patients), inpatient PD specialist nurse (7%) and neurologists (4%).

Conclusion Prescribing practice in patients dying with PD needs improvement. Prescribing guidelines were disseminated locally and educational content developed to improve practice.


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Introduction The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process encourages collaboration between clinicians, patients, and relatives on emergency care wishes and resuscitation decisions. While the COVID-19 pandemic disrupted aspects of the ReSPECT process, the impact on clinicians’ views of ReSPECT was unknown.

Objectives The aim of this project was to examine whether there were changes in clinicians’ knowledge, skills, and attitudes regarding the ReSPECT process during the pandemic.

Methods We conducted a cross-sectional survey of senior clinicians at one acute hospital in the UK. We developed a questionnaire with a defined 5-point Likert scale and asked clinicians to recall their views on ReSPECT before the COVID-19 pandemic as well as report their current views at the time of survey distribution (last two weeks of May 2020, end of the first COVID-19 wave in the UK). We compared their retrospective self-rating of their pre-pandemic views and current views during the pandemic.

Results We analysed 171 questionnaire responses. During the pandemic clinicians’ self-reported knowledge in conducting ReSPECT discussions increased (pre-pandemic median 4, IQR 2; during pandemic median 4, IQR 1; p < 0.001). Their skills (pre-pandemic median 3, IQR 1; during pandemic median 3, IQR 1; p < 0.001) and confidence (pre-pandemic median 3, IQR 1; during pandemic median 3, IQR 1; p < 0.001) in conducting ReSPECT discussions with relatives over the phone increased. Negative emotions whilst conducting these discussions with relatives increased during the pandemic (pre-pandemic median 4, IQR 2; during pandemic median 4, IQR 1; p < 0.001).

Conclusions There were differences in clinicians’ knowledge, skills, and attitudes scores on ReSPECT before and during the pandemic. Our findings highlighted that clinicians could benefit from training in remote ReSPECT conversations with relatives.

THINK LIVER: A QUALITY IMPROVEMENT PROJECT ON ANTICIPATORY MEDICATION PRESCRIBING FOR PATIENTS WITH ADVANCED LIVER DISEASE

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Introduction Advanced Liver Disease (ALD) is the second leading cause of premature death in 35–49-year-olds. Symptom burdens are high, and place of death is often hospital. Specialist advice in the form of guidelines is invaluable for junior doctors to provide timely, effective symptom management. At Royal Albert Edward Infirmary an ALD symptom management guideline was published in March 2022. A QIP was undertaken to increase junior doctor guideline awareness and confidence, and improve prescribing practice.

Methods Junior doctors were surveyed for awareness of guidelines and confidence in prescribing, with scores of 1–5. Concordance for anticipatory medication prescriptions was audited, including medication choice and dose (July 2021–November 2022). Interventions undertaken included: peer-teaching for rotating junior doctors, prescribing-aid posters, and reminder emails (June–October 2022). Awareness, and confidence levels were re-surveyed post-intervention and compared by T-test. Concordance was re-audited and trend and special cause variance assessed by run charts.

Results On a score of 1–5, awareness of guidelines increased from an average score of 1.29, to 4.78 (p < 0.001) post-intervention. prescribing confidence increased from an average score of 2.75 to 4.67 (p < 0.001). Concordance with guidelines for all anticipatory medication choices significantly increased from 84.7% pre-intervention to 96.2% post-intervention (p = 0.019). Run-chart data showed a significant positive shift in percentage of medication choices concordant with guidelines from July to October 2022. Concordance for opiate choices increased from 55.6% to 83.3% (p = 0.030) but run-chart data showed no special cause variation. For anticipatory medication dosing, there was no significant change in prescribing performance, with concordance rising from 60.3% pre-intervention to 64.1% post-intervention (p = 0.293) and run-chart data showed no special cause variation.

Conclusions Interventions resulted in greater junior doctor awareness, confidence, and improvement in anticipatory medication choices. Further work is required to highlight lower doses of anticipatory medications advised in ALD and to maintain awareness given junior doctor rotations.

VIEWS OF CARE AT END OF LIFE: A SECONDARY ANALYSIS OF ONLINE FEEDBACK USING CARE OPINION

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Introduction In Scotland, there is an increasing focus on patient experience as an aspect of patient safety and quality improvement. However, there are limited studies specifically investigating the content of online public feedback about palliative and end-of-life care services. This study sought to understand experiences of end-of-life care provided in hospitals in the West of Scotland by exploring the main themes within the content of stories posted on a nationally endorsed nonprofit feedback online platform, Care Opinion, within a 2-year period.

Methods An ‘Appreciative Inquiry’ lens was chosen to guide this study to determine what works well in end-of-life care, while also identifying areas for further improvement. We gathered and thematically analysed public feedback stories, and their associated staff responses, posted on Care Opinion Scotland over a 24-month period (March 2019 to 2021) relevant to end-of-life care provided in acute hospitals the Greater Glasgow and Clyde area.