

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.

Methods

Design

- Verbal screening survey of in-patients established how they manage their medication at home currently and whether they would like to self-administer.
- Electronic survey (open-ended questions) emailed to RNs requesting their views on the scheme.
- Multi-disciplinary working group established to steer and plan implementation.

Analysis Data analysed by working group. Common themes identified which guided a first proposal presented to the Senior Management Team.

Results 24 in-patients screened

- 2 (8%) would like to self-medicate independently if offered.
- 2 (8%) would require support in the hospice to self-medicate.
- Only 4 (16%) patients would meet the proposed criteria to self-medicate.

12 out of 18 RNs responded. Themes emerging:

- All fully supportive of the scheme but unclear how this would work in practice.
- Concerned about professional nursing responsibilities.
- Benefits to patients recognised.

'Patients are often experts in their own medication. They should not be disempowered just because they are an in-patient!' RN.

Conclusions This work provided evidence that ward staff would support a scheme to empower patients and maintain independence with their medicines. Patients would like to be offered the choice. The scheme could help identify problems before discharge and reduce risk of errors.

Recommendations/Impact

- Procedure sign-off by hospice governance.
- Training, implementation.
- Re-audit after three months.

P-143 WELLBEING AS THE FRONT DOOR TO THE HOSPICE – IMPROVING ACCESS TO STRATEGIES TO IMPROVE ALL ASPECTS OF WELLBEING

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Palliative care is founded on enabling people to live well until they die, whatever that might look like for them. Rehabilitative Palliative Care (RPC) seeks to do this, ensuring the individual is at the centre, shifting the balance of intervention away from the medical model of care. It is important to question whether we are doing enough to empower people to make the best choices about how they want to live their lives, prioritise what is important to them and to seek help and support from the beginning of their relationship with the hospice. In response to this, St Christopher's hospice has set up wellbeing days for all individuals referred.

The intended outcomes of the day are to empower people to be able to make some positive changes to improve their wellbeing and for them to have a greater understanding of the support and services available so that they can engage with the hospice when needed, thus moving towards a more holistic approach to patient management.

People are proactively offered this opportunity to attend once they have been accepted onto the hospice caseload. Phone calls, rather than a letter, enable a discussion around the programme and support to be offered. Volunteers are trained to support the staff in making these calls. Topics include: exercise and staying independent, healthy nutrition, advance care planning, coping with change, welfare entitlement, and connecting with the community. For many people who attend it is the first time they come to the hospice which helps facilitate the breaking down of barriers and building relationships.

The day has been well received and there has been positive feedback collected from questionnaires and follow up phone discussions. Further development of the programme will offer training to volunteers, enabling more individualised support and advice to those who feel unable to attend the day at the initial phone call.

P-144 'THERE'S NO PLACE LIKE HOME': PILOT OF A HOSPICE ADMISSION AVOIDANCE SERVICE

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Background Key to Mountbatten's strategy is to support people at end-of-life in their preferred place of care. For those for whom their preferred place of care is home, complex symptom management is well supported by the Mountbatten Community Team of Clinical Nurse Specialists, Doctors and Consultants. However, it was identified that some individuals were being admitted to the hospice in-patient unit due to functional deterioration associated with symptoms, that was compromising the safety, wellbeing and dignity of the individual and/or those caring for them, leading to a crisis situation that demanded an admission. Timely intervention to address such functional changes and avoid crisis was limited, as the Mountbatten Community Team accessed community Occupational Therapy assessment via NHS commissioned services which were not consistently able to respond urgently, and do not have palliative care specialist clinicians.

Aim(s) To develop a hospice responsive, flexible, specialist palliative rehabilitation service to support individuals in the community when complex symptoms impact on functional abilities and threaten an unwanted crisis hospice admission. To avoid crisis admission with appropriate functional assessment, intervention and equipment provision.

Method A Hospice Admission Avoidance Service (HAAS) was piloted for five months, aimed at exploring whether an in-house, specialist hospice rehabilitation service could provide timely, proactive interventions to enable an individual to remain at home by addressing changes in functional needs as a result of complex symptoms. A proposal was written and agreed, and a referral process was developed and communicated with the Mountbatten Hospice Teams who would be making referrals.

Results The data from the five-month pilot, including number of referrals, reason for referral, responsiveness, and outcome will be collated, illustrated and shared to provide an evaluation of the service and guide any actions or recommendations that may be indicated.

Conclusion This development will ensure Mountbatten's strategy to support people at end of life in their preferred place of care is realised.