

O-20

### PLAYING JENGA WITH OUR PARAMEDIC COLLEAGUES TO IMPROVE END OF LIFE DECISION MAKING – @FRAILITYJOURNEY

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**Background** Paramedics services are under immense strain, decisions to convey or not are critical. We have an ageing frail population with 1 in 3 adults admitted to hospital in their last year of life. Active treatment is often the default option. Teams find it difficult to pause and recognise dying. People can be admitted repeatedly, although this may not be what they want if asked. Can we empower our front line paramedics to recognise advanced frailty and have brave honest conversations?

**Aims** Bring together expertise from the community and hospitals, with paramedics at the interface.

Deliver interactive multidisciplinary webinars.

Address gaps in knowledge by improving understanding of the Clinical Frailty Scale (CFS) to support decision making and end of life care.

**Methods** We used our established 'Frailty Journey Education programme' and tailored it for paramedics. We threaded scoring the CFS at crisis points exploring decisions to convey or not and outlined a framework and resources to support decision making. We evaluated with real time polls for confidence scores using CFS. We recorded feedback via QR codes between sessions then used PDSA methodology to make adjustments such as incorporating an ED perspective.

**Results** The polls from the webinars delivered so far demonstrated increase confidence in use of the CFS.

Feedback reported increased confidence in communication and managing EoL decisions not to convey and use of urgent care records. This will result in more people receiving care in the community and reduce conveyances.

**Conclusions** We conclude high impact interactive education can be delivered to increase staff confidence that impacts patient care. This has system wide benefits from reduced conveyances and admissions.

This programme has been successful due to the collaboration between, hospital trusts (ED and Geriatricians), Ambulance services, Hospice teams and Primary care. Our take home message is working together and sharing expertise across the whole patient journey is key to excellent end of life care.

### Parallel session 6.1 – Evidence at the core: the participation, generation and sharing of knowledge

(Thursday 24 November, 13:00 – 14:00)

O-21

### ARTS SERVICES IN HOSPICES ACROSS SCOTLAND: TOWARDS A NATIONAL MAPPING

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**Background** The importance of the arts and the arts therapies in palliative care is widely recognised (Lee, McIlfatrick & Fitzpatrick, 2021. *Palliat Med.* 35:1815; Wilson, Bungay, Munn-Giddings, et al., 2016. *Int J Nurs Stud.* 56:90). Despite their long history in diverse hospice care contexts both nationally and internationally, the arts are often weakly integrated on a service level provision. Consistency and transparency in terms of service delivery, methods and evaluation are some common issues (Hilliard, 2005. *Evid Based Complement Alternat Med.* 2:173; Tsiris & Hartley, 2014) and currently there are no national overviews or strategic understandings of arts service provision in hospices.

**Aims** Seeking to explore some of these issues in Scotland, this presentation outlines the findings of an ongoing national survey that aims to offer an initial mapping of arts service provisions in hospices. The survey attempts to document the scope and stability of current arts service provisions, as well as the profile of arts practitioners working in hospices, and it explores issues pertaining to equality, diversity and inclusion.

**Methods** Mar-May 22: consultation with stakeholders; ethical approval. Jun-Jul 22: online national survey of all hospices in Scotland. Jul-Sept 22: analysis of data. Data will be analysed using descriptive statistics and thematic analysis.

**Results** It is anticipated that the strategic overview and understanding of hospice arts provision in Scotland provided by this small-scale study will help to contextualise current practice and highlight strengths and gaps in service provision. By offering new knowledge regarding the arts in hospices on a national level, this study will add to existing evidence in the field pointing to implications for interdisciplinary work and policy making (Turton, Williams, Burton, et al., 2018. *Palliat Med.* 32:559) and it will highlight potential drivers for funding, education and research in the field.

**Innovation and interest** There is currently no national overview or strategic understanding of hospice arts provision in Scotland: this study represents the first step in addressing this gap and has the potential to connect artists and influence service provision and policy.