Aims
To estimate the extent of KIS generation for people who die with a KIS at the time of death. 69% died with a KIS. This was highest for patients with cancer (80%). Of the 712 patients with a KIS, 69% (n=488) had resuscitation status recorded. 60% had a next of kin name documented in the KIS. 52% of KISs were highly useful (clear plan regarding patient wishes concerning current care and future planning). 45% were useful. 37% of patients with a KIS died in hospital, compared with 65% without a KIS. The special notes section was considered the most useful part of the KIS.

Conclusion
The proportion of patients with an advanced progressive condition who have a KIS at the time of death has increased from 60% in 2014 (Tapsfield et al 2016) to 69% in 2017. KISs are nearly always perceived as useful or highly useful, and are associated with a higher likelihood of dying in a community setting. Better information regarding next of kin/carers would further improve KIS quality, and a renewed focus on KIS generation for people with organ failure is warranted.

Aims
The aim of the eDischarge project was to share discharge advice letters (DALs) with all relevant healthcare professionals at the point of discharge. The existing process was for letters to be dictated, typed, corrected by a clinician, amended by admin and sent in the post.

Methods
This quality improvement project used improving quality together (IQT) methodology. The measure chosen to monitor progress in reaching the aim was the time between discharge from the hospice and the DAL being sent to the GP. The ward secretary held a database of all discharge dates and completion dates of DALs which allowed us to measure the times taken as a weekly average to plot on a run chart. A pilot of MTeD (the electronic discharge prescription and DAL programme used within the Welsh NHS Clinical Portal in use across all Health Boards in Wales) occurred during 2 weeks in June 2018.

Results
Prior to the pilot the mean time from discharge to letter being posted over a 10 week baseline period of data collection was 6.9 days. During the 2 week pilot this average dropped to 1.5 days. In addition, following the point of release the electronic version was reaching GPs within 4 hours of discharge as opposed to being dependent on variable postal times.

Discussion and conclusion
The results of the pilot are indisputable with significant reductions in the delay in sharing medical and clinical information with key professionals and provide the added benefit of being available on the NHS clinical portal for other healthcare professionals to access e.g. if the patient attends A and E the day after discharge. However, many challenges relating to use of the relevant NHS clinical applications and IT infrastructure in a third sector setting needed to be overcome.