

Conclusion Although a significant proportion of patients on elderly care wards are in the last year of life, there was minimal sharing of ACP information with community services. The 'process' change of including a mandatory ACP section on discharge summaries has not improved outcomes. Future quality improvement will focus on staff engagement and raising awareness of the importance of ACP. We have developed a blended learning programme to support the implementation of routine identification of patient in their last year of life in multi-disciplinary meetings, thereby triggering ACP and communication across organisations.

P-18 ADVANCE CARE PLANNING ACROSS ENGLAND AND WALES

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Background Last year Byw Nawr commissioned the research and development of a new public facing website. The resource drew on expertise from Dying Matters, Hospice UK, the Digital Legacy Association and a number of healthcare professionals.

Aim The aim of the website is to make Advance Care Planning accessible to the general public through a clear information architecture and videos.

Methods By working collaboratively, a website containing over 10 000 words was created in English. It was then translated into Welsh. A small stakeholder group provided ongoing advice and a wider stakeholder group was called upon at the end of the website's build for review.

Results and Conclusion Later this year Byw Nawr will evaluate the impact of the resource. It is hoped that the results will be displayed as a poster or through a presentation at the Hospice UK conference in November.

P-19 HIGHLIGHT 5 – 5 MINUTES TO DELIVER MESSAGES ON PATIENT CARE

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At any one time in a health organisation there are important messages on patient care that staff need to be informed of but disseminating that information such that all staff see and hear those messages and respond appropriately is very challenging. E-mails, team briefs, written policies and procedures may be left unread and even verbal information can be missed by some. HIGHLIGHT 5 describes an initiative developed to improve communication and ensure that as many staff as possible hear important messages about patient care. Each week has a defined topic that can be covered in 5 min by a member of the clinical staff. The ward manager and practice development nurse plan the topics in advance but all staff can contribute ideas. Examples so far are cost effective prescribing of laxatives, opioid brand prescribing and introduction of a sepsis care bundle. The Highlight topic is delivered at every handover throughout the seven days so all members of staff as far as possible are aware. Feedback is very positive from

staff who feel that it is very effective at ensuring important messages are highlighted.

P-20 RELEASING TIME TO CARE – A BOARD AT A GLANCE!

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Background Devising a new patient information board for the nurses' office was to improve the efficiency of the nurse in charge and reduce time spent on handover. Due to a variety of shift patterns worked on the in-patient unit, handovers became a long and laborious task that would occur up to eight times a day to cater for all the staff starting their shifts at different times including MDT. This in turn meant that the nurse in charge would be spending long periods out of their day handing over the same information to different staff which took them away from being able to carry out patient care and take charge of their shift.

Aim Decrease the time of handovers by having useful information available at a glance and to reduce the risk of delays in (OACC) Outcome Assessment and Complexity Collaboration assessments and relevant tasks being carried out by the designated date.

Method HotBoard company was contacted to devise and design a bespoke information board to meet the requirement of the information necessary to reduce handover times. Between the nursing and medical team, a collaborative effort was made to decide what information was to be included on the board to streamline the handovers. The designers incorporated the hospice care logo and colour scheme to give a unified look and the designs were regularly amended until everyone was satisfied with the information on the board.

Results There has already been a marked improvement in the effectiveness of handovers. There are two handovers which take 30 min each. Bank staff working short shifts can read the information rather than take a nurse away from caring for patient to carry out handover. Team members can quickly check the board for OACC and dates that assessments are due for patients and this has noticeably reduced the delays in these being completed for patients.

Conclusion We are due to carry out an audit soon to evaluate the time efficiency of the board and how delays have been reduced and how many hours have been released for nurses to spend with patients per nurse.

P-21 WHAT DOES OUR COMMUNITY KNOW? RESEARCHING PUBLIC PERCEPTIONS TO DIRECT THE FUTURE OF COMMUNICATIONS

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Background The hospice has a strategic aim to develop and maintain its profile across the county as an essential charity to support. The messages we communicate to the community forms their understanding of our care. Past communications have been guided by assumptions of what the community does and does not know. Market research was an opportunity to produce evidence on our community's awareness.

Aims To produce evidence to test assumptions, learn new insights into perceptions and form a baseline.

Method On-street interviews were the preferred methodology capturing views of the public in areas of high footfall. An online survey for supporters was developed, allowing comparisons between ‘warm’ supporters, with assumed greater knowledge and the public’s awareness of our care. This was a funded piece of work and a market research company was commissioned to carry out and analyse the fieldwork.

Results

- 511 on-street interviews
- 486 online surveys.

Key Findings

- Areas geographically further away from the hospice building have lower awareness of conditions cared for, services provided and recognition of hospice logo
- 82% of respondents had heard of the hospice and made aware through events, charity shops, word of mouth.
- Cancer, dementia, Multiple Sclerosis, Motor Neurone Disease were conditions the community believed we cared for
- Respondents were motivated to volunteer or donate to give something back, personal interest, if they knew the charity, cared for family/friend.

Conclusion Conducting research has produced valuable evidence to direct the future of communications and engagement. Evidence has substantiated and discredited assumptions communications has previously been guided by. Therefore, key messages have been identified which need to be reinforced to improve community awareness. Different messaging techniques and platforms have been explored to ensure a wider audience is captured when communicating key messages. This project demonstrates how researching public perceptions can strengthen communication to the community to widen understanding.

P-22 **‘WHAT’S IMPORTANT TO ME’: A WHOLE TEAM APPROACH TO PERSON-CENTRED CARE**

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Background Person-centred, holistic care is one of the foundations of palliative care (NICE, 2011). Finding out patients’ stories and what’s important to them provides a starting point for doing this (Henry, 2015). However, conversations with health professionals often focus on problems/symptoms and as a result it can be difficult to stay focused on patients’ priorities and goals (Boa et al., 2014).

Aims We aimed to: Explore how staff in a hospice inpatient-unit get to know patients and families and find out what is important to them. Identify and implement a guided conversation tool to help professionals capture stories and priorities in a consistent way. Implement structures and processes to ensure information is communicated to and used by the whole team.

Methods Initial observations of admission interviews with patients and families were carried out and case notes analysed to see what staff documented in relation to patients’ stories and goals. A conversation guide was devised, based on a rehabilitative, functional information-gathering approach. Processes were put in place to share the information across the team.

Observations and case notes analysis were repeated after implementation.

Results Initial observations showed that staff often had conversations with patients and families about what was important to them but this was rarely documented. A guided conversation tool and the supporting documentation and processes helped the whole team get to know patients and families better. As a result the emphasis of professional work shifted from clinically-orientated priorities to supporting patients/families to work towards goals that were important to them in the context of their individual story.

Conclusion Providing a conversation guide and supporting communication can help professionals capture patients’ stories more consistently. As a result, care is delivered and documented in a more person-centred way.

P-23 **A QUALITATIVE INVESTIGATION OF MEDICAL STUDENTS’ ATTITUDES TO COLLUSION IN END OF LIFE CARE**

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Background Collusion in healthcare is the act of withholding information from the individuals involved. Across a range of cultures, collusion is extremely common in end of life care: up to half of patients in India receiving cancer treatment are unaware of their diagnosis (Santosh, 2009). To our knowledge, no studies have used qualitative techniques to explore the beliefs and attitudes underlying this common and controversial practice.

Aim Our study sought to explore medical students’ attitudes to collusion, employing qualitative techniques to optimise depth and authenticity. Our ultimate aim is to promote awareness of the issues surrounding collusion in order to develop communication skills training appropriate for an increasingly culturally diverse environment.

Methods 15 student volunteers from final year and third year participated in three 30 min focus groups. Our students study a UK degree in a Malaysian context, providing unique insight into cross-cultural differences. Discussions were facilitated by the authors, using open facilitatory questions which explored students’ thoughts on collusion and observations in practice. The recorded transcript was processed using simple content analysis: following initial coding, codes were drawn into categories to provide a conceptual framework.

Results Our students expressed conflicting reactions to collusion. In favour of collusion, they cited cultural setting, family expectations, patients’ mindset and doctors’ attitudes. Conversely, they felt that a number of factors supported disclosure, including legal and ethical frameworks, personal beliefs and the practical benefits of knowledge for the patient. The resulting dilemma was felt strongly and intense reservations were expressed about navigating these tensions in practice.

Conclusion We feel that we have identified an important area for further study. Students experience conflicting demands regarding end of life communication. We advocate development of communication skills teaching to support students through these dilemmas in a culturally interconnected world.