In the second initiative, run charts demonstrated statistically significant improvements in the rate of assessment, reassessment and evaluation of terminal agitation (p<0.05). Routine review and dissemination of data with the frontline teams in these initiatives enhanced collaborative engagement, motivation and success. **Conclusion** SPC and run charts can be used to measure the impact of interventions, and contribute to improvements in EOLC.

**117 UNMET NEEDS FROM MENTAL AND PHYSICAL HEALTH CO-MORBIDITIES: A PROSPECTIVE AUDIT IN COMMUNITY PALLIATIVE CARE**

Sarah Yardley, Monika Gomy. Central and North West London NHS Foundation Trust 10.1136/bmjspcare-2018-ASPabstracts.144

**Background** Increasingly patients referred to community specialist palliative care (SPC) have multiple co-morbidities including psychiatric and mental health needs in addition to physical disease. Access to psychiatric services is variable. There is no national standard for community-based shared care in this context and both palliative and psychiatric professionals report challenges.

**Methods** This prospective audit aimed to:
- establish local need for community psychiatric liaison/shared working;
- identify unmet needs for quality improvement. Patients discussed in a SPC community multidisciplinary team meeting were screened for three months.

**Conclusion** While initial uptake of the passport was high, use appeared low. This evaluation does not support widespread use of a PHR in palliative care, but it may be helpful to individuals, especially earlier in their disease trajectory.

**116 MEASURING THE IMPACT OF END OF LIFE CARE QUALITY IMPROVEMENT (QI) PROJECTS**


**Aim** To demonstrate the application of QI methodology to improving end of life care (EOLC), using improvement data (run charts/statistical process control charts (SPC)) to measure the impact of interventions.

**Background** QI methods are applied widely across healthcare. SPC and run charts are employed to demonstrate if interventions can lead to sustained and significant improvements. Identifying variables that suit themselves to measurement by repeated data points is more of a challenge for interpersonal aspects of care (such as palliative and EOLC) than for technical interventions (Conry M, 2012).

**Methods** QI methodology and measures were employed in two QI EOLC initiatives in a large acute NHS trust. The first was a multidisciplinary collaborative to improve the care of patients at risk of clinical deterioration, to reduce avoidable deterioration and/or inappropriate cardiopulmonary resuscitation. The second was an intervention led by the Palliative Care Team to improve the assessment and management of terminal agitation on designated wards. SPC and run charts were created for these initiatives, with baseline data pre-intervention and on-going data collection during the testing, implementation and sustainability phases.

Both initiatives were developed following identification of local need; were led by frontline teams and empowered ward level innovation.

**Results** In the first initiative SPC charts demonstrated sustained, significant 25% reductions in cardiac arrest calls across the trust, and on 14 pilot wards a 125% increase in patients with a treatment escalation plan and 75% increase in documented CPR decisions.