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18 PALLIATIVE MEDICINE AT THE FRONT DOOR, AN IMPACT ASSESSMENT

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10.1136/spcare-2024-PCC.18

Introduction Around one third of medical inpatients are in the last year of life. Identification of these patients is challenging. Palliative medicine trigger tools have been developed to identify this cohort with limited success. The objective of the project was to validate the use of a novel palliative medicine trigger tool to identify and assess patients who are likely to be in the last year of life within the emergency department and assess the impact on the patients admission.
Methods Prospective mixed method approach over 10 weeks. Over 300 patients were identified, with 126 being appropriate within the scope of this project. Daily review of ED patients notes with trigger tool followed by patients being triaged into face to face assessment and virtual assessment which occurred within 24 hours of presentation to ED. Assessment completed by a Physician Associate with specialist interest in palliative medicine with Palliative medicine consultant review as required.
Results This data was analysed using excel and reviewed by an external statistician. Statistical analysis showed a relationship between early specialist palliative care assessment and reduced length of stay for both face to face and virtually assessed patients ($P<0.001$) compared to usual route of referral. Median length of stay reduced by 8 and 5 days respectively. 45% of trigger positive patients have died to date with 60% achieving their preferred place of death. Patients known to community palliative care increased from 25% to 69% post project.
Conclusion Early specialist palliative medicine input to patients identified as having palliative needs within the emergency department, reduces length of stay when compared to usual referral pathways within a district general hospital. Conclusion of trigger tool validity in predicting the last year of life will become apparent at the end of the study period.

Free papers 19–20: Innovative practice

19 DIGITAL HEALTH AND INPATIENT PALLIATIVE CARE - PROACTIVE RISK-BASED AND DATA DRIVEN ASSESSMENT (PRADA)

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10.1136/spcare-2024-PCC.19

Background Despite large numbers of patients expressing home as their preferred place of care, the majority still die in hospital. Furthermore, in the weeks prior to death there is often a recognisable increase in healthcare activity especially non-elective admissions.

The digital healthcare team and hospital specialist palliative care team (HSPCT) have developed the Proactive Risk Based and Data Driven Assessment (PRADA) system. This inputs information from a number of sources including primary and secondary care to help identify patients who have risk escalators e.g. >3 non-elective admissions and may be approaching end of life to highlight for clinical assessment by the HSPCT.
Methods Following review and clinical assessment, the HSPCT complete a PRADA care plan which is aligned to Gold Standards Framework (GSF) and EPaCCs criteria. This is transferred directly to primary care EMIS using docman and includes suggested embedded coding e.g. GSF prognostication. The PRADA care plan includes details of advance care planning (ACP) discussions including several areas such as ReSPECT plan recommendations, preferred place of care and death and anticipatory prescribing completed as well as priorities for the patient.
Results A cohort-controlled study of those patients discharged alive, who died within 90 days of discharge, comparing PRADA with standard care (n=3730). In the PRADA group (n=114), more died but fewer in hospital (4.4% vs. 28.9% $p<0.001$), fewer hospital re-admissions (20.2% vs. 37.9% $p<0.001$).
Conclusions For patients who have been seen by HSPT and had a PRADA care plan completed this is associated with improved post-discharge outcomes which have benefits for both the patients and organisationally. We advocate joint working between hospital specialist palliative care teams and digital healthcare teams to improve patient care with consideration of informatics based digital healthcare systems.

With thanks to the late Dr Clare Marlow FRCP for her inception of the project.

20 AN EVALUATION OF A SPECIALIST PALLIATIVE MOVEMENT DISORDERS SERVICE

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10.1136/spcare-2024-PCC.20

Background People with Parkinson's disease and other movement disorders have complex physical and psychosocial needs. The need for access to specialist palliative care is recognised (NICE 2017) and has become a priority in UK health policy. A collaborative palliative movement disorders service employing a palliative movement disorders clinical nurse specialist was devised in Scarborough in 2010 between St Catherine's Hospice and Scarborough Hospital movement disorders department.

We evaluated the ongoing value of this service in terms of holistic assessment, advance care planning, unplanned hospital admissions and access to specialist palliative care.
Methods A retrospective case note review of all patients known to the movement disorders service who died in 2018–2019 (n=131). Comparisons were made between patients under the care of the specialist palliative movement disorders service and those solely known to the movement disorders service.

Results 93% of patients under the neurology palliative care service had a psychosocial needs assessment, compared with 19% of those under the movement disorders team. Those under the palliative care service were both twice as likely to have an advance care plan documented in their primary care record and to achieve their preferred place of death. Access to all specialist palliative care services was greater in those patients who were known to the palliative movement disorders team.

Conclusions Our movement disorders palliative care service promotes holistic assessment of complex needs, access to specialist palliative care services, and opportunities for effective advance care planning. 16 'gold standards' of palliative care for patients with Parkinson's disease have recently been suggested, which we hope to use to further evaluate and develop our work. We hope to inform and inspire other areas who may be considering establishing a similar service.

Poster Presentations

Poster 1: Bereavement

1 PERSON-CENTRED BEREAVEMENT CARE AND THE OFFER OF MEMORY KEEPSAKES

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10.1136/spcare-2024-PCC.21

Introduction The practice of memory-making as a means of maintaining a connection with the deceased person is a long-standing tradition[1] and an acknowledged way of facilitating grief at the time of death and beyond.[2] In the context of acute healthcare, memory keepsakes are an integral part of personalised end-of-life and bereavement care,[3] yet a relatively under investigated intervention.

Methods We carried out a qualitative exploratory study to describe and interpret bereaved family members' experiences of a hospital-based supported viewing service comprising the offer of memory keepsakes. Data were collected via semi-structured, audio-recorded telephone interviews and subjected to Interpretative Phenomenological Analysis.[4]

Results Ten family members bereaved of an adult relative following a sudden or unexpected death from natural causes consented to join the study. Two subthemes: 'Intimate and enduring' and 'Compassionate person-centred care' contained poignant reflective accounts of the offer and acceptance of memory keepsakes around the time of death. The choice of keepsakes included a lock of hair, a handprint, a photograph, a keepsake box and/or a matching knitted heart. These were seemingly welcomed and cherished possessions of comfort and sentimental value to family members in their grief. Participants spoke of an enduring personal connection with their deceased relative through the giving or creating of a keepsake, reminiscent of positive attachment and continuing bonds in bereavement. Choice, equity and timing in the offer of keepsakes were identified issues of importance to the attainment of person-centred bereavement care that is meaningful for experiencing families.

Conclusions The findings from this single-site study suggest the offer of memory keepsakes is a helpful end-of-life and bereavement care intervention in adult acute care. Further research is recommended to evaluate the meaning and value of memory keepsakes for people bereaved in similar and alternative circumstances of death and contexts of care.

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Poster 2: Covid-19

2 ABSTRACT WITHDRAWN

Posters 3–18: Education and training

3 AN ANONYMOUS SURVEY OF NORTHERN IRELAND INTERNAL MEDICINE TRAINEES (IMT), TO EXPLORE AND UNDERSTAND HOW WE CAN IMPROVE THE RECRUITMENT PROCESS AND EXPERIENCE IN NORTHERN IRELAND (NI), AND TO TRY AND EXPLAIN RECENT CHANGES OBSERVED IN RECRUITMENT

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10.1136/spcare-2024-PCC.22

Introduction There is a growing Palliative Medicine workforce crisis within Northern Ireland (NI). The available resource is struggling to meet increasing amounts of complexity and demand so there is a focus on producing more consultants through the Specialist Palliative Medicine Training Scheme. There are seven training posts for Palliative Medicine in NI. However, gaps in the programme are common with the challenges of accommodating life events, out-of-programme experience for research or leadership programmes and Shape of Training (SOT) necessitating Internal Medical experience for dual accreditation. The recruitment picture for palliative medicine training nationally has changed over the past two years, with substantially fewer applications to the specialty. Many regions, including NI, have failed to recruit, leaving unfilled gaps. This survey aimed to explore the issues.

Method A proforma was developed with IMTs and was uploaded into SurveyMonkey software. Trainees who were contemplating training in Palliative Medicine were asked to complete the anonymous survey. Results were collated and reviewed.

Results 11 responses were received. IMTs have uncertainty about choosing to train in Palliative Medicine and a significant proportion are also considering training in other medical specialties or pursuing a non-consultant career pathway. IMTs