

Feedback from patients and carers at our hospice-based MND support group highlighted that although the tertiary hospital clinic was important to them, it lacked access to local support, and pre-bereavement care. Often crises and issues arise in between hospital appointments; therefore local services are important in hospital admission avoidance where possible.

Aim To develop a satellite MND MDT clinic at our hospice incorporating the regional and local MND expertise.

Method The novel hospice-based clinic includes the hospital MND specialist nurse, an MND Association representative, and the hospice therapy team. New referrals are seen in the next monthly clinic.

The pilot will run for 12 months and be reviewed at six and 12 months.

During the year, clinic activity data, patient and carer feedback and a patient reported outcome scale (IPOS) will be collected as part of the service evaluation. This service is being set up within existing hospice budgets.

Results Preliminary analysis of IPOS and qualitative feedback data indicates that patients and carers prefer not having the burden of travelling to the tertiary hospital and value the opportunity to have more time to discuss their care and access the local services available to them. Frequent reviews and expedited access to hospice services has allowed more timely management of arising issues, preventing interval hospital admissions.

Conclusions By implementing the 2016 NICE Guidelines in MND care through our novel hospice-based clinic, we have a new service which rates very highly in satisfaction with patients and carers. It is also preventing crises in MND care falling upon tertiary centres by diversion to palliative care within local services.

0-7 IMPROVING PRACTICE THROUGH AUDIT: ASSESSING AND MANAGING CONSTIPATION WITHIN A HOSPICE SETTING

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Background Constipation is a common problem in palliative care, affecting approximately 50% of patients admitted to hospices and causing a wide range of symptoms. It is important to identify, treat and document constipation systematically in order to provide immediate symptomatic relief and to prevent complication occurrence.

Aims To identify if there is documented evidence that constipated hospice inpatients are being adequately assessed, monitored and managed, and to implement improvements where necessary.

Methods Retrospective audit of constipation assessment and management in twenty consecutive patients admitted to a hospice inpatient unit, against local and national standards. Data collected included documentation of bowel habits, oral laxative prescribing and administration, and rectal interventions.

Results A number of areas for improvement were identified in both medical and nursing documentation and clinical practice. Particular areas for improvement included standardisation of documentation, the creation and implementation of appropriate care plans, review and upward titration of oral laxatives, rectal

medication administration, and obtaining verbal consent and offering a chaperone prior to bowel examination or intervention.

Conclusions Lack of optimal assessment, management and documentation of constipation in hospice inpatients, will impact negatively on their physical and psychological symptom burden. In order to rectify this, a 'Constipation Working Party' was established comprising management, nursing and medical staff. Phase 1 of the improvement plan was the implementation of a 'Bowel Template' on the electronic patient record, on which all aspects of bowel care can be recorded. This has resulted in constipation documentation being more consistent, accurate and easily accessible. Phase 2 involves the development of hospice constipation guidelines, which are currently underway. Following completion and implementation of the new guidelines, a re-audit of constipation will be conducted to assess the extent to which the interventions have improved documentation and clinical practice.

0-8 USABILITY AND ACCEPTABILITY OF AN ELECTRONIC PAIN MONITORING SYSTEM FOR ADVANCED CANCER: A THINK ALOUD STUDY

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Introduction Pain experienced by advanced cancer patients is often poorly controlled due to inadequate monitoring or assessment. There is growing interest internationally in the development and implementation of remote monitoring technologies to enhance pain assessment. The aim of this study was to test an electronic pain monitoring system (PainCheck) with advanced cancer patients and health professionals and to explore how the system could be integrated into clinical practice.

Methods The think aloud method was used to gain an understanding of how patients and health professionals might use PainCheck. Twenty-nine participants (advanced cancer patients (N = 13), GPs (N = 4), community nurse specialists (N = 4), district nurses (N = 3), palliative care doctors (N = 5)) completed PainCheck while thinking their thoughts aloud. Patients completed the PainCheck assessment and explored their personalised feedback. Health professionals accessed a research version of PainCheck which contained reports from simulated patients. All participants were given minimal explanation of the system and were asked to use it as they would in their role as patient/health professional. After the think aloud, both groups were asked about their experiences. Think-aloud and semi-structured interview data were analysed using framework analysis.

Results Health professionals were able to use PainCheck easily without instruction and were quickly able to consider its application into clinical practice. Patients needed a little more support when using PainCheck. Both groups identified potential benefits of using PainCheck such as improved monitoring and quicker access to advice and support. There were, however, some concerns about the potential burden and impact on time for patients and health professionals and fears that problems may be overlooked if PainCheck was not routinely monitored.

Conclusion PainCheck is acceptable to patients and health professionals but guidance on its use and the expectations of its users need to be clarified before it is integrated into clinical practice.