Conclusions This secondary data analysis has illustrated out-of-hours services are highly used up to midnight, particularly by patients’ family and carers. Recommendations to commissioners and service providers:

- Ensure telephone services are available between 5pm and midnight.
- Prioritise family and carers in the design of out-of-hours telephone services.
- Undertake further research with patients and families to understand when home visits or telephone calls are appropriate to meet patients’ needs.

Can Staff Education Improve Utilisation of the ‘All Wales Guidance: Care Decisions for the Last Days of Life’ for People Approaching the End of Life Residing in Nursing Homes? – A Quality Improvement Project

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Aims Recognition of when a person is approaching the last hours/days of life can be challenging for healthcare professionals with a search of the literature demonstrating that the dying phase is poorly recognised across different clinical and home settings. The provision of end-of-life care for people approaching the last hours/days of life in Wales is supported by the All Wales Guidance: Care Decisions for the Last Days of Life (CDLDoL), however there is poor utilisation of this guidance in nursing homes (NH). A quality improvement project (QIP) was designed to evaluate if education on recognising the dying person and the CDLDoL would improve the utilisation of the guidance with the aim of improving the provision of end-of-life care in NHs in the Cardiff area.

Methods Three NHs were recruited and ten teaching sessions across the three NHs were conducted. Data on all deaths was compared for a 6-month period pre- and post-intervention.

Results Before the teaching intervention, there were no residents (0%) that had their care guided by the CDLDoL. Following the teaching intervention, both qualified and non-qualified staff stated improved confidence in recognising when a person is approaching the end of life and providing end-of-life care. 2 residents (6.5%) had their care guided by the CDLDoL and the percentage of residents with end-of-life medications prescribed at time of death increased from 56.5% – 76.2%.

Conclusion The QIP demonstrated that the teaching had a positive impact on the confidence levels of NH staff with improved provision of end-of-life care. Further clinical research within the wider palliative care community on the dying phase should be conducted as well as further research into the perceived barriers and challenges of using the CDLDoL. The QIP will be extended across other NHs across Cardiff, as well as extending the teaching to GPs and community nurses.

Antibiotic Use in the Last Weeks of Life on an Acute Hospital’s Specialist Inpatient Palliative Care Unit

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Introduction End of life care prioritises early recognition of death and dying, and proportionate advance care planning (ACP). The National Audit of Care at the End of Life (NACEL) recommends timely communication regarding treatment options, including antibiotic use. Specialist palliative care teams often rationalise medications, but some patients who are approaching the end of life remain on antibiotics.

Aim & Methods To describe the practice of antibiotic prescribing for patients who have been admitted to a specialist inpatient palliative care unit within an acute hospital. The clinical records of all patients admitted in July 2022 were reviewed.

Results Thirty-seven patients were admitted. The median age was 84 years (range 52–101 years). Fifty-one percent were male.

Eleven (30%) patients were prescribed an antibiotic. Co-amoxiclav and Ciprofloxacin were most frequently used (45% and 27% respectively).