Table 1 Documentation in Medical Notes

	Target	Cycle 1	Cycle 2
Resuscitation Status	100%	82%	97%
Prognosis	95%	55%	95%
Ceiling of Care	95%	41%	100%
Readmission Plans	95%	14%	100%
Patient/family awareness	95%	77%	100%

Table 2 Discharge Documentation

	Target	Cycle 1	Cycle 2
Resucitation Status	100%	6%	89%
Ceiling of Care	100%	56%	100%
Readmission Plans	100%	33%	100%
Patient/family awareness	100%	59%	100%

Cycle 1 Documentation regarding prognosis and ceiling of care (escalation plans) was poor; often it was very difficult to find in the medical notes. On call teams had to make escalations plans for 4 patients. Patients and relatives were not always informed in a timely fashion leading to 3 complaints.
Cycle 2 Re-audit results following the implementation of the ACP Summary showed an improvement in all 5 key areas.
Conclusion The ACP Summary ensured easily accessible information and prompted early discussions with patients, relatives and within the MDT. It improved communication with GPs on discharge.

P 235 AN AUDIT INTO ADVANCED CARE PLANNING FOR END OF LIFE CARE PATIENTS AT KINGSTON HOSPITAL

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Background The End-of-Life Care (EoLC) Strategy 2008 highlighted the importance of early identification of potential for dying and Advanced Care Planning (ACP).[1 2 3] Early awareness of poor prognosis helps patients and their relatives to understand their illness and make informed choices about their care; for instance whether to decline aggressive intervention and hospitalisation if it is unlikely to improve their quality of life.
Aims and Objectives To prompt early communication within the MDT and with patients and their relatives about ACP for those deemed to be in their last year of life.
Method Data from 40 discharged patients, who had been identified as likely being in their last year of life, was collected in each audit cycle.

Cycle 1 was a retrospective case notes analysis from one Care-of-the-Eldery (CoE) ward. Five key areas of ACP were reviewed: resuscitation status, prognosis, ceiling of care, readmission plans, patient/family awareness of condition and prognosis.

Prior to cycle 2, an ACP Summary proforma was implemented where discussions around the five key areas could be summarised. It was introduced at a CoE department meeting and teaching sessions were held for junior doctors.
Results Tables 1 and 2 illustrate our findings.