

92 **ASSESSING THE QUALITY OF HOSPITAL DISCHARGE LETTERS FOR PATIENTS KNOWN TO THE PALLIATIVE CARE SERVICES AT A LARGE TERTIARY CARE CENTRE IN CENTRAL ENGLAND: A SERVICE EVALUATION**

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Background Patients approaching the end of life have complex care needs which are often addressed in a variety of health-care settings. Discharge letters are a critical means of communication between primary and secondary care, and play a fundamental role when patients are transferred out of hospital.

Aim To assess and optimise the written conveyance of significant information to GPs about hospital inpatients who had been reviewed by the palliative care team during their admission.

Methods We included all patients at the Queen Elizabeth Hospital Birmingham, over a one-month period, who had been reviewed by the Supportive and Palliative Care Team (SPCT) at least once and then later discharged from hospital. Their discharge letters were interrogated using a bespoke hospital letter assessment tool.

Results Thirty-seven patients were included. Involvement of the SPCT was reported in 54% of discharge letters. Medication changes were mentioned in 59% of discharge letters. Of the patients who were prescribed anticipatory medications during their inpatient stay (n=11), 73% had these mentioned in the discharge letter. None of the few patients discharged on a syringe driver had this reported in the discharge letter (n=3). Changes in resuscitation status were reported in 33% of relevant discharge letters (n=21). Of the patients referred to community palliative care (n=18), 66% had this referral noted in their discharge letter. Discussions about a patient's prognosis were reported in 58% of relevant discharge letters (n=12). The physical and emotional wellbeing of patients were rarely reported; functional status was mentioned in 19% of all letters, and emotional wellbeing in 3%.

Conclusions Relevant information is frequently omitted from the discharge letters of patients known to palliative care at our hospital. This includes information relevant to patient safety, care coordination, and end of life decision making. We have proposed an e-discharge bundle to address this issue.

93 **AN AUDIT OF A HOSPICE PARACENTESIS SERVICE BEFORE AND DURING COVID19**

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Background Our 18 bedded hospice, St Francis in Romford, Essex, sought to evaluate a new paracentesis admissions process, compliance of our inpatient paracentesis against safety guidelines and whether our service was affected by Covid19.

Methods A retrospective search of the patient electronic records database for patients who had a paracentesis between 8.4.19 and 30.6.20. Primary diagnosis was recorded and the

number of paracenteses performed before and after revision of our referrals pathway (8.10.19). Compliance against safety guidelines was reviewed against a check-sheet for all paracentesis from 8.10.19 to 30.6.20. This allowed comparison between the pre-Covid 19 crisis period and during the 'first wave', which began to affect local services, and our bed state, from 2.3.20.

Results Paracentesis rates increased from less than monthly to every 2 weeks after the pathway was revised. This improved rate was unaffected by the Covid19 pandemic, despite immediate reduction in beds to 10 (2.3.20), before normalising at 16 (from 20.4.20). Of eighteen paracenteses between 8.10.19 and 30.6.20, sixteen were 'elective' referrals. Elective referrals waited an average of 4.6 days. Their average length of stay was 5.9 days. No procedures fully complied with guidelines. 14/18 had an ultrasound pre-procedure. 16/18 had documented evidence of medications review. 16/18 had pre-procedure observations. 15/18 had aftercare instructions documented. 3/18 had no documentation of consideration for a permanent drain. Areas of particular concern were: poor documentation of the consent procedure (no documentation for 3/18; only 'verbal consent obtained' for 4/18), no documentation of blood testing/results for 8/18, and details of drain removal were missing for 9/18.

Conclusions Through streamlining the admissions process, the rates of paracentesis at our hospice improved from less than monthly to every 2 weeks and remained a component of care during Covid19. However, audit standards were not reached, and steps are being taken to address this.

94 **A QUALITATIVE STUDY TO EXPLORE THE EXPERIENCES AND ROLES OF EARLY ADOPTERS IN THE EARLY IMPLEMENTATION OF MAGNOLIA HOUSE, A NEW FACILITY FOR SHARING LIFE-ALTERING INFORMATION AND BEREAVEMENT CARE**

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Background Magnolia House (MH) is a new, innovative facility at an acute paediatric hospital. It was built to improve the quality of care for families and staff involved with sharing life-altering information and bereavement, through transforming the environment in which care is delivered. However, implementing healthcare innovations is known to be challenging. This study therefore aimed to understand the experiences of the early adopters of MH to understand factors that promote, inhibit or define new models of palliative care in acute settings.

Methods Semi-structured interviews were undertaken with hospital staff who used MH in its first 3-months of opening (i.e. early adopters). Data collection and analysis were guided by implementation theories, including the Normalisation Process Theory (NPT). Interviews were recorded and transcribed and then analysed using a two-step process involving inductive thematic analysis followed by an examination of the findings in relation to the NPT.

Results The 30 participants were from a wide range of specialties. They had used MH for wide-ranging activities