

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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