approach to patient care. Improved collaborative working with hospice community and partners. These training sessions have now become mandatory across our area.

**P-190 TESTING AND ADOPTING NEW TECHNOLOGY – A CONTINUOUS SUBCUTANEOUS INFUSION PUMP**

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**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; attachments 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.

**P-191 IMPROVING HEALTH CARE PROFESSIONALS’ KNOWLEDGE AND CONFIDENCE IN MANAGING A PALLIATIVE CARE MEDICAL EMERGENCY: ADULT ACUTE CHOKING EPISODES**

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**Background** Dysphagia is a common life-threatening condition which can present as a complication of over 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 to knowledge and 95% improvement in confidence in managing adult acute choking episodes.

**Next steps** Launch the guidance document widely. Incorporate into ICS (Integrated Care System). Amend for individual patient management plans. Choking management app for smartphone use.

**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**

**P-192 IMPLEMENTING SUSTAINABLE ORGANISATIONAL CHANGES TO ENHANCE THE INCLUSIVITY OF SERVICES**

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**Abstract**

Promoting diversity and inclusion is a high priority within the UK’s National Health Service. In 2018, the government released the following: “The NHS must improve its record on race equality, and to deliver on this commitment we propose a: 1. NHS-wide safeguarding, recruitment and training strategy for staff at all levels of the organisation; 2. Inclusive leadership and culture strategy for both commissioned and provider organisations; 3. An integrated framework for monitoring progress and evaluating the impact of the proposals.” The results of an audit of the current approach to diversity and inclusion within several local hospices will be presented, along with a discussion of the impact of these strategies on the delivery of palliative care.

**Methodology** A survey was conducted to assess the current state of diversity and inclusion within several local hospices. The survey included questions on issues such as recruitment, training, and leadership. The results were then used to develop a plan for implementing sustainable organisational changes to enhance the inclusivity of services.

**Results** The survey revealed a number of areas where improvement was needed, including a lack of diversity in the workforce and a need for more training on diversity and inclusion. A plan was developed to address these issues, including the recruitment of a diversity and inclusion officer, the provision of diversity and inclusion training for all staff, and the implementation of a diversity and inclusion strategy.

**Conclusion** The implementation of sustainable organisational changes to enhance the inclusivity of services is an important step in improving diversity and inclusion within the NHS. The results of the survey and the plan developed to address these issues will be presented in this abstract.