## Posters

## **Clinical Quality - Clinical Effectiveness**

## 783 ADVANCE CARE PLANNING IN A LARGE TEACHING HOSPITAL EMERGING FROM THE COVID-19 PANDEMIC: A QUALITY IMPROVEMENT PROJECT

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**Background:** Advance care planning (ACP) is an ongoing conversation where healthcare professionals explore patients' and families' wishes in order to act within their best interests. The COVID19 pandemic continues to highlight the importance of timely ACP, namely while our patients have capacity. We noted that despite advancing age, accumulating co-morbidities and high clinical frailty scores (CFS); ACP discussions were not taking

place within our elderly department. We aimed to increase ACP conversations and ensure documentation on ReSPECT forms to allow continuity within primary care. **Methods:** 10 patients per ward were randomly selected. 69 patients met inclusion criteria (over 65 with CFS  $\geq$ 5 or any patient with dementia). We reviewed electronic and paper records and defined evidence of ACP as ReSPECT form including preferred place of death

(PPoD), or discussion with patient or relative in medical notes. We randomly selected a pilot ward and applied interventions over 4 weeks: • Small group teaching to junior doctors • Visiting ward MDTs to identify appropriate patients for ACP • Presenting baseline data to geriatricians • Visual aids from the palliative care team and prompt sheets for doctors. **Results:** Prior to our interventions, 22% of our sample had evidence of advance care

Results: Prior to our interventions, 22% of our sample had evidence of advance care planning, 33% of discussions documented on ReSPECT form. Following our intervention period we reviewed medical notes on our pilot ward. 58% patients now had evidence of ACP, with 66% documented on a ReSPECT form.

**Conclusion:** We achieved a significant increase in advance care planning within our elderly medicine department, and are therefore better equipped to provide personalised care alongside our patients' wishes and values. Next steps: • Expanding teaching across the multi-disciplinary team • ACP 'champions' to highlight appropriate patients • Expansion of initial interventions across the department We hope to embed and maintain this change through education, training and inspiring others.