4 IMPROVING COMPLIANCE WITH STATUTORY DEATH CERTIFICATION, AT A CITY CENTRE TERTIARY TEACHING HOSPITAL: A QUALITY IMPROVEMENT PROJECT

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Introduction Medical certificate cause of death form (MCCD) completion is seen as a daunting process, especially for junior medical staff. Death certification is an expectation of all doctors, as set by the general medical council. Quick completion of medical examiner referral forms (MERFs) and MCCDs positively impacts on patients’ families. This requires confidence and knowledge in certifying death, which this quality improvement project aims to assess and improve.

Method We brainstormed our stakeholders, created a driver diagram and SMART aims: 1) For 100% and 75% of MCCD’s to be completed within five and three days from death, respectively and 2) To improve junior doctor confidence in the death certification process at Manchester Foundation Trust (MFT). We collected qualitative data through an anonymized survey and quantitative data including time from death to MERF and MCCD completion from December 2020 – March 2021. Our interventions included teaching incoming junior doctors and creating visual aids to display in key clinical areas. The above data was re-audited from September – October 2021.

Results Almost all of MCCDs were completed within five days, 95% (129/136), versus pre-intervention findings of 98% (128/133). The number of MCCDs completed within three days improved from 51% (68/133) pre-intervention to 66% (90/136) post-intervention. Confidence in completing MCCDs improved from 0% to 33%. MCCD completion times varied widely and there were a significant number of patients in whom it was not within the legal requirement of five days. Despite education and visual aids, junior doctors at MFT feel that there should be more senior support when completing MCCDs. There needs to be ongoing education around death certification including annual face-to-face teaching sessions for incoming junior doctors.

Conclusion Junior doctors lack confidence and insight into the responsibility surrounding MCCD completion at MFT. This needs to be addressed through ongoing focus and education.

Poster Nos 5–7: Caregivers and the Family

5 CAREGIVER VIEWS AND EXPECTATIONS ABOUT THE USE OF ARTIFICIAL HYDRATION IN THE MANAGEMENT OF DYING PEOPLE WITH ADVANCED CANCER: A QUESTIONNAIRE STUDY

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Background Evidence for the use of artificial hydration (AH) in people dying with cancer is inconclusive, which creates challenges for healthcare professionals. These situations can be distressing for family caregivers, who may have unmet information needs. Better understanding of caregiver perspectives about AH in the dying, can potentially help healthcare professionals to identify information needs to improve support for caregivers.

Aim To examine caregivers’ beliefs, experiences and information needs about AH use in people dying with advanced cancer.

Methods Questionnaire study of the caregivers of people with advanced cancer, who were participants on a research study (evaluating the association between hydration status with clinical cancer outcomes). Caregivers were recruited from 3 UK study sites, consisting of 2 hospices and 1 hospital palliative care inpatient unit.

Results Fifty-two caregivers participated. Most participants were female (N=38, 73.1%) and aged between 50–59 (N=12, 23.1%) and 60–69 (N=13, 25%). Most participants (N=33, 63.5%) believed that AH represented good care for the patient, with the majority stating that AH improved thirst (N=33, 63.5%) and dry mouth (N=30, 57.7%). Most participants did not believe AH affected prognosis, with 11 (21.2%) stating that AH prolonged life and 8 (15.4%) indicated that prognosis would be shorter without AH. Most expected AH to be available for patients in hospitals (N=42, 80.8%), hospice (N=43, 82.7%), nursing home (N=37, 71.2%) and home (N=31, 59.6%) settings. Most participants believed patients had the right to demand (N=39, 75%) or refuse (N=48, 92.3%) AH in the dying phase.

Conclusion Our study provides information about caregivers’ views and expectations of the use of AH in dying cancer patients. Researchers should explore how healthcare professionals can better identify and address unmet information needs of caregivers, concerning the use of AH in the dying.

6 LET’S STICK TOGETHER: WHAT ARE THE RELATIONSHIP NEEDS OF CAREGIVERS OF PEOPLE WITH DEMENTIA AT THE END OF LIFE?

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Background Globally, the incidence and prevalence of dementia are increasing exponentially. Caregiving is a clinically and socially relevant issue to dementia care. Informal care provision is a strong determinant of social and health inequalities throughout the life course (European Centre for Social Welfare Policy and Research 2021). Therefore, understanding the needs of caregivers is essential in terms of improving future dementia care worldwide.

Methods A systematic review was conducted using the PRISMA framework and a narrative synthesis was performed. The electronic databases searched were APA PsycINFO, Ovid AMED, CINAHL by EBSCO, Cochrane Database, Ovid EMBASE, Ovid EMcare and Ovid MEDLINE. Inclusion criteria: English-language studies. Population: adults aged >18 years identified as informal caregivers of a formally-diagnosed person with dementia (PWD). Phenomenon of interest: psychological needs. Context: end of life (EOL) period of PWD.