EVALUATION OF MEDICINES ADHERENCE IN DAY HOSPICE PATIENTS

Julia Greenwood. St Gemma’s Hospice, Leeds, England

Background Central to the care of patients in Day Hospice is an understanding of their compliance with medication. The Hospice has a Medicines Management Policy in place, but had no structured approach to measuring patients’ levels of concordance, from their perspective.

Aim of the Evaluation The aim of the evaluation was to develop a method by which patient compliance could be assessed, explored and improved

Method The National Institute for Clinical Excellence (NICE) produced guidance and a patient questionnaire on Medicines Adherence in 2009. The questions explore the role of the professionals, professional confidence will increase and lead to an improvement of care for these young people.

Discussion There was anecdotal observation by professionals working across both sites that there was a difference to practice with opioid and sedative titration at the end of life. As an extension to early work at one of the hospices, it was decided to consider practice across the region, so a second hospice was invited to participate.

Aims To quantitatively assess practice of sedative use in relation to the EAPC recommended framework for the use of sedation in palliative care.

To quantitatively assess practice of opioid use in the terminal phase.

To assess whether practice differs between hospices in North Wales, and to consider any potential reasons for the difference and implications for practice.

Methods A retrospective case-note review of patients who died in the two units. Data collected included drugs, doses and increments, and proxy assessment of symptoms in the last week of life (MSAS-GDI).

Results Groups were comparable in terms of background and demographics.

Practice differed with one unit using Midazolam and Levomepromazine more frequently and at higher starting doses.

There was no difference to symptom burden between sites.

Discussion All doses used were within the limits described in the EAPC framework.

At subsequent focus group discussion potential reasons were discussed including differences in antiserutory medication use and its impact on sedative use.

These findings have precipitated further work on both sites.

MORPHINE AND OTHER OPIOID PAINKILLERS FOR MODERATE TO SEVERE PAIN: A NICE GUIDANCE COMPLIANT PATIENT INFORMATION LEAFLET

1Ray Bunn, 2Amanda Gregory. 1Kamson’s Pharmacy, Crawley, UK, 2St. Catherine’s Hospice, Crawley, UK

The Medicines Management Group (a multidisciplinary team comprising of medical, nursing and pharmacy representation) at an independent hospice has developed a patient information leaflet (PIL) on strong opioids. This decision was made in response to the recent National Institute for Health and Clinical Excellence (NICE) guidance on ‘Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults’(1) which recommends that verbal communication between healthcare professionals and patients about their medicines should be supported by evidence based, written information. The aim was to produce a PIL which was NICE guidance...