

## P-192 HOSPICE DAY THERAPY – A TAILORED APPROACH FOR PATIENTS WITH END STAGE RESPIRATORY DISEASE

<sup>1</sup>Linda Gregory, <sup>1</sup>Julie Davidson, <sup>2</sup>Paul Marsden, <sup>1,2</sup>Andrew Fletcher, <sup>1</sup>St Catherine's Hospice, Preston, UK; <sup>2</sup>Lancashire Teaching Hospitals NHS Trust, UK

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**Background** Our hospice currently runs a programme of day therapy for patient with any life-limiting illness. We have previously undertaken a fatigue, anxiety and breathlessness pilot for patients with chronic obstructive pulmonary disease, and work collaboratively with our acute and community trusts supporting a weekly multi-disciplinary team (MDT) meeting to identify patients admitted to hospital potentially in the last year of life, to promote advance care planning discussions. There is an ever increasing emphasis on care which is individualised to patients and their condition(s).

**Aims** To develop a tailored approach to the support of patients with specific conditions, initially focussing on end stage respiratory diseases, and to demonstrate that this enhances the benefits for patients and their families.

### The programme

- 12 month pilot
- 10 week programme of care
- Initial assessment by a member of the hospice palliative care team
- Weekly review by a senior nurse
- Nurse-led follow up clinic, one month after completion with a telephone consultation three months later
- Education and self-management fundamental to the programme. Weekly education sessions for patients and their family/carers, covering management of fatigue, anxiety, breathlessness, nutrition and a session titled 'understanding your lungs' to enhance understanding of diagnosis
- Monthly collaborative MDT with acute and community colleagues.

**Evaluation** The evaluation of this programme will be undertaken throughout and includes:

- Impact on symptom control and quality of life using the Outcome Assessment and Complexity Collaborative toolkit
- Evaluation of education including confidence managing symptoms (patient and family/carers)
- Number of admissions in the 12 months prior to, during and up to six months after commencing the programme
- Number of patients on supportive care registers pre and post programme
- Achieving preferred place of death.

**Conclusion** Following evaluation of this new approach, we hope to explore if it is applicable to patients suffering other conditions and with robust outcome data, provide evidence for on-going funding.

## P-193 ENHANCED DAY HOSPICE – COLLABORATIVE SELF CARE

Donall Henderson, Aine Abbott, Paul McIvor, Damien McMullan. *Foyle Hospice, Londonderry, UK*

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Enhanced Day Hospice is a pilot project in Northern Ireland funded by the local Integrated Care Partnership for End of Life Care. This service comprises four designated sessions of medical cover for day hospice including provision of specialist palliative medicine input, working alongside and with support from a staff nurse as well as additional support from the day hospice nurse manager and day hospice volunteers.

It enables a holistic assessment of patients affected by any life-limiting illness. Provided they are well enough to attend, they are also likely to be in the last year (or years) of life, undergoing rapid change in health status, wish to live independently for as long as possible, learning how to manage and minimise the symptoms of their condition(s) with the help (potentially) of family, carers and healthcare staff. Day hospice is a well-established model of outpatient hospice care and was identified as a key aspect of specialist palliative care delivery in the Living Matters Dying Matters strategy for Northern Ireland in 2010.

Patient surveys undertaken across hospices in Northern Ireland indicate that patients greatly value this service and in particular having access to a dedicated day hospice service, whilst carers value the respite time.

### Anticipated outcomes of Enhanced Day Hospice:

- Improve ability to manage illness related change for patients, families, carers
- Reduce risks of social isolation
- Anticipate and plan for potential crises
- Improve experience of end-of-life for patients, carers, families
- Reduce reliance on primary and secondary care services during time of intense health challenge.

### Other benefits:

- Reduction in hospital deaths
- Improved discharge planning and capacity
- Improved support for Home Care Nursing Team – Increased domiciliary visits
- Improved palliative medicine outpatient capacity
- Reduction in need by patients for other services.

## P-194 INNOVATIVE DAY SERVICES OFFER MORE PEOPLE MORE THAN TEA

<sup>1</sup>Ruth Keeble, <sup>1</sup>Katherine Newton, <sup>1</sup>Suzanne McArthur, <sup>1</sup>Nikki Reed, <sup>1</sup>Fiona Dawes, <sup>2</sup>Joanne Jordan, <sup>2</sup>George Kernohan, <sup>1</sup>Kathy Armour, <sup>1</sup>Marie Curie Hospice West Midlands, Solihull, UK; <sup>2</sup>Ulster University, Newtownabbey, UK

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Palliative care must change, grow and mature in response to the growing number and complexity of needs of community patients. Such demands particularly challenge conventional delivery of day hospice. In response our hospice redesigned day service provision to modernise bespoke day facilities, appoint a day hospice sister and introduce several novel clinical interventions. Patient outcome measures were introduced and research projects undertaken.

The aim of the study was to evaluate whether extended day hospice services could address more patient needs. Newly developed services were introduced in the period April 2015 – May 2016. Management and clinical key performance indicators were obtained for this period and compared with annual data from the previous year. Two facilitated focus groups were undertaken with the multidisciplinary team and with the management team to