

Poster Nos 44–73: End-of-Life-Care

44 LET'S TALK ABOUT DEATH: COMMUNICATION BETWEEN HEALTHCARE PROFESSIONALS AND NEXT-OF-KIN

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Background or Introduction The rise of COVID-19 and subsequent decline in hospital visitation placed increased importance on the quality of communication between healthcare professionals and the next-of-kin at the end of life. Despite this, the general public perceived that sometimes information about their relative was not adequately communicated, and that there was a significant delay in important conversations about changes in management and prognosis. The National Institute for Health and Care Excellence (NICE) describes how prognosis should be discussed 'as soon as it is recognised that [the patient] may be entering the last days of life' and that prognosis should be clearly documented in the patients' care record to facilitate shared decision making.

Method(s) A retrospective case note review and audit was undertaken using data from patients who died in August 2020 in a large tertiary hospital in the West Midlands. Data collected included age, gender, diagnosis, details of admission, any changes in management and prognosis, any communication with relatives documented in the care record, and the presence of relatives in the last days of life.

Results Of the 67 cases audited, 42% had a clear documentation of prognosis in the case record prior to death. The average time delay between the identification of a significant patient deterioration and when this was communicated to the Next-of-Kin was 3.78 hours, and 3 cases had a delay of over 24 hours. A potential correlation was also identified between those who had the longest delay, and those who were least likely to have Next-of-Kin present in their last days of life.

Conclusion(s) Most conversations to notify Next-of-Kin of a significant deterioration were had within 4 hours of the deterioration. However, prognosis is not always clearly documented in the case record which raised potential for standardisation and creation of protocol to aid this process.

45 DYING FROM ACUTE STROKE: ORCHESTRATING AN AUTOETHNOGRAPHIC SONATA OF CARE

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Background It remains difficult to accurately predict when palliative and end of life care should be offered in non-malignant disease with stroke patients often experiencing a high prevalence of palliative care needs, including symptoms, when nearing the end of their life.

Methods This study took a predominantly evocative autoethnographic approach and draws together the experiences of both researcher and bereaved family members of patients cared for within an acute stroke ward. A Sonata Framework created for this study comprised four parts with an additional beginning (prelude) and ending (coda). Its structure mirrors the narrative and duration of the onset of the researcher's experiences following his mother's stroke, hospital care and discharge home to die. In addition, six adult primary relatives

of patients who died in hospital following an acute stroke were interviewed using a 16 question semi-structured interview schedule.

Results Data from six participants was analysed using Attride-Stirling's Thematic Model (2011) and presented utilising two themes: The Family Experience and Dying & Death. Findings suggested shortfalls in the provision of palliative and end of life care following acute stroke, although areas of good practice were identified. Overall, participants were complimentary of the care provided to their family member although the transition from acute to palliative was variable. The quality of communication between patients, relatives and staff was variable, with no evidence of engagement with the hospital palliative care team, nor any discussions instigated by staff relating to preferred place of death.

Conclusions This study provided evidence of some improvement in local palliative and end of life care provision when compared with previous research, although gaps in such provision still exist. Staff should receive palliative and end of life care training, including communication skills training to identify individuals who may be nearing the end of life and to instigate timely conversations with their family members. Further research relating to the provision of palliative and end of life care for individuals following an acute stroke is recommended.

46 UNDERSTANDING PATIENT AND FAMILY UTILISATION OF COMMUNITY-BASED PALLIATIVE CARE SERVICES OUT-OF-HOURS: SECONDARY ANALYSIS OF A SYSTEMATIC REVIEW

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Background Community-based out-of-hours services are an integral component of end-of-life care. The provision of out-of-hours services, however, is highly variable, and there is little understanding of how patients and families utilise these services. This review aims to understand and identify patterns of out-of-hours service utilisation and produce recommendations for future service design.

Method Data on service use was extracted and secondary analysis undertaken, from a systematic review of models of community out-of-hours services. In the original review, 61 papers relating to 54 studies were included. Narrative synthesis was completed, addressing four research questions on service use: 1. When do patients/families/healthcare professionals need out-of-hours services? 2. Who is contacting the out-of-hours services? 3. Is a telephone call, centre visit or home visit provided? 4. Who is providing the out-of-hours care?

Results Community-based out-of-hours palliative care services were most accessed in the evenings between 5pm and midnight, especially on weekdays (with reports of 69% of calls being made out-of-hours). Family members and carers were the most frequent contacts to the services, with studies reporting between 60% and 80% of all calls being from this group. The type of contact (telephone, centre visit or home visit) varied based on what was offered and on patient need. Over half of services were led by a single discipline (nurse).