

**P-129 ANTICIPATORY MEDICATION POCKET CARDS. DO THEY IMPROVE CONFIDENCE AND COMPETENCE IN FY1S?**

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**Background** Many Foundation Year One (FY1) doctors feel anxious and lack confidence in caring for the dying. Prescribing anticipatory medication is one element of this care. Pocket cards with the standard anticipatory medication regimes have been distributed to junior doctors in Sandwell and West Birmingham NHS Trust since 2013. Previous published studies have demonstrated that pocket cards improve confidence and competence in prescribing.

**Objective** To evaluate the impact of anticipatory medication pocket cards on confidence and competence with prescribing in FY1 doctors at Sandwell and West Birmingham NHS Trust.

**Method** Distribution of a short electronic survey to FY1 doctors at Sandwell and West Birmingham NHS Trust to assess knowledge of anticipatory medication, use of pocket cards and whether the doctors felt to cards improved their confidence with prescribing.

**Results** The survey was completed by 17 FY1 doctors across Sandwell and West Birmingham NHS Trust. Four (24%) of respondents possessed a pocket card. Of these four, all listed the anticipatory medication and their indications correctly. The FY1 doctors who did not possess a pocket card, only 62% correctly listed the medication. The main resource used for anticipatory prescribing was the hospital guidelines. For those with pocket cards 100% of respondents found them a useful resource and felt they improved their confidence. Many of the doctors without cards also felt they would be useful if they had access to them.

**Conclusion** The distribution of pocket cards amongst the FY1 doctors questioned was poor (24%) however of those that did possess a card 100% found it to be useful. The next step is to distribute pocket cards to all FY1 doctors at SWBH and repeat the survey after this intervention.

**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 (Infoflex) 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 ECOG 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.