

standardised format created. Electronic forms were reviewed to ensure compliance with the updated documentation policy and a standardised abbreviation list created to ensure consistency.

Documentation training was introduced for new members of staff and a mandatory training programme provided using redacted patient records. Multi-disciplinary groups worked together to answer key clinical enquiries which were representative of issues investigated by a Coroner.

**Results** On-going audits demonstrate incremental improvement in documentation and to ensure standards are being maintained there are plans to introduce a peer documentation review process and record keeping champions.

**Conclusion** The development of a robust document management process, training and audit programme is fundamental to ensuring high standards of documentation and the delivery of high quality care.

## P-84 EXPLORATION OF ADULT HOSPICES AS A SHORT BREAK PROVIDER FOR YOUNG ADULTS WITH PALLIATIVE CARE NEEDS

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### Background

- In the UK the number of 16–25 year olds living with life limiting illness has doubled in the past decade (Fraser *et al.*, 2011).
- Nationally there is a lack of suitable respite provision for young adults with palliative care needs (King and Barclay, 2007, p201).
- An integrative literature review has been carried out to support development of a business case for a regional young adult short break unit in an adult hospice.
- Short break provision is seen as integral to children's palliative care (Ling, 2012, p129) with many describing provision a "life line" (Jackson and Robinson, 2003, p105). Equivalent support does not exist in adult hospices.
- NICE Guidelines for Transition (2016) recommend developmentally appropriate care provision

### Literature review-emerging themes

#### Needs of parents:

- A break from complex and technical care is needed, to maintain well-being and enable time with other children
- A break enables parents to sustain care in the home
- Needs change over time-ageing parents and relatives, increasing complexity of care means less informal support available
- Parents struggle with trusting others to provide care.

#### Needs of young adults:

- Opportunities for valuable peer support
- Opportunity for social activities
- A break from family with opportunity to explore and increase independence from parents.

Significant paucity in primary research with young adults  
Service delivery

- Significant differences between children's and adult's hospice care-transition is challenging
- Young adult short break models have high care needs and expensive staffing costs
- Adult hospices lack experience in complex care needs of young adults-significant training needs.

### Conclusions

- Significant respite needs for parents
- Developmentally appropriate respite should be available
- Children's hospices have often been the only provider able to meet these complex needs. Can adult hospices inherit this legacy for a new generation of young adults with palliative care needs surviving into adulthood?
- Further primary research with young adults needed.

## P-85 HALF THE COMMUNITY NURSE CASE LOAD! ESTIMATING THE PREVALENCE OF LOWER LIMB CHRONIC OEDEMA

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**Background** Chronic oedema has a profound impact on quality of life. It may originate from primary anatomical reasons (primary lymphoedema), be secondary to cardio-vascular dysfunction, be related to cancer or cancer treatments and is increasingly a result of obesity. The numbers of patients with chronic oedema are increasing and both hospice specialist lymphoedema and community nursing teams are over-stretched with 'revolving door' referrals. The prevalence and burden of illness and impact on care services in the UK is unknown.

### Aims

- To determine the scale and impact of lower limb chronic oedema and wounds within Leicester City.
- To inform the development of an integrated community chronic oedema pathway

**Method** Quantitative data was collected by community nurses following a period of training by the specialist hospice lymphoedema team. Each patient on a community nurse caseload was clinically assessed for chronic oedema and wounds and the results were recorded on a questionnaire.

Data validation was undertaken by a specialist lymphoedema nurse on a random sample of 20 patients establishing a high level of agreement between raters.

**Results** 1,308 patients were assessed. 43% had chronic oedema defined by swelling and/or skin changes. 45% of these patients had an associated wound such as venous ulcer. Risk factor analysis is being undertaken comparing those with and without oedema.

**Conclusion** The prevalence of chronic oedema in the community nursing caseload is very high. The totality of the clinical care requirements for these patients were often unrecognised and dressings addressed as a 'task' in isolation of a clear management strategy.