

P-61 REINVENTING NURSE ADMINISTRATION OF CONTROLLED DRUGS

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Background Double-checking the administration of controlled drugs has been standard practice worldwide for decades. This process may appear to be a logical safety precaution. However, research has indicated that there is insufficient evidence to support the argument that the process reduces the rate of medication incidents compared to single-checking. The gold standard is independent double-checking meaning both the nurses separately perform a check without sharing information. In practice, this rarely happens: instead, primed double-checking often occurs whereby one nurse shares some information with the other nurse e.g. drug name. Our hospice sought to challenge this longstanding practice by introducing single nurse administration of controlled drugs with the aim to improve promptness in administration and release time to care, whilst maintaining patient safety.

Method We adopted a change management process, starting with an educational session for nurses to explain the rationale for this proposed change. Staff were then assessed in single nurse administration to ensure that they were competent. In order to establish if our aims were met, the administering nurse recorded the time taken to administer controlled drugs (from identification of need to completion of administration) both before and after single nurse administration was introduced. The balancing measure of patient safety was assessed by reviewing the frequency of controlled drug incidents before and after single nurse administration was introduced.

Results We found a 46% reduction in the mean time taken to administer controlled drugs through single nurse administration compared to double-checking. Furthermore, there was a 25% reduction in controlled drug administration incidents in the first six months of the introduction of single nurse administration compared to double-checking.

Conclusion Through this project we demonstrated that single nurse administration is more time-efficient than, and at least as safe as, double-checking. This project demonstrates successful change management in reinventing long-established nursing administration practice.

P-62 THE EXPERIENCES OF COMMUNITY NURSES PROVIDING END-OF-LIFE CARE FOR PATIENTS FROM BLACK AND ASIAN MINORITY ETHNIC BACKGROUNDS

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Background Providing end-of-life care in the patient's own environment is challenging, especially if the nurse is from a different ethnic and cultural background from the patient. Evidence shows that people from the Black and Asian Minority Ethnic (BAME) background communities experience poorer end-of-life care in the UK due to the care providers and commissioners not understanding their care needs.

Methods A qualitative approach, using semi-structured interviews, was used to explore the experiences of 16 community nursing staff caring for end-of-life patients from the BAME community in Leicester, Leicestershire, and Rutland. Virtual

interviews were audio-recorded, transcribed verbatim and thematically analysed.

Results Family hierarchy meant that the nurses had to deal with large tight-knit families, paternalism and controlling behaviours, and had to establish advocacy processes. There was a strong mistrust and suspicion of Western medicine and a belief that Western medicine speeds up death. There was a desire to hold onto life, continue to have nutrition, and these feelings were influenced by Spiritual beliefs. Consequently, there was low uptake of end-of-life care services for this group. There were also language barriers and challenges faced by the nurses, resulting in difficult conversations with the families. Despite the challenges, nurses tried to build relationships with the families in order to meet the patients' end of life care needs. Different levels of the nurses' cultural and religious competencies in caring for BAME patients were also identified. As the research was conducted during pandemic, COVID-19 effects contributed to the above challenges.

Conclusion This research has shed light on the challenges of individualising end-of-life care patients in a culturally diverse community. The nurses' cultural and religious competencies were challenged as they attempted to ensure their expert healthcare professional philosophy of care met the needs and preferences of the dying patient and their family.

P-63 INCREASING THE USE OF, AND EXPLORING JUNIOR DOCTORS UNDERSTANDING OF, INDIVIDUALISED CARE PLANS FOR DYING PATIENTS AT AN EAST LONDON DISTRICT GENERAL HOSPITAL IN 2021

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Background We observed at our Trust, a reduction in the number of dying patients being supported with our individualised care plan for the dying (Compassionate Care Plan; CCP) during 2021 and sought to both improve this and explore junior doctors' understanding of the plan.

Methods An audit was designed to review the use of CCP documentation as well as other allied measures for one month pre interventions and for one month following. The interventions included paper copies of the CCP document being placed in accessible locations and posters explaining the role and rationale of the CCP placed in communal rest and work areas. Alongside this an online survey about the CCP was sent to junior doctors.

Results CCP usage was largely unchanged (87% compared to 84%) across the two months and palliative care referrals and anticipatory medications prescriptions had declined by 16% and 9% respectively. There had also been a decline in communication with next of kin. The initial interventions had not improved CCP usage but it highlighted the correlation between anticipatory medication prescribing, NOK communication and palliative care team reviews. The second part of our project was to investigate junior doctors understanding of the CCP. Our results showed that 100% knew what the CCP was, 90% had previously completed one and 81% felt comfortable suggesting it to a senior. However only 59% knew where to find it and only 72% felt it was a useful tool in end of life care.

Conclusion Although our interventions did not improve end of life care through CCP utilisation, it has informed us which