

Results Of the 1428 stories published on 'Care Opinion' from March 2019 to 2021 regarding hospitals in the West of Scotland, 48 (3.36%) were related to end-of-life care. We found that people tended to post positive feedback about their experiences with end-of-life care. People reported positively about staff professionalism in providing compassionate and person-centered care to meet their loved ones needs at end of life. Nevertheless, other experiences of care related to challenges facing healthcare services, particularly during the COVID-19 pandemic. Quality appraisal of staff responses highlighted areas for improving feedback. Despite research suggesting conversational responses are more desirable by service users, they were the least popular type of responses in our sample and were mostly from negative stories. In contrast, appreciative responses were commonly from families reporting positively about their experiences of end-of-life care.

Conclusion This study has provided a novel perspective of patients' experiences of end-of-life care in hospitals in the West of Scotland. Novel insights were importance of trust and meeting patient's needs at end-of-life particularly by nursing staff.

72 THE IMPORTANCE OF DECISION-MAKING AT END-OF-LIFE: A SYSTEMATIC REVIEW

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10.1136/spcare-2023-PCC.92

Introduction Caring for the dying is a multidisciplinary team (MDT) model of care, with nurses providing the most direct patient care. Providing end-of-life care to meet the person-centred needs of individuals and families is complex and relies on effective clinical decision-making (CDM) skills. Little is known about how healthcare professionals (HCPs) inform complex decisions for care intervention when the patient is unresponsive at end of life. The cognitive continuum theory (CCT) has been used to examine CDM in healthcare. This systematic review aimed to critically synthesis empirical links between theory, research, and practice to address the following questions: how has the CCT been used in research, and to what extent has it been integrated in research processes and clinical practice?

Methods A systematic review was undertaken searching five databases from inception. A range of key concepts were mapped to each electronic database. Pre-eligibility screening criteria were applied, and methodological quality appraisal was conducted. A meta-aggregative synthesis was conducted using Joanna Briggs methodology.

Findings Five synthesised findings related to the CDM processes were informed by the CCT. These included: CDM varied depending on the decision-making capacity of the individual HCP, their level of experience, availability of decision tools, access to senior staff and peers, and availability of resources such as time and staffing. The visibility of the CCT was variable, with only two studies rigorously applying the CCT to all stages of the research.

Discussion This review identified a gap in providing a person-centric approach to CDM. This finding was dependent on multifactorial considerations which impacted individual HCPs. Complex DM should be safely embedded in the MDT to sustain the team and improve patient care. Further education and

support is needed, particularly in the context of the unresponsive dying. Impacts of time, resources and workplace culture on CDM need to be addressed.

73 PREDICTING THE FUTURE: WHEN FAMILIES ASK THE 'HOW LONG ...' QUESTION AT END-OF-LIFE

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10.1136/spcare-2023-PCC.93

Background Multiple tools exist to aid prognosis at end of life, yet predicting the length of time to death once the person is unresponsive and deemed to be 'imminently dying' remains fraught with uncertainty. Knowing approximately how many hours or days their dying loved one has left is crucial for both families and clinicians to guide decision making and planning end-of-life care. Previous research has produced useful indicators, but definitive data on length of time from unresponsiveness to death are not reported in the literature. This research sought to determine the length of time between becoming unresponsive and death.

Method A retrospective clinical audit of electronic records of 786 patients receiving specialist palliative care as inpatients, at home, and in aged care homes was conducted across a 10-month period. We analysed the time from the first Karnofsky 10 score to death and used Kaplan-Meier survival analysis to determine the duration of patient's final phase of life, taking into account variation across age, sex, diagnosis, and location of death.

Results From the first time the patient was scored as Karnofsky 10, 49% of patients were unresponsive for longer than one day, with a median duration of 2 days. Regardless of age, the probability of not surviving is identical across all age groups on day two. Having adjusted for age, malignancy, gender, and location, the likelihood of death within 4 days is over 75%. The data also reveals that, regardless of diagnosis, there is a tipping point at around 20–30 days prior to death, from where there is a notable decline.

Conclusion This new data will have a major impact on clinician's confidence when responding to the 'how long' question and can be used to inform decision-making at end-of-life. Findings demonstrate that the Karnofsky 10 score is a highly reliable prognostic indicator.

Poster Nos 74–76: Ethics

74 TEACHING ETHICS WITHIN PALLIATIVE CARE: IDENTIFYING PRIORITY TOPICS AND PREFERRED LEARNING STYLES

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10.1136/spcare-2023-PCC.94