

Free Papers 6–8: End-of-Life-Care

6 SEEKING EXCELLENCE IN END-OF-LIFE CARE (SEECARE UK): A UK MULTI-CENTRED SERVICE EVALUATION

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Context People dying in hospitals without specialist palliative care (SPC) input may suffer with significant unmet needs, unrecognised until case-note audit after death.

Objectives To evaluate the care of dying hospital inpatients unknown to SPC services across the United Kingdom to better understand their needs and identify factors impacting care of this cohort.

Methods Prospective one day UK-wide service evaluation including all dying adult inpatients, excluding those in Emergency Departments/Intensive Care Units. Holistic needs and use of recognised end-of-life care plans (EOLCP) were assessed for those unknown to SPC.

Results 88 hospitals, 284 patients. Nearly all patients had unmet holistic needs (93%) which included physical symptoms (75%) and psychological, social and spiritual needs (86%). A dying patient was more likely to have unmet needs and require SPC intervention at a District General Hospital (DGH) compared to a Teaching Hospital/Cancer Centre (Unmet need 98.1% v 91.2% p0.02; Intervention 70.9% v 50.8% p0.001) and when an EOLCP was not utilised (Unmet need 98.3% v 90.3% p0.006; Intervention 67.2% v 53.3% p0.02). Multivariable analyses demonstrated that teaching/cancer hospitals (aOR 0.44 CI 0.26–0.73) and increased SPC medical staffing (aOR 1.69 CI 1.04–2.79) independently influenced need for intervention. However, integration of the use of an EOLCP within the model reduced the impact of SPC medical staffing.

Conclusion People dying in hospitals unknown to SPC have significant unmet needs. Further evaluation is required to understand the relationships between patient, staff and service factors in best meeting dying peoples' needs. The effective content and implementation of EOLCP warrants further investigation.

7 VIEWS OF CARE AT END OF LIFE: AN ACTION RESEARCH STUDY EXPLORING THE BEST WAYS OF ELICITING PATIENT AND FAMILY VIEWS OF END OF LIFE CARE AND GIVING REAL TIME FEEDBACK IN ACUTE HOSPITALS

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Introduction A high proportion of deaths occur in hospitals in Scotland. To improve care for the dying, it is imperative to measure the quality of care. However, there is no consensus on the optimal tool or timing post-bereavement to assess end-of-life care in hospitals.

Methods This was a participatory action research study guided by the principles of 'Appreciative Inquiry' that sought to explore views of care at end of life in partnership with patients, relatives, and healthcare staff and co-create, and evaluate a real-time feedback tool to improve quality of care in acute hospitals in NHS Greater Glasgow and Clyde. In the exploratory phase of the study, in accordance with 'diagnosing' and 'action planning' of the action research cycle, we conducted a rapid meta systematic review, analysed people stories on Care Opinion, a nationally endorsed non-profit feedback online platform, and interviewed to patients with life-limiting conditions (bereaved relatives), clinical and non-clinical staff about their views of care at the end-of-life and how we can improve communication with people who are at the end-of-life. In the 'Action' and 'Evaluation' phases, we recruited seven wards with the highest mortality rate across NHS Greater Glasgow and Clyde to test and evaluate the feedback tools chosen by the participants in the first phase of the study.

Results Findings from the exploratory phase showed that the study participants had a positive insight to staff professionalism in providing compassionate and dignified care and family support. Areas needing improvement included staffing pressure and communication affected by multiple factors including COVID-19. However, such problems should be fed back to hospitals in order to identify causes and prompt improvement. In terms of finding out the best ways of getting feedback from patients and their family members. We tested 2 tools: 'condolence' phone call from the area where the person who mattered to them died and 'Care Of the Dying Evaluation' (CODE) questionnaire. Recommendations for future practice will include the tools with some modifications.

Conclusion Good quality of end-of-life care and quality of dying in terminally ill patients impacts bereavement for families and had a ripple effect for patients, staff and families. The challenging time of the covid 19 pandemic compounded end of life issues. Findings from this study will guide the implementation of a patient and family feedback tool into practice across NHS Greater Glasgow and Clyde and wider in Scotland aimed at achieving a good quality of dying for patients with life-limiting condition and post-bereavement support for bereaved relatives.

8 DEVELOPMENT OF A STAFF REPORTED MEASURE AS AN ELEMENT OF THE NATIONAL AUDIT OF CARE AT THE END OF LIFE (NACEL)

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Background A Staff Reported Measure (SRM) was developed (2019), and introduced in the third round of NACEL (2021) to understand staff confidence, experience, skills and training needs in delivering end of life care in hospitals.

Method A Delphi Technique was used to determine the questions based on national guidance. The survey was piloted with 11 hospital sites, adapted, and validated using Mokken Scale Analysis. Anonymous staff responses were collected with acute hospitals requested to send the link to 400 staff and community hospitals to 100.