IMPROVING ACCESS TO INTERVENTIONAL PAIN MANAGEMENT FOR PALLIATIVE CARE PATIENTS

Charlie Besley, Claire Stark-Toller, Jo Harding, Becky Smith. University of Southampton, Southampton, UK; University Hospital Southampton, Southampton, UK.

Background: Pain is one of the most frequently encountered symptoms in palliative care patients, and poorly controlled pain is debilitating. Two-thirds of terminally ill cancer patients report moderate to severe pain (van den Beucken-Van Everdingen, Hochstenbach, Joosten, et al. J Pain Symptom Manage. 2016; 51(6): 1070 – 1090). Up to 10% of patients fail to gain adequate analgesia with oral medication, and many are troubled by significant side effects (Bhaskar. Postgrad Med. 2020;132(S3):13–16). Despite National Institute of Clinical Excellence (NICE) guidance in 2004 advocating for each regional Cancer Network to have a ‘named specialist for advanced pain management techniques’ (NICE: Improving support and palliative care for adults with cancer. Cancer service guide [CSG4]), joint consultations with palliative care were rare in 2007 (Kay, Husbands, Antrobus, et al. Palliat Med. 2007;21(4): 279–284) and remain so still (Bhaskar. 2020).

Aim: To evaluate the impact of a combined monthly complex pain management multi-disciplinary team (MDT) meeting, spanning hospital and community palliative care services.

Method: Beginning in July 2021 monthly meetings were set up using Microsoft Teams to facilitate remote access, and invites sent to community and hospital palliative care teams along with colleagues in the acute and chronic pain teams. In mid-2022 this expanded to include colleagues from paediatric pain management. Patients are informed in advance that their case will be discussed by the MDT, and consent is obtained for information to be shared via the ‘Combined Health Information Exchange’ in Hampshire.

Results: 15 meetings were held over 21 months. 53 patients in total were discussed, meaning there were three or four patients each time (range two – seven). Nine interventional procedures followed directly from these discussions, most of which were carried out in a hospice setting. These included two fascia iliaca blocks, three erector-spinae blocks (two accompanied by serratus anterior blocks), a greater occipital nerve block, a para-renal intercostal block, and a supra-scapular block. All the procedures produced some short-term benefit, with no immediate or subsequent adverse consequences.

Conclusion: Establishment of a combined complex pain management MDT involving palliative and pain specialists has improved patient access to interventional pain management procedures. It has also provided an opportunity to network with colleagues across boundaries and share ideas promoting best practice.

DEVELOPMENT OF A COLLABORATIVE SYRINGE PUMP COMPETENCY DOCUMENT AND ACCOMPANYING WORKBOOK


Background: This project evolved following a collaborative review of local clinical incidents involving syringe pumps and medication administration across the local community settings. Factors identified which may have contributed, were lack of access to relevant training, an increase in newly qualified registered nurses joining internal and external community teams. No standardised competency document used across both areas and clinical practice varied. This highlighted the need for a joint approach for further education and training (Nursing & Midwifery Council. The Code for Nurses and Midwives. 2015).

Aims: To reduce the number of clinical incidents involving syringe pumps and medication errors. Working collaboratively with our external partners to deliver training and all registered nurses to complete the competency document and workbook. The aim was to increase knowledge and skills around syringe pumps and palliative care to increase confidence and improve clinical practice.

Methods: Jan. – Jul. 2021: We conducted staff interviews across community services establishing existing knowledge and researched current available training for nurses. Between January and July 2022, we developed a competency framework and syringe pump workbook. Jul. – Sept. 2022: Syringe pump training pilot was developed to commence October 2022. The pilot was over three months and consisted of two full training days and allowed six weeks to complete the workbook and competency document followed by half-day consolidation session involving RN from a mixed community background with four district nurse mentors supporting the pilot.

Results: Fourteen RNs attended the pilot training sessions, twelve completed the training. Incidents with syringe pumps and medication errors have reduced. Feedback from participants confirmed that using a collaborative approach to training and competency framework increased their palliative care knowledge, clinical skills and confidence.

Conclusion: We believe that the joint approach to training and having one competency framework and workbook has improved nurses’ knowledge and provided a consistent
Testing and adopting new technology – a continuous subcutaneous infusion pump

Arne Nash, Katie Grace. St Christopher’s Hospice, London, UK

Background St Christopher’s Hospice’s Inpatient Unit has been using a continuous subcutaneous infusion pump for many years. To date there has been limited availability of alternative pumps in the UK. The current pump has limited battery life-span and software challenges. The pump is only able to support a limited volume and syringe size. The hospice was approached by an international company, who have produced a new European standards approved subcutaneous infusion pump.

Aims To introduce a new pump and evaluate its use.

Methods A project planning agreement made, using the hospice team’s expertise to evaluate the pump. The company supported training of 33 nursing staff. Staff completed an anonymous survey about their experience, the surveys were independently evaluated.

Data collection Individual anonymised patient data was collected including the patient’s diagnosis, age, number of medications used in the pumps and length of time used.

Results The hospice team have supported 135 treatments for 15 patients, over 13 weeks.

Patients’ age range between 32 to 89 years, 2 patients had a non-malignancy and 13 had a primary cancer diagnosis. The range of pump duration: 1 to 26 days. Survey results are still being collated – 15 (45%) staff response to the survey. The staff reported pump benefits including: easy to use; able to administer larger volumes in a more secure method; attaching to the bed side or pole; battery life 10 to 14-day life; use of rechargeable batteries; lock boxes easy to use and robust.

Negative feedback included: Cassettes were more time consuming to set up; process of air removal more problematic; more expensive than stand syringes and the pump is slightly heavier than previous pump.

Formal patient experience was not evaluated, however, there was no negative informal experience recorded.

Conclusions To purchase pumps and continue to evaluate its use before considering use in a community setting.

Improving health care professionals’ knowledge and confidence in managing a palliative care medical emergency: adult acute choking episodes

Dorinda Moffatt. Prospect Hospice, Swindon, UK

Background Dysphagia is a common life-threatening condition which can present as a complication of 100 different palliative conditions (Chan, Tse, Sham. Dyspnoea and other respiratory symptoms in palliative care. In: Cherny, Fallon, Kaasa. (eds) Oxford textbook of palliative medicine. 5th ed., 2015). People with dysphagia have a high risk of acute choking episodes which is one of the most distressing symptoms of progressive disease (Murphy, Zatarain, Cmelak, et al. Palliative issues in the care of patients with cancer of the head and neck. In: Cherny, Fallon, Kaasa. (eds) Oxford textbook of palliative medicine. 5th ed.) and is associated with significant morbidity and impact on quality of life (Coffey, Pasquale-Styles, Gill. Acad Forensic Pathol. 2014;4(1): 94–99). Choking episodes can be frightening for the person experiencing them and the carers and healthcare professionals who support them (Murphy, Zatarain, Cmelak, et al., 2015; Gotesman, Lalonde, McKim et al. Muscle Nerve. 2021;65(4): 400–404). It is essential to prepare health care professionals to confidently manage choking episodes (Chan, Tse, Sham., 2015).

Aim Quality improvement project to design, implement and evaluate an evidence based guidance flow chart and document for healthcare professionals on managing a palliative care medical emergency of adult acute choking episodes.

Methodology Quality improvement methodology (Jones, Kwong, Warburton. Quality improvement made simple: What everyone should know about health care quality improvement. The Health Foundation, 2021) included:

- Systematic literature review.
- Key stakeholders engagement.
- Plan Do Study Act (PDSA) cycles.
- Healthcare professional evaluation and feedback.

Results Choking management guidance can be used as a:

- Single page stand-alone flow chart.
- 6 page guidance document with list of 29 references.
- ‘Live’ PDF document with hyperlinks to key information.

A varied range of 150 health care professionals throughout the South West of England, completed an education session introducing the flow chart and guidance document.

- 100% evaluated the session as ‘very good’ or ‘excellent’.
- 100% reported an improvement in knowledge and 95% improvement in confidence in managing adult acute choking episodes.


Conclusion Dysphagia related acute choking episodes are common in palliative care conditions. The use of an evidenced based flow chart and guidance document has demonstrated to be an effective tool in improving healthcare professionals’ knowledge and confidence in managing this distressing symptom.

Promoting diversity and inclusion

Andrew Fletcher, Kate Overend, George Ellison, Andrew Campbell. St Catherine’s Hospice, Preston, UK; University of Central Lancashire, Lancashire, UK

10.1136/spcare-2023-HUNC.212