Abstracts

59 ADDRESSING PATIENTS’ HYDRATION NEEDS AT THE END OF LIFE: A CROSS-SITE AUDIT
Amy Hawkins, Beata LeBon. Flintmill Park Hospital
10.1136/bmjspcare-2018-ASabstracts.86

Background Assessment of hydration needs including, if appropriate, a trial of clinically assisted hydration (CAH) is a key recommendation of national guidelines for dying patients.1,2 There is insufficient evidence regarding the benefits and burdens of CAH at the end of life3-5 including inconclusive findings from a systematic review6. Research is ongoing7 including a cluster RCT.8 The audit aim was to assess compliance with national guidelines in three settings: the hospice inpatient unit (IPU), a district general hospital and patients known to the community palliative care team.

Methods Ten audit standards were derived from NICE and GMC guidelines.1,2 A target of 100% compliance with each standard was set. The audit comprised retrospective case note review of 60 patients (20 in each setting), identified as consecutive deaths of patients on an individualised end of life care plan from 1st October 2016.

Results The frequency of documented mouth care and hydration assessment did not meet the audit standards in any setting. Most hospital inpatients had CAH in the last week of life (90%), compared with 10% of IPU patients and none of the community cohort. Discussion regarding risks and benefits of CAH was not widely documented, with the lowest figures for community (5%) and IPU patients (15%). In all cases in which CAH was started, the documented frequency of reassessment was less than the twice daily recommendation in national guidelines.1

Discussion In part, some of the findings may reflect incomplete documentation. Since the audit, the following steps have been taken:

- Review of hydration needs assessment including changes to care plan documentation
- Meetings with district nursing teams
- Review of access to required equipment for administering CAH
- Education sessions for staff
- Review of hospital mouth care guidelines

We plan to re-audit to assess compliance with the guidelines following implementation of these changes.

60 MULTI ORGANISATIONAL AUDIT OF THE RECORD AND PROMPT FOR ADULT CARE IN THE LAST DAYS OF LIFE IN Wirral
Catherine Hayle, Gusaran Purewal, Emma Longf ord, Fawad Ahmad, Richard Latten, Carla-Jayne Lunt, Daniel Evans, Clare Brown, Penny Shepherd, Jill Littlewood, Nicola D’Amelio. Wirral University Teaching Hospitals NHS Foundation Trust, Wirral Hospice St John’s
10.1136/bmjspcare-2018-ASabstracts.87

Background The Wirral Multidisciplinary Record and Prompt for Adult Care in the Last Days of Life was developed in 2016 to support the delivery of excellent individualised care in last days of life in keeping with the Priorities for Care of the Dying Person and NICE guidance for Care of Dying Adults in the Last Days of Life. Following its introduction across Wirral University Teaching Hospitals NHS Foundation Trust and Wirral Hospice St John’s, audits were undertaken across both settings assessing whether care in the last days of life was delivered and documented in line with national guidance.

Method A retrospective case note review was conducted using a standardised data collection tool. In the hospital setting, the audit sample from January-March 2017 included 30 cases where care was supported with the record of care, and 29 cases where it was not. In the hospice setting the audit sample from June-September 2016 included 34 patients whose care had been supported using this tool with comparison to a previous audit in 2015 assessing care in the last days of life.

Results The results across both organisations showed a considerable improvement in care delivered to patients in the last days of life, when the record of care was used, as evidenced by key findings in table 1 and 2.

Conclusion The use of the record of care has led to meaningful improvements in the care documented for dying patients and those close to them across all domains. The tool has been embedded across both organisations, with the focus now on ongoing education, awareness-raising of the improvement seen when the tool is used, and developments of electronic templates to support its use. Roll-out across the community setting is planned during 2018, with the aim of ensuring the same high quality care in any setting.