

**P-77 ABSTRACT WITHDRAWN**

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

Bernadette Lee. *Princess Alice Hospice, Esher, UK*

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**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**

Susan Hogston. *Sue Ryder, London, UK*

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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**

Laura Schafer-Hall, Tracy Parkinson, Jimmy Brash, Andrew Fletcher, Bernadette Baxter. *St Catherine's Hospice, Preston, UK*

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**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.

**Conclusion** The project demonstrates by empowering staff and building confidence, we have positively impacted on the choices available for patients and their families regarding the donation of tissues after death. Further education will be delivered to embed and ensure sustainability with this change in practice. A policy and procedure to standardise practice is being finalised

## P-81 PRESSURE ULCER PREVENTION PROGRAMME FOR PALLIATIVE COMMUNITY PATIENTS – AN INNOVATION PROJECT

Debra Boots, Nicola O'Shea, Julie Whiffin, Amanda Lawson, Nicola LePrevost. *Pilgrims Hospices in East Kent, Margate, UK*

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**Background** Skin integrity is key to ongoing care and comfort of patients towards end of life (Langemo, 2006). Palliative care aims to ease suffering with the raising prevalence of pressure area deterioration (EPUANPUAP, 2009). As patients' function and nutritional state declines, understanding early the risk of developing a pressure ulcer is pivotal. Prevention is key (NICE, 2015).

Funding, for a year-long project, was awarded by the Queen's Nursing Institute to a group of hospice community palliative nurses.

### Project aims

- Explore early detection of risk factors in the development of pressure ulcers
- Understand the needs of patients and carers in the awareness of pressure ulcer risks
- Develop collaboration and sharing of knowledge with the Hospice multi-disciplinary team and develop relationships with primary care agencies.

**Methods** Three focus group meetings with patients and carers to discuss their pressure ulcer risk awareness and information needs.

Palliative care community nurses attended training. Meetings with external collaborative services, including community nurses, care agencies and care commissioning groups.

To compare the recording of Waterlow score before and after project implementation (Waterlow, 2005).

**Results** 94% of patients referred to the hospice by October 2015, had a Waterlow recording. Providing evidence for appropriate and timely pressure ulcer prevention interventions.

The focus group developed an information leaflet, 'Skin Awareness' advocating self-care as 'Awareness is Key'.

100% of community based registered nurses received Waterlow Assessment training.

Awareness has been raised throughout the hospice multi-disciplinary team and external services (GPs, community nurse, and occupational therapists) of pressure ulcer risks for community palliative care patients.

**Conclusion** The project has been vital in reducing the discomfort palliative care patients' experience towards end-of-life.

Further research is being developed, as there is a paucity of evidence in understanding the skin care of community palliative care patients, towards end-of life.

## P-82 THE UNPOPULAR PATIENTS IN PALLIATIVE CARE

Maddy Bass. *St Johns Hospice, Lancaster, UK*

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In 1972, Stockwell published her controversial research ("The unpopular patient") which described nurses' relationships with patients who they perceived as "difficult", and focussed on negative stereotyping. This was based around nurses giving preferential care to favoured patients.

Does this exist in palliative care, which prides itself on gold standard and person-centred care, across all care settings and particularly in specialist palliative care units and hospices?

During the author's work in various palliative care settings and varying roles, it has been evident through a variety of approaches that even in palliative care patients can still be perceived as "unpopular". This can, in turn, exacerbate that patient's unpopular behaviour further (Goffman, 1963).

Dame Cicely Saunders stated, "You matter because you are you. We will do all we can to help you live until you die". Equitable care access should prevent stereotyping, however the question is, do staff still label patients and families as unpopular? Is this simply an attitude and opinion? Does it affect the care they receive?

A brief literature review explores the concept of the unpopular patient in various care settings but not in palliative care. This work will complete a detailed literature review of "the unpopular patient", the principles of palliative care and equitable access, and will be presented at the conference.

In future, research is required: initially this will be small scale through questionnaires to staff in a variety of palliative care settings and roles, using methodology similar to the original research. Following this, focus groups will be held to explore the emerging themes in more detail, and possibly individual interviews may be held with specific staff for richer data.

It is hoped that publishing and sharing this work will make staff working in palliative care self-aware about these attitudes.

## P-83 FROM CRITICAL INCIDENT TO IMPROVED DOCUMENTATION; A MULTI-DISCIPLINARY APPROACH

Lorraine West, Mark Harrington. *St. Luke's Hospice, Sheffield, UK*

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**Background** An inpatient developed a grade 4 pressure ulcer, however, inadequate documentation demonstrating the on-going management and escalation of the incident made it difficult to answer both the patient and their family's questions. The incident was escalated to the relevant bodies and an internal investigation undertaken. The hospice and the patient's family were keen to ensure lessons were learnt and that changes were made to improve documentation.

**Aim** To develop an effective process and training programme ensuring comprehensive documentation of patient care.

**Methods** Mandated documentation training focusing on clinical standards and the implications of poor record keeping was jointly developed with Her Majesty's Coroner and delivered at the Coroner's Court. A Clinical Documentation Management group was developed at the hospice to provide strategic direction and control.

A multi-disciplinary audit tool was developed to evaluate patient records and a six-monthly audit cycle established. Real time feedback highlighting positive practices and areas for improvement was provided to managers and clinicians. Results of the audit indicated changes were required within the documentation process; all paper assessment forms were reviewed and a