

diagnosis is now Kikuchi lymphadenitis. Unfortunately, he was presented with fever and low WBC count again in September 2014 and went to NUH Singapore and his current working diagnosis is recurrent Kikuchi lymphadenitis with Mycoplasma and Infectious mononucleosis infection. His PET CT scan reported as increased mediastinal masses with low significance. Currently he is under care of Palliative medicine of RIPAS hospital.

Discussion Our case illustrates a significant role of palliative medicine for the complicated clinical case. Which could be achieved by meticulous history taking and symptoms assessment and relevant investigations. Hence, integrated palliative care service could prevent the miss diagnosis, and ensures a better outcome.

P-71 EVALUATION OF A RAPID DISCHARGE PATHWAY FOR DYING PATIENTS

Sally Hall. *Royal Surrey County Hospital, Guildford, UK*

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Background The rapid discharge pathway for the dying patient is an integral part of the Department of Health's End of Life Care Strategy. It is aimed at patients who are thought to be in the last 72 hours of life, although there is no clear guidance about identifying such patients.

The aim of this prospective service evaluation was to review the outcomes of patients started on the rapid discharge pathway for the dying patient.

Methods Data was prospectively collected on all patients started on the rapid discharge pathway during a six month period (February – July 2016) at a medium sized district general hospital with associated cancer centre. Data collected included: date of referral for rapid discharge; date of discharge; date of death; place of death; readmissions; demographic details.

Results 24 patients were referred for the rapid discharge pathway, 23 were thought to be appropriate for RDP (9 patients with non-malignant disease, 14 patients with cancer). 18 patients were discharged home, whilst 5 patients died in hospital (all within 72 hours). Of the 18 patients discharged 16 have died (7 within 72 hours, 9 after more than 72 hours). In total 17 out of 23 patients died within 72 hours. No patients were readmitted to hospital.

Conclusion The rapid discharge pathway can help facilitate discharge home for patients in the last days of life. However prognostication can be challenging, especially differentiating between patients who will die within 72 hours (more difficult) than patients who will die within 1 week (less difficult).

P-72 'PLACE BONDING' IN CHILDREN'S HOSPICE CARE

^{1,2}Helena Dunbar. ¹De Montfort University, Leicester, UK; ²Rainbows Hospice for Children and Young People

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As the number of children in the UK with life-limiting and life-threatening conditions are increasing, providers of palliative care services, such as children's hospices are considering how best to support families. However, evidence suggests that

only a small percentage of parents of children with such conditions choose to access hospice services.

This exploratory study examined parents' perspectives of existing hospice services, the types and characteristics of hospice services parents wanted, the barriers and facilitators to accessing services, and how best these services could be delivered to meet the needs of the population of children with life-limiting and life-threatening conditions in one region in England.

A two phase qualitative study underpinned by a constructivist grounded theory methodology was employed. In Phase 1 focus groups were used to collect data from twenty four parents of children accessing services at the hospice. In Phase 2 in-depth semi-structured interviews were conducted with seven parents of children who did not use services at the hospice and with a further seven parents who had either previous experience of the hospice or were using a hospice outside of the region.

Findings showed the desire, the sense of searching that parents had in seeking out a place, other than their actual home, where their child could access a caring environment and the parent/s receive some respite from caring. Over time affective bonds developed between parents and the hospice. Finding a place where they belonged and where they felt at 'home' made the decision to accept help in caring for their child with a life-limiting condition more manageable.

A theory of place bonding was developed which has the potential to influence practice for children's hospices and also provide a platform for service development for other respite situations for children and young people with life-limiting conditions.

P-73 IMPROVING PALLIATIVE DEMENTIA CARE – EVALUATION OF A NEW EDUCATION PROGRAMME

^{1,2}Clare White, ³Clare McVeigh, ¹Sue Foster, ⁴Lynn Dunwoody, ¹Max Watson. ¹Northern Ireland Hospice, Belfast, Northern Ireland; ²Belfast HSC Trust, Northern Ireland; ³Queens University Belfast, Northern Ireland; ⁴Ulster University, Northern Ireland

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Background Globally, dementia is a growing healthcare problem. Both the life-limiting nature of the illness and the clinical manifestations of the disease warrant patients and their families being able to access a palliative approach to care. Due to the complex symptomatology associated with dementia, providing optimal holistic care can be challenging and healthcare professionals (HCPs) need the appropriate level of knowledge and skills in both palliative and dementia care. The European Certificate in Holistic Dementia Care (ECHDC) is an 8 week, multidisciplinary home study programme designed to help meet this need. The course was created by palliative and dementia specialists. The aim of this research was to evaluate the effectiveness of the course in improving the knowledge and skills of HCPs regarding a palliative approach to dementia care.

Methods A prospective mixed methods longitudinal cohort study was conducted to evaluate the education program. The first phase incorporated baseline knowledge and self-efficacy assessments prior to commencement of the course. The second phase encompassed post course knowledge and self-efficacy assessments, and focus groups exploring participants' experiences and perceptions of the course in enhancing their knowledge and skills in relation to palliative dementia care.

Results Forty-eight participants completed the course in November 2015, with 43.8% (n=21) completing both phases of assessments across 3 European sites. Average knowledge scores improved significantly from 47.7% to 66.1% (p=0.0005). Self-efficacy (p=0.00005) and overall confidence (p=0.0005) also improved. Twelve HCPs participated in two focus groups across two sites, which identified the overarching theme- the ECHDC enhanced participants practice.

Conclusion This study demonstrated that a multidisciplinary distance learning course significantly improved the knowledge and self-efficacy of HCPs in delivering end of life care to patients with dementia and their families. The course was felt by participants to improve the care they provided for patients.

P-74 ABSTRACT WITHDRAWN

P-75 IMPROVING TIMELY ACCESS TO SPECIALIST PALLIATIVE CARE, USING QUALITY IMPROVEMENT (QI) METHODOLOGY

Emma Barclay, Sian Burgess, Philip Lomax, Lisa Corbett. *St Ann's Hospice, Heald Green, UK*

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The aim of the project is to enable more people who are triaged as appropriate for admission by the Multi-Disciplinary Team, to be admitted and receive timely specialist in-patient palliative care.

Background The rationale behind the project was that:

- Data indicated an increasing demand on specialist palliative care beds.
- There was evidence of the impact of delayed discharges on achieving timely access.
- There is need to educate society about the changing role of specialist palliative care.

Aim The aim is to increase the number of appropriate admissions from 70% to 75%.

Method The project uses Quality Improvement methodology as the mechanism for improving practice. The driver diagram below demonstrates how we structured our project.

Small change ideas are being used to slowly make improvements that are effective and sustainable. An example of one change was to review the referral form and admission documentation to ensure from the point of referral that patients understand the reason for their in-patient hospice care and the potential for discharge.

The project is based on the Model for Improvement tool.

Results We are using a measurement strategy to map and evaluate our progress. We are making significant progress as for the last eight months we have surpassed our original target and reached 79%. There are further change ideas that we intend to explore to help with sustainability and spread. One of these is holding a round table discussion with external partners to look at ways they can support the discharge process.

Opportunities We are intending that this project will enable us to maximise available resources whilst at the same time improve access to specialist palliative care to more people in a more timely way.

P-76 A SERVICE EVALUATION OF UTI ANTIBIOTIC STEWARDSHIP IN A UK HOSPICE: TWO AUDIT CYCLES SPANNING 2 YEARS AND MORE THAN 500 INPATIENTS

^{1,2}Paula Cook, ^{1,3}Craig Gannon. ¹Princess Alice Hospice, Esher, UK; ²Epsom and St Helier NHS Trust, Epsom, UK; ³University of Surrey, Guildford, UK

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Background Despite high antibiotic prescribing rates for urinary tract infection (UTI) at the end of life, the evidence suggests little or no symptomatic benefit in >50% of patients. This leads to concerns around the rigour underpinning UTI diagnosis in hospice inpatient settings and the lack of an applicable evidence base, with clear but conflicting antimicrobial guidelines in other populations.

Methodology Two matched retrospective audits of hospice inpatients over six-month periods in 2014 and 2016. Notes were analysed for symptoms consistent with a UTI, clinical investigations, results and management against local antimicrobial prescribing guidelines and checked against the corresponding microbiology laboratory database. To compare any findings, the audit was extended in 2016 to include one month of community patients in their last 30 days of life.

Results The inpatient UTI incidence was 11.4% in 2014 (n=33/290), 11.3% in 2016 (n=25/222) and 10.4% for community patients in 2016 (n=10/96). Correct management of patients with positive urine cultures increased from 56% to 100%. Correctly not prescribing antibiotics (when bacteraemia without symptoms e.g. catheterised patients) increased from 38% to 75%. The percentage of patients on antibiotics at death was 1% (n=3) and 1.4% (n=3).

Conclusions Incidence of UTI at the end of life, at 10%–11%, remained consistent over time and across setting to suggest reliability. There was a marked improvement in appropriate and targeted antibiotic therapy; qualitative analysis showed improved rigour in assessment of key symptoms, and more targeted investigations and antibiotic therapy (e.g. Ertapenem, Fosfomycin). It appeared that a UTI was associated with a poorer prognosis and delayed discharge. Further research is needed, particularly around the symptom benefits of patients receiving antibiotics for UTIs at the very end of life.

P-77 WEIGHING PATIENTS IN A HOSPICE SETTING

Jan Codling, Alison Phippen, Jennie Pickard, Becki Singh, Samantha Kay, Emily Wade, Niall Byrne, Dave Waterman. *St Ann's Hospice, Cheshire, UK*

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Background Standard practice at our hospice did not encourage routine weighing of patients on admission, which potentially limited ability to meet best practice standards for medicine management and nutritional assessment.

This project measured if patients were weighed at or soon after admission. Many were prescribed medication where dose was dependent on weight. The opinions of staff and patients towards routine weighing was investigated.

Method An audit of 40 patients measured if patients were weighed on admission or a reason for not doing so recorded and whether weight dependent doses were in line with the British National Formulary or other specialist advice.

A staff questionnaire gained the opinions of 79 clinical staff towards weighing patients, their understanding of the reason for weighing, and the rationale for their opinions.