

Results Caregivers identified three key relationship needs whilst caregiving for a PWD at EOL: i) the need for connection and intimacy at the EOL (including opportunities for forgiveness and rebuilding relationships); ii) the need to find joy and positivity and iii) the need to say goodbye.

Additionally, many caregivers reported the benefits of sharing experiences with other caregivers; it fostered a sense of solidarity, normalised the experience and offered validation from peers. Caregivers found emotional security in setting boundaries, building relationships with staff and having confidence in staff expertise. The need for caregivers to feel a sense of control during the EOL period was also identified. Role recognition in the form of both acknowledgement of caregiving duties and defining an identity outside the caregiving role were fundamental relationship needs.

Conclusion Caregivers wanted to feel listened to, primarily as advocates for PWD but also to validate their caregiving role and recognise the intimate knowledge that they have acquired whilst caregiving for a PWD at EOL.

7 LIVED EXPERIENCES OF END-OF-LIFE CARE AT HOME IN THE UK: A SCOPING LITERATURE REVIEW

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Background Home is the preferred place of care and death for most people with advanced illness and the proportion of people dying at home has risen sharply during the COVID-19 pandemic. However, little is known about the reality of end-of-life care in this setting for patients, their families and unpaid carers. We aimed to examine the published literature on these lived experiences.

Methods A scoping review was undertaken in accordance with the PRISMA-ScR checklist. All primary qualitative research papers published in the English language between 2010 and 2022 and exploring the lived experience of patients, families and/or unpaid carers in the United Kingdom were eligible for inclusion. The online databases CINAHL and MEDLINE were searched with relevant MeSH terms and keywords.

Results In total, 462 papers were screened, 58 underwent full text review and 13 studies were retained in the final set. All studies explored the experience of bereaved family and/or carers and only one study interviewed a dying patient. Where specified, the majority of experiences related to deaths from cancer, many with specialist palliative team involvement. No studies considered end-of-life care at home during the COVID-19 pandemic. The included papers yielded a breadth of diverse findings but the most common subject themes related to the availability and quality of care and support for families and carers.

Conclusion Currently, there is limited published evidence exploring the lived experience of those receiving and supporting end-of-life care at home. More research is needed to examine the first-hand experience of patients and to understand better the reality of deaths at home due to non-cancer conditions and where specialist palliative care services are not involved.

Poster Nos 8–10: Covid-19

8 THE EFFECT OF THE COVID-19 PANDEMIC ON IMMINENCE OF DEATH AMONGST NHS AYRSHIRE AND ARRAN HOSPITAL INPATIENTS

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Background A 2014 paper by Clark et al found that 28.8% of hospital inpatients in Scotland died within 12 months. In the years pre, during and post Covid-19 we wished to repeat this at a local level to see if there had been any impact of the pandemic on death rates within our inpatient population. Knowing this information may have an impact on hospital policies, realistic medicine implementation and palliative care service development.

Aim To establish the incidence of death during index admission and within the following 12 months of a cohort of NHS Ayrshire and Arran acute hospital inpatients on a given census date over a three year period 2019–2022.

Method A retrospective cohort study of all inpatients at University Hospital Crosshouse (UHC) and University Hospital Ayr (UHA), excluding paediatrics and obstetrics, on the date 31st March 2019, 2020 and 2021 was performed. Data was collected by Business Intelligence and analysed by researchers.

Results 720, 331 and 685 inpatients were identified on the given census date on all three years. End points were death at 7 days, 30 days, 3 months, 6 months, 9 months and 1 year. Rates of death at all end points were lower in 2019 and highest in 2020. The incidence of death at one year was 28.6% in 2019, 38% in 2020 and 31.2% in 2021. The incidence of death during index admission was 7.5% (2019), 14% (2020) and 9.2% (2021).

Conclusion Our results show that during the Covid-19 pandemic death rates during index admission and at all follow up points rose. They have now reduced but still remain higher than pre-pandemic levels. This data should assist in realistic medicine strategies as well as palliative care service development.

9 CARDIO PULMONARY RESUSCITATION (CPR) IN THE FRAIL AND MULTIMORBID; OUTCOMES BEFORE AND DURING THE COVID PANDEMIC

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Introduction SARS-COV2 placed greater emphasis on identifying frail or comorbid patients early and limiting treatment where appropriate. Resuscitation guidelines changed as cardio-pulmonary resuscitation (CPR) was classified an aerosol generating procedure (AGP). We assessed the impact of these changes in our tertiary centre focusing on frail and/or comorbid patients.

Methods Retrospective analysis of prospectively collected data from contemporaneous clinical and electronic records for all patients with a recorded cardiac arrest between June 2020 and June 2021. Data collected on features of the cardiac arrest, clinical frailty scale (CFS), Charlson comorbidity index (CCI), survival at discharge, 30 days and 12 months. The