Pilot studies guide the development of research plans to ensure that the methods and ideas which are being proposed will work in practice (Kim, 2010). This pilot study was undertaken to explore the feasibility of a proposed Doctorate study designed to answer the research question: ‘What is the family experience of bereavement when a family member has dementia and what might this mean for the provision of support?’ using constructivist grounded theory (Charmaz, 2014).

The pilot explored the family bereavement experience from the perspective of one family member and focused on the use of unstructured interviews and research diaries as tools for quality data collection, and a process of data analysis involving process coding and memo writing (Saldaña, 2016).

Tentative theoretical understanding of the data emerged including:

• Experiencing a spiritual dimension
• Being a bereaved carer
• Family functioning
• Relationship between bereavement and dementia.

These early findings will be integrated into the main study through the constant comparison process consistent with grounded theory methodology (Charmaz, 2014; Urquhart, 2013).

Carrying out and reflecting on the pilot highlighted several issues including the researchers’ role within the interview and data analysis processes, the design and use of a diary for data collection and the ethical dilemma of involving or excluding people with dementia within the study. Learning from this pilot will help shape future study plans.

Communication, voices and stories

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**EXPLORATION OF SUPPORT WORKERS’ AND VOLUNTEERS’ INITIATION OF QUALITY OF LIFE CONVERSATIONS**

Sharan Watson, Alison Hembrow. University of Derby, Derby, UK; Treetops Hospice Care, Derby, UK

Introduction  
Identification of patients approaching end of life, and advance care planning (ACP) with them, can improve patient outcomes and reduce hospital deaths. The essential items that should be included in any initial ACP discussions were agreed by a working group (COTE doctor, palliative care doctor and nurse, GP and Patient in Partnership Group). Some items were mandatory and some dynamic. Items included:

1. Dropdown menu: prognostication (based on SPICT)
2. Yes/No: elements of discussions had, e.g. regarding prognostication, resuscitation status during stay, Preferred Place of Care, Preferred Place of Death
3. Free text: e.g. ceilings of care.
4. These items were added to the usual hospital discharge summary template (EPR) by the Trust’s IT department.

COTE discharge summaries were surveyed using a standardised proforma to quantify recording of ACP preferences (n=40 at baseline and n=20 10 weeks after new template introduced).

Results  
The new ACP template improves frequency of documentation in discharge summaries from baseline of: resuscitation status (10% to 100%) information regarding prognosis (0% to 100%) and any mention of patient preferences for care (8%–100%).

Conclusion  
Specific items added to the hospital discharge summary at no extra cost improves ACP information sharing from secondary to primary care. Staff feedback back that the ACP discharge summary fields were easy to use. The teams continue to engage with the process as they see improved cross