

P133 "NOT ONLY BUT ALSO" ESTABLISHING A FIRST POINT OF CONTACT AND TRIAGE SERVICE

Jackie O'Grady, Laura Cottingham, Gail Linehan. *St Raphael's Hospice, Sutton, UK*

10.1136/bmjspcare-2013-000591.155

Background A South West London Hospice receiving around 900 referrals per year.

First Point of Contact (FPC) service was established following identification of variation in response times for initial contact to arrange assessment.

In collaboration, a Triage service provides immediate access to a Clinical Nurse Specialist (CNS) for advice, support and responsive emergency visits.

Aims To provide an efficient, responsive referral service.

To provide accessible telephone support for patients, relatives and professionals

Provision of a responsive approach to requests for urgent home visits.

Service configuration A team of three CNSs (WTE 2.2) covering 08:30-18:00 Monday-Friday.

Referrals reviewed on receipt with responsive contact

Urgent referrals initiate immediate FPC contact to assess and where necessary a same day visit by the triage CNS.

Routine referrals assessed by telephone within 48 hours with first visit arranged within two weeks

FPC attends weekly Palliative Care MDT meetings at both local hospitals

The triage CNS offers telephone 'help line' advice and support to referred service users and professionals.

Outcomes Three month pilot (17th December - 17th March 2013) compared to November 2012 demonstrated:

- 70% improvement in response times to all referrals being contacted within 24hrs
- 94% of urgent referrals contacted within 24 hours
- 21% improvement in 2 week first visit
- 76% of received calls completed by Triage CNS supporting the community team.
- A result of service questionnaire from relevant stakeholders is awaited.

Implication to delivery of specialist palliative care

- Better end of life management within the community through advice given to GPs at point of referral e.g. ensuring appropriate documentation and medications in place
- Improved access to the hospice for referrals and advice
- Improved response to referrals
- Improved communication, collaborative working and outcomes for patients.

P134 PILOT SERVICE EVALUATION SURVEY TO DEMONSTRATE 'QUALITY & EFFICIENCY' OF 'HOSPICE IN-PATIENT CARE'

Marie Joseph, Alice Goldhill. *St Raphael's Hospice, North Cheam, UK*

10.1136/bmjspcare-2013-000591.156

Introduction Patients with uncontrolled symptoms will experience impaired quality of life [QoL].

Improvement in symptom management, therefore will lead to an improved 'QoL' which is one of the ultimate goals of management of patients in the palliative care setting.

The 'WHO performance scale/status' {PS}, is designed to measure the 'QoL' of patients in the above setting.

It is measured between 0 and 4. [0—normal; 4—totally bed/chair bound, with gradations in-between]

{Note: The higher the value of the 'PS', the lower the 'QoL' of the patient.}

Aim To demonstrate improvement in 'QoL' following successful symptom management

Methods Survey all in-patient admissions to the hospice for 'symptom control' purpose

Identify symptoms on admission

Record 'PS' as a measure of patient's 'QoL', *on admission & on discharge*

Record relevant clinical & therapeutic management measures

Pilot survey period:

Approximately 6 weeks

Results 14 patients were admitted for 'symptom control purpose'.

Neuropathic pain, poor pain control [commonest], nausea and vomiting, shortness of breath, anxiety/low mood, constipation were the identified symptoms.

'OPIOID switch', Neuropathic Analgesic Agents, Continuous Sub-Cutaneous Infusion [CSCI/syringe driver], were the common therapeutic measures used.

Average PS on admission was: 2.7 {approximately 3}

Average PS on discharge was: 2.2 {approximately 2}

All patients were discharged home with an improved 'PS' indicating an improvement in their 'QOL' in comparison to the state on admission.

3 patients subsequently died at home.

Discussion/Survey implications This pilot survey demonstrates to the Clinical Commissioning Groups [CCGs], an evidence of 'quality and efficiency of hospice in-patient care'.

The findings in addition strengthen 'staff morale' in caring for patients in the hospice setting.

Conclusion PS' as a measure of 'QoL' can be a marker of good symptom management in palliative care.

April 2013

P135 PRO-ACTIVE APPROACH TO FALLS MANAGEMENT

Jacqui Bourne, Cathy Newsam, Alison Moorey. *St Wilfrid's Hospice, Chichester, UK*

10.1136/bmjspcare-2013-000591.157

In common with many hospices, historically there has been a significant number of patient falls and this led to a team desire to take a proactive approach to falls management. A development group including user representation was set up with the aim of creating an individualised falls prevention care plan for use not only in the inpatient unit, but also in day-care and by the hospice at home team. This initiative was adapted from excellent work undertaken in Wales.

The existing accredited moving and handling staff trainers were recruited as champions for the introduction of this initiative which included the development and usage of;

- Patient Falls Assessment Checklist
- Bed Rails Risk Assessment
- Falls Prevention Care Plans and
- Information leaflet entitled "Reducing patient falls"

These initiatives above were supported by the use of an adapted manual handling traffic light system for patients who had recently fallen.