

P-173 FAMILIES ADMINISTERING MEDICATIONS AT END OF LIFE AT HOME: THE USE OF A SINGLE CARD BOOKLET TO HOUSE EVERY NECESSARY DOCUMENT. SIMPLIFYING AND STREAMLINING CARE THROUGH SENSIBLE STATIONERY

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In many areas of the UK, informal and family carers are being offered training to give subcutaneous medications at the end of life, to support good symptom control for those dying at home. A variety of different programmes are used, in different geographical regions. Policies, consent forms, information leaflets, training competencies and documentation charts are usually in place. In Suffolk, we have developed a single booklet, containing all the paperwork both staff and families could need, for our FAM programme (Families Administering Medications). The writing of this was supported by an MDT and lay volunteers. Everything is written in a user-friendly style, and is all held together in one place. This ensures no part of the process gets missed or lost, and is instantly accessible to family and professionals at all times. Families document their administration of each medication in the same booklet as their training competencies are documented, for ease of repeated review of the administration process.

All booklets contain a family and staff feedback form with prepaid envelopes. Evaluation of feedback received has been very positive about the booklet, which is described as being very clear. Evaluation has also allowed real-time feedback about useful edits for version 2, which were able to be rapidly incorporated.

The process was initially agreed for the county of Suffolk, but presentation of the process to the newly-formed Suffolk and NE Essex ICB was very positively received, with NE Essex staff preferring the streamlined Suffolk booklet. This has led to vital collaboration, with the combination of the processes across the two areas, as a new ICB-wide process is agreed. The wider reach of the process will benefit patients and families (particularly those in border areas), and enable the pooling of resources for implementation of the process, to maximise those to whom it is made available.

P-174 IMPROVING ASSESSMENTS OF FAMILY CAREGIVERS: IMPACT OF STAFF EDUCATION IN A HOSPICE AT HOME SERVICE

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Background In an ageing population, complex health needs, reduced health and social care resources result in an increased reliance on families to provide care at end-of-life. Family caregivers are reported to have increasing challenges to their own health and wellbeing especially as the patient requires more support. National policies recommend family caregivers be identified, and needs addressed separately. Yet routine assessment is not regularly undertaken. Issues include a lack of staff awareness of the assessment process and experience in undertaking them.

Aims To review the assessment of family caregivers within a Hospice at Home (HatH) service and assess clinical staff on their knowledge and experience of the process.

Methods (1) Retrospective audit of HatH referrals (January-March 2022) using data from clinical records collected against agreed standards for caregivers' assessment and 18 staff surveyed for knowledge and experience. (2) Education intervention for staff on caregivers' needs and assessment, and repeat survey. Audit repeated – September-November 2022.

Results Cycle 1: 88 records examined, 63 included (25 excluded). Documentation included:

- 30(48%) main family caregiver's name/relationship.
- 27(43%) main contact details.
- 1(2%) caregiver's assessment.
- 0 (0%) caregiver's action plan.

Staff Survey 1: demonstrated some knowledge 12(67%) of family caregivers' assessment, but 11(61%) had no assessment experience.

Cycle 2: 98 records examined, 72 included (26 excluded). Documentation included:

- 67(93%) main family caregiver's name/relationship.
- 62(86%) main contact details.
- 61(85%) caregiver's assessment.
- 57(79%) caregiver's action plan.

Staff Survey 2: Post educational intervention, all 18(100%) had improved knowledge and 16(89%) had gained experience.

Conclusion A targeted educational intervention on the impact of caregiving and importance of undertaking an assessment resulted in improved knowledge and subsequent experience of staff in the assessment process. This helped ensure family caregivers are known to the HatH service, have their own needs assessed and, where required, a targeted caregiver's action plan developed.

P-175 EVALUATION OF AWARENESS OF MALIGNANT SPINAL CORD COMPRESSION (MSCC) AND RED FLAG SIGNS IN HOSPICE PATIENTS AT HIGH RISK

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Malignant Spinal Cord Compression (MSCC) is an oncological emergency (Mitera, Loblaw. *Radiother Oncol.* 2003;69(Suppl 1):Abstr. 141) affecting patients with cancers that have metastasised to the spine. This is most common in breast, lung and prostate cancers and haematological malignancies (National Institute for Health and Care Excellence. *Metastatic spinal cord compression: diagnosis and management of patients at risk of or with metastatic spinal cord compression.* [CG75.], 2008). The NICE Quality Statement regarding management of Metastatic Spinal Cord Compression requires that 'Adults at high risk of developing MSCC, and their families or carers (as appropriate), are given information that describes the symptoms of MSCC and what to do if they develop symptoms' (National Institute for Health and Care Excellence. *Metastatic spinal cord compression in adults.* [QS56], 2014).

Aims To evaluate the proportion of patients at risk of MSCC given information regarding the risk and red flag signs. If this