P-130 IMPLEMENTATION OF ELECTRONIC PATIENT RECORDS – A HOSPICE JOURNEY

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Background Electronic patient records were successfully implemented at all sites of St Ann’s Hospice in September 2016. A scoping exercise selected EMIS Web, and an implementation group was formed in December 2015.

Method The implementation group consisted of 16 individuals including a project lead, multi-disciplinary healthcare professionals and administrative staff. The project lead was accountable to a board; compromising service managers and executive directors. Implementation group meetings occurred fortnightly in the planning stages, then weekly at the configuration stages until the "go live" date. A medical representative participated in greater than 98% of all meetings.

Results The project was summarised into three phases leading to clinical use as described here. As doctors within the group we draw on our reflections of the process.

Planning - This was regularly revised to provide realistic timeframes whilst incorporating the views of participants. The importance of clinical leadership became clear at the infancy to support the project lead, who had a non-clinical background. Collaboration between professionals was essential to create a working list of documents requiring transition to an electronic format.

Software configuration - We learnt that sound knowledge of software is essential when designing a system, to identify its limitations and identify its potential. Having a clinical leader present with software expertise is crucial to guide non-clinicians through the process of translating documents to an electronic format. Experience of coding is important, given the complexities of data extraction.

Staff training - This created challenges, but the completion of standardised learning objectives was well received alongside role-specific objectives. These are currently utilised for staff induction across all professional groups.

Conclusion The process highlighted strong collaborative working practices and recognised the importance of clinical leadership. We identified areas for development, resulting in improved training programmes. A robust and innovative platform has been created for developing future electronic patient records.

P-131 MEETING THE NEEDS OF PATIENTS WITH PULMONARY ARTERIAL HYPERTENSION: AN IMPORTANT ROLE FOR A HOSPITAL PALLIATIVE CARE TEAM

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Background and aim Pulmonary Arterial Hypertension (PAH) is a rare progressive disease leading to right heart failure and premature death with a prognosis worse than many cancers. Despite this there is very little published data on the disease trajectory during the terminal phase and how hospital palliative care services are accessed. The aim was to assess the reasons for referral, patient outcomes and challenges encountered in one of the largest Pulmonary Vascular Disease Units (PVDU) in Europe serving a population of in excess of 15 million.

Methodology We performed a retrospective review of consecutive patients referred to a Hospital Palliative Care Team (HPCT) from the Sheffield PVDU between 2011 and 2016. Information was extracted from an electronic patient database (Infologix) capturing details of referral, diagnosis, assessment and HPCT interventions.

Results 30 patients (16 Female), median age 65.6 (range 18–86) were referred; 73% had ECQG performance status 4. The primary reasons for referral were symptom control (mainly breathlessness 71%) and management of end of life care. Given the quaternary nature of the PAH service, 25/30 patients were from outside our local area. During follow-up, 22/30 patients died. 14 patients died during their hospital admission (mean time to death from referral to HPCT 7 days (range 0–27)). For 8 patients the HPCT facilitated and achieved a preferred place of death (3 to local hospice and 5 to own home). The biggest challenge was coordinating end of life care in timely manner due to the geographic locations of patients.