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**DISCHARGE AND ITS PLANNING IN PALLIATIVE CARE;
A TIME AND MOTION STUDY**

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Background The discharge of Palliative Care patients is deemed complex solely by their nature of being Palliative. Observational studies of discharged patients within a palliative care unit revealed them to be fragmented and tardy. A time and motion study was undertaken with the aim of highlighting the complexities of discharge and its planning, the length of time taken, and evaluation of the time wasted.

Method Data were collected from 12 patients over a six week period using a purposefully designed pro-forma comprising 13 elements of discharge. Staff self-assessed discharge activities prospectively using a tick box system. Each pro-forma was nurse anonymous and space allocated for start and completion time of activities and for staff to write notes concerning the element they were involved in. Missing data was calculated using the average duration of activities previously recorded for the same data field.

Findings An average of 4 nursing staff were involved in each discharge, taking 1 hour and 39 minutes per patient. 116 activities were recorded in total, averaging 10 per patient. Calls to community staff were the most time consuming activity, averaging 5 calls per patient at 20 minute duration. Waiting for return calls impeded discharge. Data reporting and findings are under reported due to time constraints on staffing.

Conclusion A discharge coordinator role should be considered to create a more integrated patient pathway and redress some of the problems currently highlighted. Enabling the development of a discharge policy encompassing a rapid discharge pathway for patients who's preferred place of care is home, a more coherent and in-depth holistic assessment, and the commencement of national and local incentives such as Coordinate my Care. A discharge coordinator would provide patients with a timely and succinct discharge pathway, and enhance communication with community teams. Nursing time saved would be better utilized giving hands-on care.