ARE WE LEARNING FROM DEATHS? EVALUATING A NEW ACUTE HOSPITAL FRAILTY, STROKE MEDICINE AND SUPPORTIVE & PALLIATIVE CARE (SPCT) TEAMS MORTALITY MEETING

Hilary Williams, Farida Malik, Rannie Nahas. East Sussex Healthcare Trust

10.1136/spcare-2023-PCC.137

Background
A new monthly mortality meeting (MM) between SPCT/Frailty/Stroke Medicine teams was launched to review & learn from selected hospital deaths. Learning from deaths is a key aspect of medical education, registration, ethical obligation and contributes to meaning derived from our roles. However, few organisations use a validated approach despite availability of toolkits. The aim was to evaluate the effectiveness & utility of the MM.

Methods
MM attendees were invited by email to complete an MM. The study was limited by its small sample size (n=8 for each single day snapshot audit of cases). Further work will need to be done on: the appropriateness and timing of re-assessment of VTE risk; and discussion about decision-making around VTE prophylaxis with patients and their relatives.

Results
pant discussion informed next steps required. Results were fed back to the MM where joint partici-

Conclusions
The HSPCT sees people who speak a range of languages but communication must improve with those who speak a primary language other than English. An immediate change in practice has taken place to ensure that the HSPCT can book interpreters directly, removing the step of relying on ward teams to do this.

LET’S TALK: ADVANCE CARE PLANNING. HOW CAN WE IMPROVE THE QUALITY OF ADVANCE CARE PLANNING BOTH IN HOSPITAL AND COMMUNITY?

Joanna Bate, Marsha Dawkins, Irene Carey. Guys and St Thomas NHS Foundation Trust

10.1136/spcare-2023-PCC.139

Background
End of life care (EoLC) and advance care planning (ACP) conversations can be challenging for staff and patients. Drawing on published guidance and building on previous local work, this Trustwide project aims to improve the experience of patients, carers and staff in engaging with ACP discussions and to measure progress.

Method(s)
This project is led by an ACP Nurse Specialist, overseen by the EoLC clinical lead and Deputy Head of Nursing. NHS Quality improvement methodology underpins the work which is supported by a steering group and governance structure.

Implementation of our previously developed ‘Let’s Talk’ resources (supporting information to aid understanding of ACP: videos, leaflet, website), building stakeholder relationships, staff education, clinical visibility and role modelling were undertaken to increase engagement in ACP. A Gap Analysis Action Plan (GAAP) was developed by benchmarking against recommendations from the Care Quality Commission and used at strategic and governance meetings to engage key stakeholders and agree measurable actions.

Data were collated from audits, patient and staff surveys and website viewing clicks.

Results
Over 900 staff have received bespoke training. Changes from pre- to post-implementations include: increased