

P133 "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

Provision of a responsive approach to requests for urgent home visits.

Service configuration A team of three CNSs (WTE 2.2) covering 08:30-18:00 Monday-Friday.

Referrals reviewed on receipt with responsive contact

Urgent referrals initiate immediate FPC contact to assess and where necessary a same day visit by the triage CNS.

Routine referrals assessed by telephone within 48 hours with first visit arranged within two weeks

FPC attends weekly Palliative Care MDT meetings at both local hospitals

The triage CNS offers telephone 'help line' advice and support to referred service users and professionals.

Outcomes Three month pilot (17th December - 17th March 2013) compared to November 2012 demonstrated:

- 70% improvement in response times to all referrals being contacted within 24hrs
- 94% of urgent referrals contacted within 24 hours
- 21% improvement in 2 week first visit
- 76% of received calls completed by Triage CNS supporting the community team.
- A result of service questionnaire from relevant stakeholders is awaited.

Implication to delivery of specialist palliative care

- Better end of life management within the community through advice given to GPs at point of referral e.g. ensuring appropriate documentation and medications in place
- Improved access to the hospice for referrals and advice
- Improved response to referrals
- Improved communication, collaborative working and outcomes for patients.

P134 PILOT SERVICE EVALUATION SURVEY TO DEMONSTRATE 'QUALITY & EFFICIENCY' OF 'HOSPICE IN-PATIENT CARE'

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Introduction Patients with uncontrolled symptoms will experience impaired quality of life [QoL].

Improvement in symptom management, therefore will lead to an improved 'QoL' which is one of the ultimate goals of management of patients in the palliative care setting.

The 'WHO performance scale/status' {PS}, is designed to measure the 'QoL' of patients in the above setting.

It is measured between 0 and 4. [0—normal; 4—totally bed/chair bound, with gradations in-between]

{Note: The higher the value of the 'PS', the lower the 'QoL' of the patient.}

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.

Abstracts

The champions took an imaginative and creative approach to introducing this change by incorporating role play and case scenarios in their teaching plans.

	April 2009 to March 2010 Prior to initiative	April 2010 to March 2011	April 2011 to March 2012 (high number of repeated fallers Jan/Feb)	April 2012 to March 2013
Falls not resulting in injury	45	19	43	28
Falls resulting in injury	23	18	14	9

The equipment costs of approximately £8,000 for bed and chair sensors, low beds and crash mats seem a very appropriate investment when considering the results of this initiative, shown in the table above, fall numbers fluctuate but are always lower than prior to the initiative and there is an impressive year on year reduction in the number of injuries sustained. The improvements not only contribute to the organisation's strategic objectives to improve care and safety but assist in providing essential evidence to the Care Quality Commission too.

P136 JOURNEY FOR MEN - A SUPPORT GROUP

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The Journey for Men group was started to provide a safe place for men to explore their feelings.

The group consists of men who have either lost a child or are facing the loss of their child.

Aims

- To provide a safe environment for men to openly discuss their feelings about their experiences of having a child with shortened life expectancy or losing a child.
- To encourage open discussion on life issues, family dynamics, coping strategies
- To encourage male friendships, social networking and an opportunity to feel a part of an informal support group.

Approach Used A person centred counsellor facilitates the group providing monthly sessions in the evening at an agreed time.

Sessions are no more than two hours, unless a planned activity occurs. The sessions have no fixed agenda. Chip butties are provided as the men often arrive after work.

Attendance is open ended which encourages growth but also allows men to move on.

Once a quarter an activity is provided away from the hospice to encourage relationship building and social networking.

To date the men have discussed very challenging issues such as:

- Support, caring and friendship among men.
- Facing and working on restrictive and destructive aspects of the male gender role
- Opportunity to discuss supportive roles usually filled by women in the home and in professional settings.
- Attention to unfinished business with our fathers and contemplation of the ways we have related to significant men in our lives.

Outcomes The group is 2 years old and over 30 men have accessed this service and have reported the following changes as a result of attending the group:

- Increased coping mechanisms
- Increased ability to talk about their feelings with their partner
- Greater ease in discussing difficult issues
- Greater ease in exposing vulnerability.

Application to Hospice Practice This is a tried and tested model in engaging a hard to reach group, lessons learnt from this experience are transferable to other hospices.

P137 A WHOLE SCHOOL APPROACH TO LOSS, GRIEF AND BEREAVEMENTS

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Many children and young people will experience bereavement, through the loss of a parent, sibling, grandparent, friend or pet. The term 'bereavement' refers to the process of grieving and mourning, and is associated with a deep sense of loss and sadness. It is a natural process; however its effects can be overwhelming.

During bereavement, children and young people can experience a great number of emotions, including sadness, anger, anxiety, guilt, fear, denial, disbelief and confusion. With the right help and support, most children and young people will not require professional help. According to the Child Bereavement Charity, what they do need is people who care and the understanding of familiar and trusted adults. Schools are well placed to provide such support.

A working group has been established with representation from GCC Education Services, Educational Psychology, NHS GG&C Health Improvement and Glasgow Hospice staff. The purpose of the group is to promote a planned and progressive approach to teacher training around supporting children and young people experiencing bereavement, loss and change in line with a Curriculum for Excellence, across educational settings to ensure consistency in relation to Bereavement & Loss. To support and equip staff to take forward learning around bereavement, loss and change with access to high quality resources and training, and to develop an online resource that can be updated as new information becomes available.

To date two study days have been facilitated each with 30 delegates from a range of early years, primary secondary and special needs schools. The evaluations were extremely positive. Future study days are in the planning process with the aim that these days will be ran twice yearly for the foreseeable future. The online resource is complete with a launch date planned for Summer 2013.

P138 COOKING WITH CHRIS: THE TEENAGER PROGRAMME

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Strobe and Schut's (1999), Dual Process Model suggests that a healthy grieving process involves oscillating between life restoration and grief orientation activities. Following the success of