

Results Forty-eight participants completed the course in November 2015, with 43.8% (n=21) completing both phases of assessments across 3 European sites. Average knowledge scores improved significantly from 47.7% to 66.1% (p=0.0005). Self-efficacy (p=0.00005) and overall confidence (p=0.0005) also improved. Twelve HCPs participated in two focus groups across two sites, which identified the overarching theme- the ECHDC enhanced participants practice.

Conclusion This study demonstrated that a multidisciplinary distance learning course significantly improved the knowledge and self-efficacy of HCPs in delivering end of life care to patients with dementia and their families. The course was felt by participants to improve the care they provided for patients.

P-74 ABSTRACT WITHDRAWN

P-75 IMPROVING TIMELY ACCESS TO SPECIALIST PALLIATIVE CARE, USING QUALITY IMPROVEMENT (QI) METHODOLOGY

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The aim of the project is to enable more people who are triaged as appropriate for admission by the Multi-Disciplinary Team, to be admitted and receive timely specialist in-patient palliative care.

Background The rationale behind the project was that:

- Data indicated an increasing demand on specialist palliative care beds.
- There was evidence of the impact of delayed discharges on achieving timely access.
- There is need to educate society about the changing role of specialist palliative care.

Aim The aim is to increase the number of appropriate admissions from 70% to 75%.

Method The project uses Quality Improvement methodology as the mechanism for improving practice. The driver diagram below demonstrates how we structured our project.

Small change ideas are being used to slowly make improvements that are effective and sustainable. An example of one change was to review the referral form and admission documentation to ensure from the point of referral that patients understand the reason for their in-patient hospice care and the potential for discharge.

The project is based on the Model for Improvement tool.

Results We are using a measurement strategy to map and evaluate our progress. We are making significant progress as for the last eight months we have surpassed our original target and reached 79%. There are further change ideas that we intend to explore to help with sustainability and spread. One of these is holding a round table discussion with external partners to look at ways they can support the discharge process.

Opportunities We are intending that this project will enable us to maximise available resources whilst at the same time improve access to specialist palliative care to more people in a more timely way.

P-76 A SERVICE EVALUATION OF UTI ANTIBIOTIC STEWARDSHIP IN A UK HOSPICE: TWO AUDIT CYCLES SPANNING 2 YEARS AND MORE THAN 500 INPATIENTS

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Background Despite high antibiotic prescribing rates for urinary tract infection (UTI) at the end of life, the evidence suggests little or no symptomatic benefit in >50% of patients. This leads to concerns around the rigour underpinning UTI diagnosis in hospice inpatient settings and the lack of an applicable evidence base, with clear but conflicting antimicrobial guidelines in other populations.

Methodology Two matched retrospective audits of hospice inpatients over six-month periods in 2014 and 2016. Notes were analysed for symptoms consistent with a UTI, clinical investigations, results and management against local antimicrobial prescribing guidelines and checked against the corresponding microbiology laboratory database. To compare any findings, the audit was extended in 2016 to include one month of community patients in their last 30 days of life.

Results The inpatient UTI incidence was 11.4% in 2014 (n=33/290), 11.3% in 2016 (n=25/222) and 10.4% for community patients in 2016 (n=10/96). Correct management of patients with positive urine cultures increased from 56% to 100%. Correctly not prescribing antibiotics (when bacteraemia without symptoms e.g. catheterised patients) increased from 38% to 75%. The percentage of patients on antibiotics at death was 1% (n=3) and 1.4% (n=3).

Conclusions Incidence of UTI at the end of life, at 10%–11%, remained consistent over time and across setting to suggest reliability. There was a marked improvement in appropriate and targeted antibiotic therapy; qualitative analysis showed improved rigour in assessment of key symptoms, and more targeted investigations and antibiotic therapy (e.g. Ertapenem, Fosfomycin). It appeared that a UTI was associated with a poorer prognosis and delayed discharge. Further research is needed, particularly around the symptom benefits of patients receiving antibiotics for UTIs at the very end of life.

P-77 WEIGHING PATIENTS IN A HOSPICE SETTING

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Background Standard practice at our hospice did not encourage routine weighing of patients on admission, which potentially limited ability to meet best practice standards for medicine management and nutritional assessment.

This project measured if patients were weighed at or soon after admission. Many were prescribed medication where dose was dependent on weight. The opinions of staff and patients towards routine weighing was investigated.

Method An audit of 40 patients measured if patients were weighed on admission or a reason for not doing so recorded and whether weight dependent doses were in line with the British National Formulary or other specialist advice.

A staff questionnaire gained the opinions of 79 clinical staff towards weighing patients, their understanding of the reason for weighing, and the rationale for their opinions.