based on the above recommendations. This was sent in May 2020 to all junior doctors in Leeds Teaching Hospitals NHS Trust.

Results Fifty three questionnaires were completed and the respondents varied from Foundation Year 1 doctor to Registrar, across a range of specialties. Only 8% of respondents indicated that they usually ask patients about their mouth problems, and 32% indicated that they rarely examine the mouth. A variety of barriers to oral assessment were highlighted: the most common being a lack of time, followed closely by a lack of priority, and a lack of training. Sixty percent felt confident assessing the hydration status of adults in the last days of life. The most common listed indication for CAH was to relieve distressing symptoms, or to provide comfort (53%). Sixty three percent reported feeling uncomfortable prescribing CAH, either due to a lack of knowledge or confidence, or because they felt it would be inappropriate (18%). Half reported a lack of confidence discussing CAH with patients and relatives.

Conclusions This survey provided an insight into the knowledge and practice of junior doctors regarding mouth care and hydration needs at the end of life and has provided a focus for education. A fact sheet has been developed in response to this survey, in order to improve compliance with recommendations from NACEL and NICE.

78 ADVANCE CARE PLANNING IN HOSPITAL IN THE LAST YEAR OF LIFE: WHERE ARE WE NOW?

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Background Advance care planning allows individuals with a life-limiting illness to plan ahead with their preferred wishes for treatment and care towards the end of life. Many patients in the last year of life are likely to experience an unplanned hospital admission. It is recommended hospital healthcare professionals should feel equipped in their roles to implement advance care planning. However, significantly low numbers of patients have a documented advance care plan.

Aim The aim was to explore the experiences of hospital healthcare professionals when delivering advance care planning with patients in the last year of life.

Methods Systematic synthesis of qualitative literature. Four databases were searched for primary research studies written in English language between 2013 to present. The search yielded 671 articles for screening. Studies were excluded if they included specialist palliative care practitioners and if