P-19 COVID 19 – TO VISIT OR NOT TO VISIT IN A HOSPICE SETTING?

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10.1136/spcare-2022-SCPSC.40

Introduction When COVID-19 arrived in the UK, hospitals and many hospices closed their doors to visiting. Our Hospice maintained visiting throughout the pandemic, although in a restricted fashion with strict personal protective equipment (PPE) use and other mitigating measures in place. The aim of this analysis was to determine if visiting can be safely maintained in a hospice setting during a pandemic. Patients had COVID-19 tests when clinically indicated and additionally from May 2020 were routinely screened on admission.
Method A retrospective analysis of Electronic Care Records for hospice inpatients between 27th February 2020 (first COVID-19 case in Northern Ireland) and 1st September 2021 (18 months). Key demographics, length of stay and number of COVID-19 swabs per patient, along with the result, were analysed and compared with visiting restrictions at the time to identify any trends.
Results 484 patient's records were reviewed with 465 included in the final analysis. 52% were female with average age 68 (range 17- 97). The majority had an oncological diagnosis and 31% received end of life care. 650 COVID-19 swabs were performed over this period (range 0–8). A total of 7 swabs were positive (0.01%), however 4 of these were on admission i.e. COVID-19 contracted prior to admission. Two of the 3 positive results during admission were during the first month of the pandemic, prior to many restrictions. Overall, patients who acquired COVID-19 in the hospice was less than 1% (0.65%). There were no staff outbreaks during the period.
Conclusion Patients were not put at significantly increased risk of COVID-19 by maintaining visiting and the benefits of doing this are likely to be substantial for both patients and their families. This has great relevance going forward as COVID-19 remains an ongoing issue and perhaps the greatest intervention is maintaining the strict use of PPE.

P-20 A COMPARISON OF ADVANCE CARE PLANNING BEFORE AND DURING THE COVID19 PANDEMIC

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10.1136/spcare-2022-SCPSC.41

Background The NICE guideline 'End of life care for adults: service delivery' states that services should offer advance care planning for those approaching the end of their life.[1] The COVID19 pandemic stimulated change across multiple services[2]; this study considered the impact of the pandemic on advance care planning, specifically in the form of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms.
Methods A retrospective analysis of patients admitted in January 2020 and 2021, with a palliative care code (via Trust coding) on discharge or death.
Results The number of patients with a DNACPR on admission was consistent before and during the pandemic; 35% in 2020 and 39% in 2021. However, of those who did not have a DNACPR on admission, 90% had a new DNACPR on discharge during the pandemic, compared to 65% in 2020. In 2020 94% of patients discharged from a Specialist Palliative Care Inpatient Unit (SPCU) had a new DNACPR, compared to 93% during the pandemic. In 2020 on discharge from an acute hospital ward 45% of patients had a new DNACPR, almost doubling to 87% during the pandemic.
Conclusions Advance care planning, particularly DNACPR decisions, was documented more frequently during the COVID19 pandemic. In SPCUs advance care planning remained consistent before and during the pandemic. However, on acute hospital wards DNACPR decisions for inpatients with a palliative diagnosis were made more frequently.

REFERENCES

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P-21 THE IMPACT OF RESTRICTED VISITING DURING THE COVID-19 PANDEMIC: A CROSS-SECTIONAL MULTI-CENTRED SURVEY OF HEALTHCARE PROFESSIONALS IN SPECIALIST PALLIATIVE CARE UNITS

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10.1136/spcare-2022-SCPSC.42

Background The COVID-19 pandemic caused disruption to standard healthcare practice and global lockdowns which led to restricted visiting in healthcare settings. This service evaluation reviewed visiting policies across Scottish specialist palliative care units to observe the impact of these on staff wellbeing, and the perceived impact of restricted visiting on the delivery of palliative care.
Methods This snapshot cross-sectional electronic survey in November and December 2020 was sent to healthcare professionals in specialist palliative care units across Scotland. The survey comprised of mixed methodology with quantitative questions and free text qualitative questions.
Results Analysis of 46 responses showed variation of visiting policies across Scotland's specialist palliative care units. All allowed flexible visiting at the end of life and person-centred exceptions to their policy. Most (38/46) felt their team worked well making visiting decisions, but those experiencing team conflict were more commonly using a senior-led decision model. Two-thirds felt restricted visiting negatively impacted the delivery of good quality palliative care through increased social isolation, altered staff-patient-family relationship or avoidance of admission. Overall there was a strong theme that staff felt restricting visiting had been 'stressful' secondary to the emotional burden and practical difficulties of enforcing this.
Conclusions There were frequent reports of distress amongst specialist palliative care healthcare professionals during COVID-19 as a result of restricted visiting, and a perception that it prohibits delivery of palliative care to the accepted standard. Staff report ethical, moral and practical challenges with enforcing restricted visiting which has directly affected the wellbeing of most staff.