

P-77 ABSTRACT WITHDRAWN

P-78 CONTINUED, SUCCESSFUL USE OF ULTRASOUND IN A HOSPICE

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10.1136/bmjspcare-2016-001245.101

Background Since 2008, several doctors have attended the in-house Focused Abdominal UltraSound in Palliative Care (FASP) course each year. It teaches examination protocols for ascites, liver, urinary tract and groin deep vein thrombosis (DVT). The hospice has a SonoSite NanoMaxx portable ultrasound machine. An audit was done to see if ultrasound is used and whether scans adhered to course standards.

Audit standards Standards are set according to the FASP course:

1. Frequency of use of ultrasound
2. Ultrasound protocols were followed – clear indication for limited ultrasound examination
3. Impact of having ultrasound
4. Documentation for cleaning of transducer.

Results

1. Frequency of use

Over eight years, 189 scans were done. The average was 24 (range 17 to 40) scans per year. Six current medical team members use ultrasound. The majority of the scans were done on the ward, some in outpatients or at home, making good use of the portable machine.

2. Indications

In 100% scans, appropriate limited ultrasound protocols were followed. There may be more than one indication for a scan. They were for ascites (142/189, 75%), including identifying site for paracentesis (23, 12%), bladder (33, 17%); very few for kidney (2, 1%) and DVT (1, 0.5%), none for liver. The reasons were possibly due to lack of need or staff were less confident in doing these.

3. Impact

There was documentation for each scan that it helped clinical decisions. These included paracentesis, referring to hospital for PleurX drains and insertion of urine catheter.

4. Cleaning

From 2008 to 2013, documentation of cleaning of the transducers ranged from 75 to 98%. It improved to 100% in 2014 and 2015.

Conclusion Overall, ultrasound is used well and appropriately in the hospice. We plan to do biannual audit. We will provide training for staff who wish to attend refresher modules on liver and groin DVT in the annual course.

P-79 'WHAT MATTERS TO ME' – A HUMAN RIGHTS APPROACH TO END OF LIFE CARE

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10.1136/bmjspcare-2016-001245.102

We have produced a practical guide with the British Institute of Human Rights to address the challenges associated with ethical decision making at end-of-life. Despite recommendations from the Francis Report, we continue to hear about poor experience of end-of-life care and a significant number of acute hospitals continue to fail this aspect of inspection.

We believe a human rights approach to end-of-life care not only meets our legal duty to comply with the Human Rights Act but also addresses the learnings from the Francis Inquiry and the failings of the Liverpool Care Pathway. Being treated with dignity and respect at end of life is central to the Five Priorities for Care (DH 2014) and the NICE Quality Standard (2015). The Care Quality Commission utilise a Human Rights Approach to the regulation of services, with particular reference to the right to life and the rights of staff and they also plan to utilise human rights within the assessment framework.

The guide, 'A Human Rights Approach to End of Life Care', was written to help individuals feel confident to embrace human rights as an integral component to end of life care. The use of flowcharts and colour encourages readers to dip in and out of specific topics. We aim to develop this learning resource further by delivering face to face training sessions. We will use case scenarios to build on existing knowledge and experience and encourage open discussion and debate to embed key principles, aid decision making, and effect change and ensure compassion and dignity are at the heart of personalised care. A formal evaluation study will be undertaken to measure outcomes. On completion, we expect learners to be empowered to deliver sustainable improvements in care and transfer learning to practice.

P-80 TISSUE AND EYE DONATION: EMPOWERING STAFF THROUGH A COLLABORATIVE APPROACH

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10.1136/bmjspcare-2016-001245.103

Background Discussions regarding tissue and eye donation, historically has taken place with next of kin, usually following a patient's death. Lack of knowledge and understanding within the hospice, resulted in staff feeling that it was often too sensitive a topic to approach. A need was recognised to educate and empower staff ensuring all patients and relatives were given opportunity to make an informed choice.

Aims

- To ensure patients and relatives are informed about choices available, regarding tissue and eye donation as part of their advanced care planning
- To ensure staff have the confidence to open up discussions regarding tissue and eye donation
- To encourage collaborative working with the acute trust, bereavement and donor team, to develop standardised practice
- To develop a policy and procedure.

Methods Retrospective base line data was collected for three months, to identify if tissue donation had been approached and to review the outcomes of discussions. A staff education programme commenced in-house including; one-to-one teaching, group discussions and collaborative education with our local acute trust including personal experience stories. Data was collected after the intervention of education and training.

Results Prior to the education programme, tissue and eye donation was discussed in 39% of cases with four patients donating corneas, potentially benefiting 16 people.

Post education results demonstrated a 79% increase in discussions to 70% of patients, with consent to donate obtained for seven patients. Staff report positive carer feedback, as the main driver, empowering them to approach patient discussions.