

Priorities for Care was used or not. To add some narrative to capture the complexity of caring for each individual with a learning disability.

Background This audit evolved as an outcome of a previous learning disabilities audit in January 2015. Following discussion at a multi-disciplinary team meeting it was agreed that a further audit on an individual's PPD would highlight if the hospice was meeting their objectives within the learning disability pathway under future planning considerations.

Method A qualitative retrospective audit was completed from 12 patient's notes on i-care entries, who were known to have a learning disability over a one year period.

Results All deaths achieved their PPD with 100 percent documented evidence. There was a rich narrative and person-centred care, demonstrating continuity.

Conclusion The results revealed aspiring achievements with significant learning outcomes for the hospice multi-disciplinary teams. Actions identified were: An easy read booklet for preferred priorities for care to be offered where appropriate: To highlight the importance of documenting capacity/PPD discussions where appropriate. Current notes to be reviewed with regards to power of attorney/registration. To promote awareness of the resource folder in the clinical nurse specialist office: To share the importance of the narrative and adherence to the standard in the learning disability pathway.

P-127 ANTIMICROBIAL STEWARDSHIP – IMPROVING PRESCRIBING ON THE INPATIENT UNIT

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Introduction The Inpatient Unit at Dorothy House Hospice Care committed to comply with national guidelines for antibiotic prescribing. The document followed was the Department of Health's 'Antimicrobial Stewardship: Start Smart Then Focus'. Although the guidance had been produced for hospitals the guiding principles were also applicable in the hospice setting. We also wanted to ensure compliance with Criterion 3 of the Health and Social Care Act 2015 where it states "Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance".

Aims The aims were to ensure Dorothy House was compliant with local and national guidelines on antibiotic prescribing

To identify how antibiotics are prescribed and supplied by Dorothy House and to improve antimicrobial stewardship.

Methods A patient database was set up to capture all patients prescribed antibiotics.

Standards were set to ensure:

- Compliance with local guidelines
- Documented indication for antibiotic use was on the medicine chart
- Documented indication for use was in the patient notes
- The prescription was clear and accurate
- A review date or duration of antibiotic use was prescribed
- Compliance with The Department of Health Advisory Committee on antimicrobial stewardship
- A quarterly audit using the above standards was performed capturing all patients prescribed antibiotics in that time period

Conclusion There was a dramatic improvement in compliance from the quarter one audit to the quarter four audit in all standards but most specifically around documenting an indication for use on prescription charts and setting a review or duration date. There was also a decrease in the use of broad spectrum antibiotics. This audit now forms part of the Dorothy House Hospice Care annual audit plan.

P-128 "EN SUITE DRUGS": QUALITY IMPROVEMENTS IN MEDICINES MANAGEMENT

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Background The hospice introduced the practice for controlled and non-controlled drugs to be stored and administered from the Patient Own Drug (POD) cupboards located within patients' bedrooms. Further recommendations were addressed after initial implementation to strengthen patient safety.

Aims and objectives

What was the aim of the work?

Increase Productivity and Clinical Effectiveness

For timely medication rounds as staff remain in the patients' rooms at point of administration.

Enhanced Patient Experience

Staff remaining within the patients' rooms provides a visible, reassuring presence.

Quality Improvement and Safety

For stock levels to be tailored to patient need ensuring cost effectiveness

Storing patient's own controlled drugs in PODS reduces the risk of administration incidents.

Method

- Proposal presented to Clinical Governance Committee to introduce PODs in patients' rooms, storing controlled and non-controlled medication.
- Medicines Management Group guided implementation
- Clinical Commissioning Group (CCG) informed of the proposed changes in practice, including the financial implications.
- POD cupboards redesigned and controlled drug cabinets installed to meet legislation and compliance.
- Training sessions held to support staff during change to practice.
- Second phase of implementation included administration of oral controlled drugs from PODs.

Results

- Clinical staff have reported improvement with timely medication rounds.
- Audits found a reduction in the time between the actual prescribed time and patients receiving their oral modified release opioids.
- Patient focused to allow continuation of their preferred administration times.
- Promotion of enabling patients to retain control and independence of their medications.
- Improvement in the management of drug stock levels.
- Decrease in number of related medication incidents in comparison to the previous year.

Conclusion This quality improvement involved all levels of the hospice team. The successful implementation required