

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 lifespan 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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Background There are ongoing inequalities in access to hospice services. Our hospice recognised a need to understand and address barriers to its services amongst under-represented groups, facilitated by funding from Hospice UK and the Masonic Charitable Foundation.

Aims This project aimed to investigate uptake of services by diverse communities served by our hospice; and identify opportunities for improving equity of access for those with protected characteristics.

Methods The project comprised four work packages comprising: an audit of hospice structures, policies and procedures relevant to equality, diversity and inclusion (EDI); audits of public data on the diversity of local communities, and of service user data collected by the hospice; engagement with referrers to hospice services; and interviews with hospice staff, and within local organisations providing support to individuals with protected characteristics.

Results The project generated recommendations to: embed EDI-related considerations within strategic and operational procedures; and strengthen the production and accessibility of information on the diversity of communities within our catchment area, and of its service users; to ensure data is available to staff developing, implementing and evaluating initiatives to enhance equity of access/care, and those involved in service delivery. Further recommendations build on opportunities identified with: referrers to hospice services; and staff across the hospice and local community organisations with insights based on their experience of supporting equitable access/care by service users and communities' possessing protected characteristics.

Conclusions The project re-energised efforts to address EDI at all levels within the hospice and sets the stage for an enduring programme of deliberation, engagement, consultation, systemic review and renewal to drive the hospice's commitment to EDI in the short, medium and longer term.

P-193 EQUITABLE CARE – A STARTER FOR TEN

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Background There are inequities in access to hospice care (Hospice UK. Equality in hospice and end of life care: challenges and change. 2021; Tobin, Rogers, Winterburn et al. *BMJ Support Palliat Care*. 2022;12(2):142–151; Ambitions for Palliative and End of Life Care, 2021) and the sector has historically under-served key communities. At our hospice, we made a commitment in our organisational strategy for 2022–2025, to champion equity of access. This built on one of four objectives set out in our Inclusion Strategy approved in 2021. This abstract focuses on Objective Four: Providing Accessible Care and Support.

Aims Our aim is to devise a programme of work to begin to address inequities in the services we provide and supporting a wider range of our communities better reflecting the populations in our care area.

Methods A new role of 'Service Development Lead – Diversity and Inclusion' was approved and filled in November 2022 to progress the hospice's commitment to 'Providing accessible care and support'. In February 2023, the Senior Leadership Team approved our first 10-project Diversity and Inclusion work programme.

Results Collaboration and partnership, being responsive to emerging needs or opportunities, as well as learning and openness, were identified as key principles in the programme. Ten areas were recognised as requiring improvement or a new approach. Our 10-project programme was agreed in February 2023 for implementation over the coming months and years and includes:

- Diversity and Inclusion data.
- Approach to interpreting and translation.
- Inclusion 'lunch and learns' and inclusion hub.
- Learning disability outreach.
- Compassionate Neighbours and Dementia.
- Improving access to Princess Alice Hospice services to the underserved in Kingston.
- Homelessness.
- Bereavement support model in prisons.
- Public commitment to being an anti-racist organisation, and
- Financial insecurity at the end of life.

Discussion We do not claim to be experts. We are un- and re-learning, to better support those who are underserved. We will evaluate the impact of our work as the 10-project programme progresses which will contribute to a fuller picture.

P-194 IN A PREDOMINATELY WHITE RURAL AREA, HOW DO WE REACH OUT AND OFFER EQUALITY, DIVERSITY AND INCLUSION WITHIN THE HOSPICE AND ITS COMMUNITY?

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The population in Cumbria is predominantly white (97.6%), with all other ethnic groups combined representing the remaining 2.4% of the population (2021 census).

Aims To develop Equality, Diversity and Inclusion (EDI) Champions within the hospice and collect equality and diversity data to better inform how we can support our staff. To create an inclusive environment for staff, volunteers, patients and families. To reach out to the 2.4% and the diverse minorities and diasporas in Cumbria. To be a diverse and inclusive employer.

Methods Survey sent out to all staff to collect data and feedback. To train and embed a Freedom to Speak Up Guardian and Champion. Collaborate with Hospice@Home to address the needs of reaching out to non-English speaking communities. Recruit in-house staff from a variety of areas, to be ED&I champions.

Results Our recruitment policies are designed to encourage a diverse workforce. We have a Freedom to Speak up Guardian and Champion, and six EDI Champions. We produced a diversity statement for the hospice. We offer training to staff and volunteers. We have an application together for our Rainbow Stripes award to be an LGBTQ+ friendly organisation. We have attended Pride. We have gender neutral toilets and changing rooms and we support period poverty with free products in our toilets. We have developed an informative SharePoint section and attended the Multi Cultural Bazaar with a stall. All rooms are single occupancy. Training is planned for various topics that were highlighted in the survey feedback. We have celebrated events and marked occasions,