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.

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

Andrew McCulloch, Mike Macfarlane. NHS Ayrshire and Arran
10.1136/spcare-2023-PCC.28

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

Julia Scaife, Elin Thomas, Aled Lloyd, Nicky Leopold. Singleton Hospital, Swansea Bay University Healthboard
10.1136/spcare-2023-PCC.29

Introduction SARS-COV2 placed greater emphasis on identifying frail or comorbid patients early and limiting treatment where appropriate. Resuscitation guidelines changed as cardiopulmonary 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
WE REMEMBER: A CRITICAL CARE COVID-19 REMEMBRANCE SERVICE

Ross Norris, Jacqueline McCarthy, David Gray, Radha Sundaram. Royal Alexandra Hospital, NHS Greater Glasgow and Clyde

Background There is increasing recognition that palliative care when provided appropriately to critically ill patients with life limiting illness can not only offer physical, psychosocial and spiritual care to patients but also helps improve family and staff satisfaction.1 Given this, a multi-disciplinary group within the critical care unit of the Royal Alexandra Hospital was established to improve the delivery of palliative care. A staff survey highlighted the desire from staff to improve bereavement support for both families and staff. In light of this, the decision was made to host a remembrance service in memory of patients who had passed away in the unit during Covid-19 pandemic.

Methods Funding was secured from the charity To Absent Friends. The critical care database, Ward Watcher, was utilised to collate the details of patients who had passed away in the unit from March 2020 until August 2021. The number of patients identified was 237. The families of each patient were invited. A non-denominational remembrance service consisting of readings, live music and acts of remembrance was held in November 2022.

Data 13 staff and 40 families attended. 69% of staff who attended completed a feedback survey. 89% reported that the service brought them benefit and 100% reported that they would want the service to be held again. Written feedback from families included: ‘The Service on Saturday became our closure time and helped me get a new perspective on the last two years’.

Conclusions Although the feedback received was limited, the data suggests that a remembrance service can be of benefit to both families and staff, particularly in the context of a pandemic when visiting was curtailed. This collaborative project has also demonstrated the need for further cross specialty working in order to ensure the delivery of palliative care within a critical care unit.

REFERENCE

Poster Nos 11–43: Education and Training

SUPPORTING NORTH WEST SAS PALLIATIVE MEDICINE DOCTORS

Alison Bacon, Helen Bonwick, Mary Ann Mahadevan, Aruna Hodgson, Lucy Lavelle, Jayne Kennedy. St Catherine’s Hospice, Preston; Marie Curie Hospice, Liverpool; St Ann’s Hospice, Salford; Heath Education England North West; North West Coast Clinical Networks; Wrightington, Wigan and Leigh Teaching Hospital NHS Foundation Trust

Introduction SAS (Specialist, associate specialist and specialty) doctors are an important element of medical staffing within hospices and palliative medicine and are likely to become increasingly important with the forthcoming workforce challenges and shortfalls. Historically these doctors have not received information and support regarding their learning and development and peer support has been limited to that available within their organisation.

Methods With support from Health Education England NW Palliative medicine SAS leads for the 3 regional networks within the North West (Mersey, Lancashire and South Cumbria and Greater Manchester and East Cheshire) are in place and meet regularly with each other as well as providing support to doctors within their area. As a result of one of these meetings a Study Day was planned specifically for SAS doctors working within palliative medicine in the North West, funded by the SAS Development fund. The programme was designed to cover both clinical and non-clinical development topics and advertised to all eligible doctors.

Results 22 SAS doctors attended and completed evaluation forms. This number represents approximately a third of eligible doctors and was in line with predictions accounting for leave, providing clinical services etc. Average evaluation of the day overall was 4.5/5 with no session scoring below 3.8/5 on average. Attendees were enthusiastic regarding the content, and keen for it to become an annual event. Comments reflected that the opportunities for service development, networking and education were much appreciated.

Conclusions Supporting SAS doctors with educational opportunities targeted at their development needs in conjunction with peer support is welcome and may help staff retention, development and service delivery in the future.

AN EDUCATIONAL INTERVENTION TO IMPROVE THE QUALITY OF GENERALIST PALLIATIVE CARE PROVIDED TO PATIENTS WITH END-STAGE COPD DURING ACUTE HOSPITAL ADMISSION

Angus Grant, Sally Johnson. Wye Valley NHS Trust

Introduction The chronic obstructive pulmonary disease (COPD) illness trajectory consists of a gradually deteriorating baseline with intermittent exacerbations. In end-stage COPD, exacerbations carry a significant risk of mortality (Iyer,