

## Oral presentations

### Free Papers 1 – 3 | Quality Improvement

#### 1 GOLDLINE 5 YEARS ON: HOW A 24/7 SUPPORT AND COORDINATION HUB HAS HELPED TO DRIVE IDENTIFICATION, REDUCE INEQUALITIES, INCREASE USE OF EPACCS AND IMPROVE CARE FOR PATIENTS AND THEIR CARERS AT THE END OF LIFE

Linda Wilson, Helen Livingstone. *Airedale NHS Foundation Trust, Sue Ryder Manorlands*

10.1136/bmjspcare-2019-ASP.1

**Background** Goldline provides a 24/7 single point of contact for patients and their carers to access support, help, advice and onward referral to services. Provided by a team of generalist nurses from a DGH who access the patient's full electronic record including EPaCCS template. It is available regardless of diagnosis or identified needs to a population of 584 500 across 3 CCGs.

**Methods** Evaluation of service by data analysis, feedback and audit.

**Results** Year ending 31.3.18:

3060 patients referred, 62%  $\geq$ 80 years

2368 patients died with Goldline support (47% all deaths)

14% service users died in hospital, 74% in usual place of residence, 13% hospice

74% achieved their preferred place of death

58% referrals to Gold line had a non-cancer diagnosis and 43% were not known to specialist palliative care services

38% of calls are resolved by Goldline with no onward referral

23 service concerns were received; no formal complaints/serious incidents

Many compliments and messages of thanks from grateful families

The service is rated highly by other professionals.

**Conclusions** Goldline is safely supporting patients, including those with non-cancer and not known to specialist services. 14% patients died in hospital, Airedale hospital has the lowest % patients dying in hospital in England. Goldline sits within an EOL program with many services working together to support patients and carers in their preferred place. Support in the form of education, training, coaching and facilitation provided by specialists in palliative care, EOL facilitators and GP End of Life leads across primary and secondary care has been, and will continue to be, key to enabling more patients and carers to access Goldline.

#### 2 REKINDLING PRIMARY CARERS' RELATIONSHIP WITH ADVANCE CARE PLANNING: A QUALITY IMPROVEMENT PROJECT

James Naughton, Huw Williams, Aoife Gleeson. *Aneurin Bevan University Healthboard, Cardiff University*

10.1136/bmjspcare-2019-ASP.2

**Background** In 2017, a local priority setting exercise amongst stakeholders in palliative care identified gaps in the documentation and communication of Advance Care Planning (ACP) as barriers to high quality palliative care. We designed and evaluated an electronic template-based

intervention to empower primary care teams to overcome these challenges.

**Aims** We aimed to increase recording and communication of ACP discussions. This was via (1) the development of an electronic palliative care recording and reporting toolkit and (2) evaluation using Quality Improvement (QI) methods.

**Methods** Six primary care practices were recruited for a 6 month QI project. Practices were supported through educational sessions and facilitation from the study team. Utilising regular feedback and repeated PDSA cycles, the template was adjusted to maximise usability and impact. Monthly reports with comparative statistics were shared with practices.

We collected continuous data over a 12 month period (6 months baseline data and 6 months intervention data). Data was collected via the template's inbuilt reporting module, participant interviews, the research team's observations and practices' after death reviews. Run charts were utilised to correlate data trends with the timing of interventions such as monthly feedback reports and education sessions. Thematic analysis was applied to interviews and feedback from project participants.

**Results/conclusion** A tenfold increase in documentation of preferred place of death was demonstrated during the study period. Documentation of resuscitation wishes increased by 42% and documented anticipatory prescribing increased 9-fold.

Further work will establish the impact on patient outcomes and apply lessons learned to scale-up efforts. Challenges to overcome include: engaging primary care teams in ACP; the design and scalability of local e-solutions for managing palliative patients; and adequately resourcing this work to ensure sustainability.

#### 3 CORNEAL DONATION IN THE HOSPICE SETTING: A QUALITY IMPROVEMENT APPROACH

Lowri Evans, Siwan Seaman, Abigail Tullett, Marion Jones. *Marie Curie Hospice Cardiff and the Vale, Velindre NHS Trust, NHS Blood and Transplant*

10.1136/bmjspcare-2019-ASP.3

**Aim** To make the discussion and practice of corneal donation the norm in our hospice.

**Method** Baseline data showed that tissue donation was not discussed in the hospice with only one donation during the previous three years. Following Improving Quality Together (IQT) methodology the percentage of eligible donors with whom corneal donation had been discussed before death and the number of referrals for donation was chosen as the measures to achieving the aims. These were recorded weekly. Interventions included educational sessions for both doctors and nurses, developing a referral flow chart and adding a prompt to the electronic clerking template which set a flag within the record for patients expressing the wish to donate. A weekly report of the measures was generated using the reporting tool within the electronic patient record and plotted on run charts.

**Results** The average percentage of eligible patients dying at the hospice per week who were offered the opportunity to discuss corneal donation rose from an average of 10% over the first four weeks to 92% over the final four weeks. Over the first eight months of the project 50 referrals were made resulting in 29 donations from the hospice. In the preceding 3 years, only one patient had been referred.

## Lessons learnt

1. Teach by example: Observing senior clinicians discussing corneal donation was most likely to change practice;
2. Share resources and learning;
3. Involve senior leaders early;
4. Include family early;
5. Early formal MDT education programme is essential.

**Conclusion** This ongoing IQT project has had a huge impact on practice at the hospice. Patients' wishes to donate has become part of the language of handovers. We aim to share our learning and resources across all Welsh hospices and increase the number of patients given the opportunity to become donors should they wish.

## Free Papers 4 – 6 | Global

#### 4 A LIFE OR 'GOOD DEATH' SITUATION? A WORLDWIDE ECOLOGICAL STUDY OF THE CONTEXTS OF COUNTRIES WHICH HAVE AND HAVE NOT IMPLEMENTED PALLIATIVE CARE

Joseph Clark, Amy Barnes, Mike Campbell, Clare Gardiner. *Wolfson Palliative Care Centre, University of Hull, University of Sheffield*

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**Background** Palliative Care (PC) advocates argue that service implementation is feasible in all settings. Yet, services have developed patchily in low and middle-income settings. Beyond Human Development Index indicators, little thought has been given to the broader development challenges facing nations tasked with implementing PC.

**Aim** To describe how indicators of national development relate to levels of PC services in nations around the world.

**Methods** An ecological study to identify relationships between potential predictor variables and countries' level of PC development. 28 predictor variables from 6 domains were selected using hypothesised relationships with levels of PC development: disease demographics, socioeconomic, health systems, politics, demographics and economics. The outcome variable was level of national PC development on a six-point scale. Spearman's correlation test was used, significance level <0.05.

**Results** 26/28 variables were significantly associated with levels of PC development in 207 countries. PC is more developed in countries with high: percentage of deaths from non-communicable disease, population proportion aged 65+, gross national income and tourism. Development is lower in countries with high levels of: political corruption, infant mortality, deaths by infectious disease and weak democracy. Prevalence of undernourishment and levels of private health expenditure were not associated with PC development.

**Discussion** PC development is highly consistent with broader national development indicators. Development is less in countries where acute deaths are more likely and any benefits from PC provision, short-term. In such countries, resources may be prioritised towards life prolonging therapies and key aspects of PC need only, prior to fully integrated palliative services. Calls for accelerated development of PC services must be informed by in-depth understanding of national development contexts, local needs and opportunity costs.

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#### THE INTERNATIONAL 'CARE OF THE DYING EVALUATION' (CODE) PROJECT: USING BEREAVED RELATIVES TO ASSESS CARE FOR DYING CANCER PATIENTS IN EUROPE AND SOUTH AMERICA

Catriona R Mayland, Katrin Sigurdardottir, Marit Irene Tuen Hansen, Wojciech Leppert, Katarzyna Wolszczak, Eduardo Garcia Yanneo, Vilma Tripodoro, Gabriel Goldraj, Martin Weber, Christina Gerlach, Lair Zambon, Juliana Nalin Passarini, Ivete Bredda Saad, Grace Ting, John Ellershaw, Dagny Faksvåg Haugen. *University of Sheffield, University of Liverpool, Royal Liverpool University Hospital, University of Bergen, Haukeland University Hospital, Haralds plass Deaconal Hospital, Poznan University of Medical Sciences, Medical University of Gdansk, Pallmed leading Sue Ryder House, Mutualista Asociación Hospital Evangélico, Pallium Latinoamérica, University of Buenos Aires, Hospital Privado Universitario de Córdoba, University Medical Center of the Johannes Gutenberg University Mainz, State University of Campinas, Sumaré State Hospital*

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**Background** The concept of a 'good death' is unique and individual; yet key elements of good quality of care for the dying make it a global issue. The aims of the International CODE project (2017–2020) were to:

- assess quality of care for dying cancer patients within seven European and Latin American countries, by undertaking a bereaved relatives' survey
- use survey results to implement clinical changes within one European and one South American country.

#### Methods

- Translate 'Care Of the Dying Evaluation' (CODE) questionnaire using standardized procedures; adapt CODE for different cultural settings using pre-testing survey methods involving patient and public representatives and bereaved relatives.
- Conduct post-bereavement survey (by post, interview or on-line completion) to those with a family member dying from cancer in hospital (>100 completed questionnaires per country).
- Discuss preliminary survey findings at public engagement events; focus on interventions to improve areas perceived to be poorer in quality.
- Future work involves quality improvement strategies to implement clinical changes and further psychometric testing of questionnaire.

**Results** Translation and pre-testing work conducted (involving 48 patient and public representatives and 35 bereaved relatives). Modified nominal group technique helped form consensus about international version of the questionnaire (i-CODE). Preliminary reporting (601 completed questionnaires) showed perceptions about care were generally good. Although there were differences between countries, focusing on improving communication about the provision of fluids and what to expect when someone is dying represent areas for improvement. Plans in progress for public engagement events (Autumn, 2018).

**Conclusions** A common, core international questionnaire has been developed with key questions relating to quality of care for the dying; this will help identify core areas that require improvement. User-involvement was fundamental to enhancing the face and content validity of i-CODE; it will continue to be instrumental in converting the research findings into the meaningful clinical change.