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

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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.