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# ENHANCING BEREAVEMENT SUPPORT IN A TERTIARY CANCER CENTRE: A QUALITY IMPROVEMENT STUDY

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**Background** Grief is a natural response to the loss of a loved one but can have the potential for long term adverse effects. Bereavement services are therefore essential to provide support and to identify those at risk of harm. A 'day after death service' for bereaved persons is a longstanding component of bereavement care at our tertiary cancer centre. Bereaved persons are met by a clinical nurse specialist the day after the death for a face to face discussion and support needs assessment. This system aims to improve support and identify those at risk of pathological grief reactions.

**Aim** Conduct a quality improvement project aimed at enhancing bereavement support at our centre by incorporating feedback from bereaved persons into trust-wide education and care quality indicators.

**Methods** A 12 month retrospective audit was undertaken to evaluate bereavement service outcomes. This was combined with feedback from stakeholders to develop a PDSA quality improvement cycle.

**Results** At baseline 51 deaths were recorded in 12 months. 42 people agreed to ongoing support following accessing the day after death service. 39 people did not require any further support following a single phone call. Three bereaved persons needed additional support due to prolonged/pathological grief, and were supported appropriately.

Stakeholder satisfaction surveys revealed an 88% approval rating for emotional support and practical help, and 100% would recommend the service to others. Qualitative constructive feedback suggested enhancing methods of detecting people at high risk of pathological grief and developing an action-orientated approach to bereavement support.

**Conclusion** Bereavement care incurs practical as well as emotional challenges. Despite positive feedback regarding the emotional support provided by our service, there are practical areas for development. The next step of our project is to incorporate these changes into education and information processing tools, before re-evaluating progress.

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# SUBJECTIVE AND OBJECTIVE CHEMOSENSORY (TASTE AND SMELL) DYSFUNCTION IN TREATMENT-NAIVE CANCER PATIENTS

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**Background** Chemosensory dysfunction (CD; a defect in taste and/or smell) in cancer is associated with chemotherapy and radiotherapy or may occur as a result of cancer itself. CD can increase risk of weight loss and malnutrition as a result of food aversions and reduced dietary intake.

Aims

- To subjectively and objectively assess taste and smell in newly diagnosed non-head and neck cancer patients.
- To examine nutritional status in those with taste and smell changes.

**Methods** Consecutive pre-treatment cancer patients were recruited from radiation oncology clinics in a prospective observational study. A 12-item Taste and Smell Questionnaire evaluated the presence, severity and characteristics of taste and smell dysfunction and the Abridged Patient-Generated Subjective Global Assessment (abPG-SGA) measured nutritional status and symptoms. Burghart Taste Strips<sup>®</sup> and 'Sniffen' Sticks Olfactory Test<sup>®</sup> assessed taste and smell identification.

**Results** Twenty newly diagnosed (<3 months) patients were recruited. Diagnoses included breast cancer (9) gynaecological cancer (7) and colorectal cancer (4). Over half (n=12, 60%) reported subjective taste and/or smell changes or had abnormal objective tests. Of these, six reported taste and smell changes (TSC), two taste only and one smell only. Nine were identified as being at risk of malnutrition (abPG-SGA score ≥6). Four of them reported subjective taste or smell changes only while another two had both subjective and objective changes.

**Conclusions** Subjective and objective taste and smell testing were well tolerated. The majority of patients had subjective or objective TSC abnormalities before treatment. This is consistent with a previous study. Subjective assessment identified more TSC than objective. Those with TSC appeared to be at higher risk of malnutrition.

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# THROMBOLYSIS FOR PULMONARY EMBOLISM IN PALLIATIVE CARE: A CASE REPORT

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**Background** Thrombolysis for pulmonary embolism (PE) in a patient with advanced cancer has never been reported in the literature. Whilst not an absolute contraindication, most clinicians would be wary of thrombolysing a patient with a limited life expectancy. A case is presented of a patient with advanced mesothelioma who received thrombolysis treatment with a resultant significant improvement in pleuritic chest pain and dyspnoea.

**History** The patient was a 69 year old man who was diagnosed with epithelioid mesothelioma and received radiotherapy to his right chest followed by palliative chemotherapy. Subsequent CT scanning showed disease progression and the patient declined further chemotherapy.

**Thrombolysis** The patient was admitted to hospital with sudden-onset shortness of breath and right sided chest discomfort which was felt to be due to disease progression. Three days later the patient developed new, severe left sided pleuritic chest pain and acute breathlessness. The patient was thrombolysed with alteplase (50 mg IV over 1 hour) on clinical suspicion of a PE. The pleuritic chest pain resolved completely and the acute severe dyspnoea improved significantly within two hours of treatment and a CTPA later confirmed acute-on-chronic pulmonary thromboembolism as well as progressive mesothelioma. The patient was transferred to the hospice four days later for ongoing management and end-of-life care.

## Effect of Thrombolysis on Symptom Control

On admission to the hospice, the patient continued to complain of mild to moderate dyspnoea but had no pain. He was commenced on regular immediate-release morphine (10 mg QDS) for breathlessness but only required one breakthrough dose of analgesia before his condition deteriorated. The patient died comfortably nine days after thrombolysis treatment.

**Conclusion** Thrombolysis was very effective in controlling pleuritic chest pain and acute severe dyspnoea in this patient with PE and advanced cancer with a limited life expectancy.

# P-86 DOES SOCIOECONOMIC STATUS AFFECT PLACE OF DEATH FOR PATIENTS KNOWN TO SPECIALIST PALLIATIVE CARE SERVICES?

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**Background** Socioeconomic (SE) status can influence where patients die, although no previous studies have investigated whether this is true following referral to specialist palliative care (SPC) services. This study investigated whether SE group influenced place of death for patients known to SPC.

**Methods** Place of death and SE group (using postcode data from the Scottish Index of Multiple Deprivation - SIMD) were examined in 485 patients who had died and were known to SPC services within NHS Lothian. Records were excluded if patients had died in a care home or SIMD data were unavailable. A logistic regression model was fitted with place as a three level factor and SE group as a linear regressor. The significance of differences was tested by a likelihood ratio test and contrasts assessed with Wald tests.

**Results** Statistically significant variation ( $p=0.01$ ) was found in hospital and hospice deaths between patients from the highest socioeconomic group and the lowest, although no variation was found in home deaths. Only 45% (22/49) of patients known to SPC services in the lowest SE group died in a hospice, compared to 60% (97/163) in the highest, while 28.5% (14/49) of patients known to SPC from the lowest SE group died in hospital compared to 12% (20/163) in the highest.

**Conclusions** Even after referral to SPC, statistically significant variation in place of death was found between patients from the highest socioeconomic group and the lowest. Patients from the highest SE group were more likely to die in a hospice and less likely to die in a hospital than patients from the lowest SE group, although no variation in home deaths was found. Further multivariate analysis and investigation of reasons for this variation are required

# P-87 PHYSIOTHERAPY PALLIATIVE CANCER CARE: A CASE STUDY APPROACH

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**Background** Evidence suggests that there is an increasing need for physiotherapists in palliative cancer care services. However, there is a lack of understanding of their role, educational

needs and place within the rehabilitation team. The purpose of this study was to explore a local palliative cancer care physiotherapy service provision in light of best practice recommendations.

**Method** A qualitative approach using a single case study design was chosen as it provided a framework to facilitate the inclusion of multiple perspectives in a complex context within an area of healthcare where little research has been undertaken. Multiple methods of data collection were used from numerous perspectives, which included four data sets: interviews (healthcare professionals [10]); interviews (service users [10]); observations (physiotherapists [2] treating service users [5]); and policy document collection (NICE guidelines; white papers [12]). Data collection occurred from 2008 to 2014 and detailed data analysis was carried out from 2012 to 2014 using a thematic approach within a framework, comparing and contrasting patterns within and across the four data sets.

**Findings** Emergent themes highlighted a number of important aspects relating to physiotherapists including: new ways of working, shift in mindset and treatment planning, emotional adjustment and integration of professional boundaries. This evidenced a metamorphosis of both the physiotherapist's profession and service provision through key competencies, such as entrepreneurial, leadership, policy champion and humanisation skills, which enabled them to meet essential policy recommendations of service quality and innovation.

**Conclusion** This study provides a framework and unique perspective within which the physiotherapy profession can focus its attention on how physiotherapy needs to change in the future. However, a debate is necessary around the need for profession specific or service specific outcomes in this area, and how physiotherapists 'prove their worth' now that they are an integral part of palliative cancer care provision.

# P-88 EVALUATION OF A PILOT SERVICE DESIGNED TO IMPROVE TRANSITION FROM CHILDREN'S PALLIATIVE CARE SERVICES

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**Background** There are increasing numbers of young people (YP) with life limiting diagnoses living into adulthood. When these YP become too old for children's hospice services there is a recognised gap in their care and they often experience challenges when transitioning into adult services. A two year pilot project was developed between a hospice's adult and children's services to try to address this gap and aid transitioning. The pilot involved a day service two Saturdays per month with occasional overnight trips, with two separate groups depending on the YP's ability to communicate.

**Aim** To evaluate the pilot project.

**Method** Three focus groups made up of key stakeholders in the service (YP, their parents and staff) were performed and analysed using an adopted thematic analysis framework.

**Results** Three YP, seven parents and six staff members participated. Five main themes across the three groups were identified;

- Transition is Tough
- Continuity
- Parental Care
- The pilot service helps
- The Future