recorded for 143 (71.5%) patients, religion for 82 (41%), and nationality for 136 (68.0%). Where it was documented, 88.1% were white and 98.5% were British. Discussions were only documented in 34 (17.0%) cases. If specialist palliative care input was sought, cultural preferences were more likely to be discussed (p<0.001). When discussions were documented, patients were more likely to be referred to chaplaincy (p<0.001).

Conclusion/Discussion In this service evaluation, cultural preferences at the end-of-life were often not documented and possibly not being discussed with patients and families. Education is needed on the importance of assessing and addressing these needs.

Poster Nos 90–144: Service Development

90 EYE DONATION IN THE HOSPICE SETTING: PERSONAL AND SYSTEM-BASED BARRIERS TO DISCUSSING THIS END OF LIFE OPTION WITH PATIENTS AND FAMILY MEMBERS: AN EXPLORATORY QUALITATIVE STUDY

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Background In the UK there is a national shortage of corneas available for transplantation. Up to 50% of patients within a palliative care setting may be eligible to donate corneas, yet donation rates from this environment are low. Studies have indicated that healthcare professionals are reluctant to initiate conversations. Doctors views on donation are poorly represented in the literature.

Aim To identify and explore barriers to clinicians initiating conversations about the option of eye donation as part of end of life care planning in a hospice setting.

Methods An exploratory qualitative design was adopted using focus groups. The study was based from palliative care services in the South of England and was conducted between 15thand 22nd February 2017. Participants included 14 doctors holding registrar, specialty doctor or consultant posts. Qualitative content analysis was the data analysis method chosen.

Results Despite holding positive views towards corneal donation, doctors are unlikely to initial conversations. Barriers identified included 1) lack of knowledge around eye donation, principally involving eligibility 2) attitudes, influenced by personal beliefs but also clinical experiences and the perception of patient and public views on donation in a hospice setting 3) professional concerns about workload and the prioritisation of significant conversations, and 4) a lack of confidence in the process of eye donation which directly impacted on an individual initiating a discussion. Findings indicate that level of clinical experience does not influence the likelihood of initiating conversations, but individual experiences do shape attitudes. The hospice was viewed as a unique entity with specific challenges to implementing corneal donation services.

Conclusions Despite positive views toward eye donation, many barriers contribute to a lack of confidence in the system and low donation rates. Improvements could be made by education and support for staff members and appointing a designated lead staff member.
The format was kept the same (discussion regarding advice lines calls, all referrals, agreeing the number of beds offered and the patients to be allocated to these beds). The change was to have active input (via MS Teams link) from the referring teams and up-to-date information about the referred patients.

Aims To evaluate if the new model of meetings integrating the community and hospital SPC teams would change perception of fairness and equitable use of beds in our hospice IPU.

Methods A short evaluation questionnaire was sent to the participating teams with a combination of open/closed questions and opportunity for comments.

Results The respondents said the service has improved the admission process, the patients are discussed in enough detail to enable prioritisation, decisions about admissions are fair and consistent, the meetings are extremely beneficial, the view of each team is always respected and all teams work well together to ensure the most appropriate patient is admitted.

Conclusion This new model of collaborative working has proven beneficial for prioritisation of hospice referrals in real time and has also contributed to an improvement in communication and team work.

REFERENCES

INNOVATIVE THINKING- COLLABORATIVE WORKING: A NOVEL APPROACH TO PRIORITISING INPATIENT REFERRALS BY CHANGING COMMUNICATION METHODS
Aurelia McCann, Lisa Tate, Jennifer Klimiuk, Hephzibah Shanti, Jenny Gallagher. Bolton Hospice
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Background Hospice referrals for inpatient unit (IPU) admissions are discussed daily by the hospice medical and nursing teams, with decisions to admit based on the referral information and multidisciplinary team decision-making. The referring teams were previously not directly involved in these decisions. Our recent development was the introduction of virtual meetings, aiming to involve the referring community and hospital palliative care teams to the daily decision making process regarding inpatient bed allocation at our hospice.

The new initiative started in February 2022 as Microsoft (MS) Teams meetings coordinated by the patient liaison nurse. Attending members were: hospice team, allied health professionals, social workers and community and hospital specialist palliative care (SPC) teams.