

There is limited reported evidence of additional benefits to patients of day case paracenteses.

Method A day case paracentesis service was set up in a hospice setting. A retrospective analysis of outcomes of the service is currently underway. Specific outcomes include: frequency of advance care planning (ACP) discussions, engagement with other hospice services, actual place of death and responsiveness of the service.

Results Eighteen day case paracenteses were performed over ten months. Provisional data shows that of these patients a significant proportion went on to die in hospice or home settings. Over 80% of the patients had completed some ACP - either documentation of preferred priorities for care and death or decisions around resuscitation. Over 50% of patients engaged with other services in the hospice. Frequency of presentation to primary or secondary care for symptoms related to ascites was low in all patients.

Conclusion Our day case paracentesis service gives the opportunity to engage patients in ACP discussions, link in with other hospice services and looks to reduce the burden on primary and secondary care. Further qualitative evaluation looking at patients' experience is planned.

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ST OSWALD'S HOSPICE AMBULATORY CARE SERVICE PROGRESS AFTER ONE YEAR

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Background For patients with chronic, life-limiting haematological conditions such as Myelodysplastic syndrome (MDS), regular transfusion for symptom relief requires frequent hospital attendances. Literature demonstrates MDS is associated with significant impairment, poor prognosis and critical palliative care needs (Nickolich, El-Jawahri & LeBlanc, 2016. *Curr Hematol Malig Rep.* 11:434).

St. Oswald's Hospice Day Services has developed an Ambulatory Care service for patients requiring transfusions and other infusions, working with specialties to offer services to patients who would benefit from earlier palliative care support.

Method We have collected data on attendance/treatments to demonstrate the scope of the service and reviews by members of the hospice MDT, including in-patient admission, demonstrating needs met by this service which may not have been available in a non-hospice setting.

Results From March 2021 to May 2022 there have been 32 patients with 232 individual attendances and 456 treatments administered:

- 426 units blood.
- 9 pools platelets.
- 8 Iron infusions.
- 2 Bisphosphonate infusions.
- 10 IV antibiotic.
- 1 B12 Injection.

MDT members seen

- 32/32- assessment with a senior Palliative Medicine Doctor.
- 32/32- medical review every attendance.
- 32/32- Hospice Nurse review every attendance.
- 16/32- Complementary Therapy.

- 7/32- Social Worker.
- 6/32- Physiotherapist.
- 5/32- OT.
- 2/32- Referred for Music Therapy.
- 2/32- Lymphoedema Practitioner.
- 1/32- Referred to Psychology.
- 1/32- Spiritual Care Team.

Inpatient Admissions

- 7 hospice admissions relating to the Ambulatory Care Service:
 - 2 direct admissions from Ambulatory Care attendance
 - 5 indirect admissions from home/hospital for patients known to the ambulatory care service.

Conclusion Patients have accessed services from the hospice MDT that may not have been available to them had they not been attending the Ambulatory Care service. Increasing the number of referrals to the service will continue to widen access to patients not typically referred until later in their disease process, promoting improved quality of life and advance care planning.

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ST OSWALD'S HOSPICE AMBULATORY CARE SERVICE – ADVANCE CARE PLANNING, CROSS SERVICE WORKING AND PREFERRED PLACE OF DEATH

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Background It is known that many patients with haematological malignancies die in hospital (74.3%) (Howell, Wang, Roman, et al., 2017. *BMJ Support Palliat Care.* 7:150). Yet for those who discuss their preferred place of death, many would choose non-hospital settings (only 28.2% hospital). Those who never have the opportunity to discuss their preferred place of death are significantly more likely to die in hospital (Howell, Wang, Roman, Smith, et al., 2017).

The ambulatory care service at St Oswald's Hospice has led to opportunities to engage patients in advance care planning discussions. We present Place of Death data, along with a case study to illustrate the importance of cross service MDT work.

Method A retrospective review of the notes of all patients who have attended the Ambulatory Care Service since its inception in March 2021. Data was captured on engagement in advance care planning, preferred place of death and actual place of death.

Results 32 patients attended the service (232 individual attendances). 23 were patients with a haematological malignancy. Nine had other diagnoses.

19 patients have engaged in advance care planning to date.

10 patients with haematological malignancies died during this period.

Of the 10 patients who have died, preferred place of death was known for 7 (4 home, 1 nursing home, 2 hospice). The preferred place was achieved for all 7 patients.

Of the three patients whose preferred place of death was not known, two had only attended the service once (4 and 6 months prior to death respectively) with a plan for advance care planning on future attendances.

We also present a case study to demonstrate cross service working.

Conclusion The establishment of a service to provide planned blood product support and other treatments in a hospice setting has brought opportunities for patients to engage in advance care planning. This, along with close working with colleagues in community services, has led to achieving preferred place of death for a high proportion of patients.

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PROVIDING INDIVIDUAL TAILORED SUPPORT FOR PATIENTS WITH MOTOR NEURONE DISEASE AND THEIR FAMILIES: THE IMPACT OF A NEW KEY WORKER ROLE

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Background Motor Neurone Disease (MND) is a progressive terminal neurodegenerative condition, with six people diagnosed every day in the UK, resulting in around 5000 people being affected at any one time (MND Association (UK), 2011). Its rapid progression and deterioration means care needs to be carefully planned and targeted in a timely manner. Multidisciplinary team (MDT) involvement is known to be beneficial for people living with MND (Miller, Jackson, Kasarskis, et al., 2009. *Neurology*. 73:1218; O'Brien, Whitehead, Jack et al., 2011. *Brit J Neurosci Nurs*. 7:580). In the North West of England a consultation exercise with families and carers identified a significant need for improved targeted and timely support. To address this a dedicated key worker role was established to support patients and their families and to coordinate that support within the community multi-disciplinary team. Ethical approval was given by Edge Hill University Health-related Research Ethics Committee (ETH2021-0147).

Aim To explore the impact of the MND Key Worker on people with MND and their families.

Methods An evaluation design using a mixed-method approach to data collection was employed using semi-structured interviews, surveys and assessment of routinely collected data (including referrals and access of services). Data were collected from patients, families and key stakeholders who had experience of the new role over the first 15 months of the post.

Results Qualitative data are subject to thematic analysis and descriptive statistics are used to represent routinely collected data. Data from phase one and two of data collection (Interviews n=20, Survey n=24) show increased referrals and uptake of hospice services along with qualitative data demonstrating the positive impact of the role and key benefits experienced by people with MND and their families.

Conclusion Early data analysis indicates the introduction of a dedicated key worker post to be beneficial to people with MND and their families. This paper will discuss these results, (together with phase three data collected in summer 2022) and explore what elements of the role are having the maximum impact.

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MEDICINES ADMINISTRATION TECHNICIANS (MATS) IN PALLIATIVE CARE

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Background Worldwide, medication administration errors (MAEs) affect a median estimate of 19.1% doses administered or omitted in hospitals (Keers, Williams, Cooke, et al., 2013. *Ann Pharmacother*.47:237). Doses given at the wrong time and dose omissions are among the most common MAE subtypes observed and the risk of omitted and delayed doses to patients can be life-threatening (Berdot, Gillaizeau, Caruba, et al., 2013. *PLoS One* 8:e68856; Lord Carter of Coles. Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. 2016). It has been suggested that greater involvement from pharmacy teams could help address this problem (Morley, McLeod, McKenzie, et al., 2016. *Drugs Ther. Perspect*. 32:203; Boughen, Sutton, Fenn et al., 2017. *Pharmacy*. 5:40).

Aim To determine the impact of using pharmacy technicians to administer medication and provide support to the wider healthcare team. To evaluate the acceptability via feedback evaluation (with nursing, medical and management stakeholders. To identify future roles through discussion with relevant managers.

Method Employment of two experienced MATs (minimum 5 years' experience at ward level, accredited in Medicines Management (MMT) and Accredited Checking Technician (ACT)). Completion of in-house mandatory training, MAT and medicines management assessment. Service evaluation, feedback and medication incident reports.

Results Reduced staffing pressures, reduction in medication wastage and improved use of patients' own drugs. Improved patient understanding of their medication with identification of a need to provide patients with an 'easy to read' list of their medication on discharge. Increased awareness of medication incidents.

Identification of new roles in mentoring and training wider healthcare team.

Conclusion Demonstrated the importance of this role with improved access to pharmaceutical advice for the wider healthcare team. Early identification of patient pharmaceutical needs allows a more efficient discharge process. Identified the feasibility importance of a MAT as a future role for all palliative ward settings. Future development in relation to systems and procedures will improve operationalisation of technician-led initiatives.

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IDENTIFYING THE CHALLENGES OF INTRODUCING A HOSPICE IN-PATIENT MEDICINES SELF-ADMINISTRATION SCHEME

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Background/Introduction Medicines are administered to in-patients as default practice. This conflicts with principles of helping patients maintain independence. We have observed in practice that this led to loss of confidence and confusion with medicines when home, potentially causing medication errors. Evidence was needed to understand barriers and facilitators for a Medicines Self-Administration scheme.

Aims To establish:

- Benefits and challenges of scheme development.
- Process practicalities and training needs.
- Patient choice.