61 WORLD WIDE WORKING – HOW PARTICIPATION IN A NATIONAL STUDY CAN INSPIRE CHANGE AT A LOCAL LEVEL

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10.1136/spcare-2024-PCC.79

Background Involvement of an organisation in research contributes important data towards answering the research question, but can also have significant benefits for the participating organisation outside of the study question. At Farleigh Hospice, we are currently involved in the CHELsea II study, a national cluster randomised control trial looking at whether supplementary fluids at the end of life are effective at reducing the incidence and severity of delirium. This has allowed us to evaluate our current management of delirium on the Inpatient Unit (IPU) and to make improvements.

Method We designed and conducted a Quality Improvement project to broadly improve delirium recognition and care on the IPU. Through several cycles we introduced multiple small changes such as screening tools, education sessions, items to improve the physical environment and information leaflets for families. Our main endpoint was to measure the confidence of staff in managing patients with delirium, as developing their skills and experience was felt to be a more longer-lasting and impactful change. This was assessed via a questionnaire completed at baseline and then after 1 year.

Results We surveyed a range of staff working on the IPU, including nurses, doctors and healthcare assistants. At baseline only 55.6% of respondents felt confident recognising the symptoms of delirium, and 33.3% felt confident with managing a patient with delirium. Following the above interventions, 88.9% and 100% of respondents now feel confident for both of these areas respectively. We aim to consolidate these skills and continue making long-lasting changes.

Conclusion Through participating in a national research study, we have been able to shine a light on our own local practices. By undertaking cumulative small changes we have developed a more experienced and confident workforce who can continue to build on these skills throughout their careers and thus have an enduring impact.

62 A SURVEY OF ADVANCE CARE PLANNING IN PATIENTS WITH SEVERE FRAILTY ON THE COMPLEX MEDICINE UNIT OF A GENERAL HOSPITAL

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10.1136/spcare-2024-PCC.80

Introduction The 2021 Getting It Right First Time (GIRFT) National Specialty Report for Geriatric Medicine emphasised the need to improve end of life care for frail older patients, referencing advance care planning (ACP) as a 'powerful tool'. This survey sought to evaluate ACP practice for inpatients with severe frailty in 2022. Areas assessed included treatment escalation planning (TEP), cardiopulmonary resuscitation and ACP (prior to admission or new discussions).

Methods In a retrospective audit on the Complex Medicine Unit-CMU (~2000 patients admitted annually, mean age~82, pre-frail and frail) of the John Radcliffe hospital, cases were selected by convenience sampling of consecutive admissions per quarter of 2022. Inclusion criteria for further analysis; verified clinical frailty score (CFS) $\geq$7, survival to discharge, without palliative care follow-up.

Results Among 32 patients with verified CFS $\geq$7 (mean age/SD=86.25/7.35, 15 male, mean length of stay/SD=11.8/8.9 days) 56% died within a year of admission. A pre-existing ACP was documented in 4 (12.5%), discussed and initiated during admission in 5 (15.6%). Enquiry about lasting power of attorney was made in 8 (25%) and in place in 5 (15.6%). No patient had documentation of an advance directive. Fourteen had pre-existing do not attempt resuscitation (DNAR) decisions and DNAR was discussed with a further 13 patients (total DNAR decisions=27, 84%). Inpatient TEPs were documented in 5 (15.6%).

Conclusion Although advance care planning as part of proactive palliative care is a priority for older patients in the last phase of life, we found that in severely frail inpatients with high risk of death within the year, <20% had evidence of ACP and TEP suggesting that opportunities for ACP were rarely taken. Current GIRFT requirements for routine in-hospital frailty screening will enable targeting of proactive ACP which should be prioritised in this patient population to improve care and prevent avoidable readmission.

63 IMPROVING ADVANCE CARE PLANNING FOR INPATIENTS WITH CHRONIC LIVER DISEASE – A QUALITY IMPROVEMENT PROJECT ON THE GASTROENTEROLOGY WARD AT ROYAL OLDHAM HOSPITAL

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10.1136/spcare-2024-PCC.81

Introduction Liver disease is the third biggest cause of premature death in working age adults, and is the only major disease group in the UK where mortality is rising. It is acknowledged that good quality health care is lacking in liver disease patients where outcome is uncertain. The result is that over 70% of patients with liver disease die in hospital, with patients often having multiple admissions in the last year of life, a high symptom burden and poor access to palliative care services.

Methods We identified patients with uncertain prognosis using Child Pugh score and clinical acumen. We implemented three PDSA cycles:

- Education for ward team around advance care planning(ACP)
- Introduction of liver disease admission proforma to help identify those with uncertain prognosis and prompt initial discussions and escalation decisions
- Commencing a weekly MDT to support decision making particularly regarding GSF score and ceiling of treatment including escalation status and readmission