Respect, find out what it means to me: An audit of emergency treatment plans

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Introduction ResPECT is a national initiative led by the Resuscitation Council(UK). It encourages doctors to work in partnership with patients to establish their wishes and thoughts on future treatments should they become unwell. Moving away from old DNAR forms requires a significant culture shift. We replaced these forms at Ashford & St Peter’s Hospital NHS Trust November 2018. In this audit we aimed to assess the success of the rollout of ResPECT forms hospital-wide in the first 3 months, aiming for more than 98% of patients having a valid form.

Methods Retrospective notes audit. The first 10 patients discharged from each ward, including patients who died, were selected for an electronic notes review looking for a ResPECT form or documented evidence that a ResPECT form was filled during admission. The presence of a ResPECT form and the extent to which it was correctly filled out were recorded in a spreadsheet.

Results 209 patient records were examined (100 Male, 109 Female) across a mix of surgical and medical wards, average age of 77 years. A total of 87 forms were reviewed, meaning 42% had a ResPECT form present. Personal/clinical details and summary of emergency care and treatment recommendations were completed 70% of the time. Areas for improvement include mental capacity documentation and section 3 patient personal preferences.

Conclusions Although uptake initially appears poor in retrospect our standard of 98% was likely too high, a 42% uptake is a significant achievement for the first 3 months. By identifying areas for improvement we have been able to put in place initiatives to target these specifically. We recognise the need to continue to facilitate a change in culture within our trust and promote shared decision making and the ‘conversation’ as a process not a one off. We will re-audit next year.

Analysis and impact of non medical prescribing interventions at John Taylor Hospice

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Introduction The growth in non-medical prescribing (NMP) by nurses and pharmacists has been well documented across a range of medical specialities. Prescribing by allied health professionals in palliative care is a relatively recent phenomenon. Outcome data for community palliative care prescribing is poorly characterised, and evidence of impact remains unsubstantiated. The purpose of this study was to gauge self-reported outcomes of prescribing interventions by nurse and pharmacist prescribers for patients in a community setting.

Methods Prescribing data was collected between 1st May and 1st July 2019. Data included perceived reasons for prescription issue and the outcome of the intervention. Data was anonymised and analysed using MS Excel to quantify the classes of drugs prescribed, and identify prescribing patterns. A second phase involved an online survey of medical and NMPs at the hospice to explore their views on independent prescribing.

Results Data from 7 nurse and 2 pharmacist NMPs were analysed. In over one third (35%) of prescribing events, prescriptions were for routine symptom control such as pain or nausea. Provision of anticipatory injectable medicines was the second most common reason for prescription issue. Forty eight percent of patients prescribed medicines for symptom control achieved faster access to treatment. In 57% of prescription events a GP home visit was prevented. Analysis of the surveys is pending and themes arising from these will be shared amongst the hospice prescribing team.

Conclusion As a result of non-medical prescribing, patients receiving community palliative care were able to access crucial medicines in a timely manner which may have facilitated better symptom control. The study’s main limitation was that prescribers completed data collection forms themselves, which may have influenced their choice of outcome. Potential savings of approximately £2,595 in GP visits suggest that utilisation of NMP prescribing should be more widely considered in palliative care teams.