

P-64

MULTIDISCIPLINARY TEAM OPINION ON HOSPICE CARE DURING THE PANDEMIC

^{1,2}Felicity Dewhurst, ¹Joanna Elverson, Ishbel Orla Whitehead ^{2, 3,4}Mary Miller. ¹*St Oswald's Hospice, Newcastle, UK;* ²*Newcastle University, Newcastle, UK;* ³*Oxford University Hospitals, Oxford, UK;* ⁴*Sobell House, Oxford, UK*

10.1136/spcare-2021-Hospice.82

Background Changes made by palliative care services in response to the pandemic have been reported by service leaders, describing organisation-level decisions and solutions (Bradshaw, Dunleavy, Walshe, et al., 2021; Dunleavy, Preston, Bajwah, et al., 2021; Olyyase, Hocaoglu, Cripps, et al., [pre-print], 2020). The impact of the pandemic on direct care provision as experienced by multidisciplinary team members has not been explored.

Aims To understand hospice multidisciplinary staff's views on care provision during COVID-19 and the effect of providing care on staff wellbeing, burnout levels and spiritual health and the consequent influence on workforce sustainability.

Methods A survey of clinical staff in an independent hospice providing adult and paediatric inpatients and lymphoedema, bereavement and day services during the pandemic including validated wellbeing, burnout, and spirituality questions. Qualitative data from the survey was analysed using the Human Learning Systems Framework (Lowe & Plimmer, 2019).

Results 29% of staff completed the survey. Staff's responses demonstrated that the pandemic had a significant negative effect on their wellbeing with high levels of all domains of burnout whilst spiritual health was less affected. Qualitative analysis revealed human themes including the impact of isolation and visiting restrictions on patients and family whilst staff described their ability to maintain a sense of positivity and purpose despite anxiety and frustration. Learning themes focussed on adapting and learning through adversity. System themes described the barriers to providing holistic care and how these were overcome and the importance of accessible communication and ensuring appropriate assessment including the provision of remote, domiciliary, and ambulatory care.

Conclusions Hospice staff's psychological wellbeing and expertise in providing holistic care has been tested to the limit during the pandemic, however, they have responded with positivity, producing innovative solutions. Hospice staff's opinions and support for their wellbeing must be incorporated into current and new care models to ensure they can continue to be empathic carers, patient and family advocates and inspirational innovators (Marie Curie, 2021).

P-65

CHALLENGES OF COVID-19 PANDEMIC IN KEEPING HOSPICE STAFF INFECTION CONTROL COMPLIANT

Adel Bennett, Susan Wright. *Wakefield Hospice, Wakefield, UK*

10.1136/spcare-2021-Hospice.83

Background Due to the COVID-19 pandemic Infection Control Link Nurses within the hospice environment became one of the most important factors in patient and staff safety. The Infection Control Link Nurses have a crucial role in providing training, information and instruction. In the fluctuating situation reaching everybody became a priority, and this is where the challenges began.

Aims Our aims were to educate and update all members of our organisation. We looked at different methods of providing

bespoke training and updates - including the safe wearing of PPE and infection control precautions.

Methods We had to become innovative in how we approached training and delivery. Every member of the organisation has email access at work and home. Employees working remotely had electronic devices provided. This gave us the clue in how to reach out to everyone in a safe and timely manner. Our team of Link Nurses created their own videos on the safe application of donning and doffing of PPE, and the correct method of hand-washing. This was included into a PowerPoint presentation which was emailed out to all users and imported on to all hospice computer desk-tops. To ensure validity of the information we accessed government and national societies' websites.

Results The uptake on the on-line training was immediate and the team have received good feedback from the evaluation forms about the content and accessibility of the training package. Confirmation of completion of the training package is by emailing the certificate to the link nurses.

Conclusions Evaluations have proved that the training package has been successful with 98% compliance. Follow up audits have shown compliance with all Government guidance, even though social distancing is an alien concept for our hospice setting. It has proved fruitful and fulfilling for our team that relevant and essential quality training has been successfully provided.

P-66

AN AUDIT OF DNACPR DECISIONS AND DISCUSSIONS DURING THE COVID-19 PANDEMIC

Molly Harby, Lauri Simkiss, Julie Christie. *University Hospital of North Tees, Stockton-on-Tees, UK*

10.1136/spcare-2021-Hospice.84

Background Do not attempt cardiopulmonary resuscitation (DNACPR) discussions and decisions are an important part of person-centred care. Compassionate discussion with patients is a legal requirement when clinicians are introducing DNACPR forms. A recent Care Quality Commission report emphasised that all decisions should be individualised and part of broader advance care planning (Care Quality Commission, 2021).

Aim The aims of this audit were to evaluate the timing of DNACPR discussions, to explore whether conversations regarding DNACPR were documented and whether DNACPR discussions were part of wider advance care planning. The standards for the audit were based on national Resuscitation Council guidance (2021), 'Deciding Right' regional document (Northern Cancer Alliance, 2015) alongside the Trust policy on resuscitation.

Methods All patients with DNACPR forms initiated during an inpatient stay in November 2020 were identified from the Trust's database. A data collection tool was created to retrospectively collate information from the patient's electronic records.

Results We identified 62 patients who had a DNACPR initiated in November 2020. The results were overall very positive; a discussion with the patient, or where necessary with a relative, took place in all patients where electronic notes were accessible. Six (10%) DNACPR forms were initiated at the time of deterioration and 39 (63%) were as part of a conversation incorporating elements of advance care planning, with