NOT ONLY BUT ALSO" ESTABLISHING A FIRST POINT OF CONTACT AND TRIAGE SERVICE

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Background A South West London Hospice receiving around 900 referrals per year.

First Point of Contact (FPC) service was established following identification of variation in response times for initial contact to arrange assessment.

In collaboration, a Triage service provides immediate access to a Clinical Nurse Specialist (CNS) for advice, support and responsive emergency visits.

Aims To provide an efficient, responsive referral service.

To provide accessible telephone support for patients, relatives and professionals.

Aim To demonstrate improvement in ‘QoL’ following successful symptom management

Methods Survey all in-patient admissions to the hospice for ‘symptom control’ purpose

Identify symptoms on admission

Record ‘PS’ as a measure of patient’s ‘QoL’, on admission & on discharge

Record relevant clinical & therapeutic management measures

Pilot survey period:

Approximately 6 weeks

Results 14 patients were admitted for ‘symptom control purpose’.

Neuropathic pain, poor pain control [commonest], nausea and vomiting, shortness of breath, anxiety/low mood, constipation were the identified symptoms.

‘OPIOID switch’, Neuropathic Analgesic Agents, Continuous Sub-Cutaneous Infusion [CSCI/syringe driver], were the common therapeutic measures used.

Average PS on admission was: 2.7 (approximately 3)

Average PS on discharge was: 2.2 (approximately 2)

All patients were discharged home with an improved ‘PS’ indicating an improvement in their ‘QOL’ in comparison to the state on admission.

3 patients subsequently died at home.

Discussion/Survey implications This pilot survey demonstrates to the Clinical Commissioning Groups [CCGs], an evidence of ‘quality and efficiency of hospice in-patient care’.

The findings in addition strengthen ‘staff morale’ in caring for patients in the hospice setting.

Conclusion PS as a measure of ‘QoL’ can be a marker of good symptom management in palliative care.

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P135 PRO-ACTIVE APPROACH TO FALLS MANAGEMENT

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In common with many hospices, historically there has been a significant number of patient falls and this led to a team desire to take a proactive approach to falls management. A development group including user representation was set up with the aim of creating an individualised falls prevention care plan for use not only in the inpatient unit, but also in day-care and by the hospice at home team. This initiative was adapted from excellent work undertaken in Wales.

The existing accredited moving and handling staff trainers were recruited as champions for the introduction of this initiative which included the development and usage of:

• Patient Falls Assessment Checklist
• Bed Rails Risk Assessment
• Falls Prevention Care Plans and
• Information leaflet entitled “Reducing patient falls”

These initiatives above were supported by the use of an adapted manual handling traffic light system for patients who had recently fallen.