Background Many patients with life-limiting illnesses will require analgesia. Patients with complex pain symptoms are commonly prescribed regular strong opioids. A number of factors, both intrinsic and extrinsic can lead to opioid toxicity whilst this can often be managed conservatively; naloxone is sometimes required. Clinical staff who are not familiar with managing patients with palliative care needs may not be aware of the potential adverse effects if naloxone is used inappropriately. Here, we describe two cases where naloxone was used. Both of these patients had metastatic malignancies and were in-patients at an acute trust.

Aim To review and reflect on two cases where naloxone was used in patients with terminal malignancies who were receiving regular strong opioids and exhibiting signs of opioid toxicity. To compare the practice seen in the two cases against the available guidance on naloxone use in palliative care patients.

Methods Two palliative care patients were identified as receiving naloxone for opioid toxicity. Local and national guidance on the use of naloxone in palliative care was used to review the case management.

Results One case exhibits the appropriate use of naloxone, which led to a satisfactory outcome. In contrast the other case illustrates inappropriate use of naloxone, leading to severe rebound pain. This review demonstrates the importance of being able to identify when naloxone is necessary in palliative care patients without risking unnecessary reversal of analgesia.

Conclusions These cases illustrate the importance of appropriate use of naloxone in palliative care patients receiving regular strong opioids. Inappropriate use of naloxone can result in severe rebound pain and opioid withdrawal. Raising awareness of local and national guidelines alongside continued education to clinical staff is vital to ensure the appropriate and safe use of naloxone in palliative care patients.

P-133 HYPOMAGNEAEMIA – DOES IT EXACERBATE PAIN?

^{1,2}Séamus Coyle, ³Daniel Monnery. ¹Willowbrook Hospice, Prescot, UK; ²MCPCIL, University of Liverpool; ³Woodlands Hospice, Liverpool, UK

10.1136/bmjspcare-2017-hospice.158

Background Hypomagnesaemia is a common electrolyte abnormality, in the chronic state its symptoms are insidious and often non-specific. It is often undiagnosed and thus untreated. There is evidence from animal studies to suggest that magnesium is involved in pain control including an animal model of hyperalgesia which is induced by hypomagnesaemia. However the role of magnesium as an analgesic in patients is unclear. We report two cases of patients with advanced cancer who were admitted to a hospice for pain control which improved when their hypomagnesaemia was treated.

Cases Case 1 was a 73 year old man with non small cell lung cancer with metastatic bone pain. Case 2 was a 64 year old man with large cell neuroendocrine cancer with rib wall invasion.

Case Management Both patients were found on admission to have asymptomatic hypomagnesaemia and were treated with IV magnesium. Case outcome treatment for hypomagnesaemia resulted in an improvement in pain control such that analgesia was significantly decreased.

Conclusions The incidence of hypomagnesaemia in palliative patients is unknown although it is thought to be common.

These cases suggest that treating hypomagnesaemia may improve patients' pain control.

P-134 PATIENT-CENTRED QUALITY IMPROVEMENT IN PALLIATIVE AND END OF LIFE CARE: LEARNING FROM ONLINE FEEDBACK

¹Sarah Russell, ²Gina Alexander, ³James Munro. ¹Hospice UK, London, UK; ²Care Opinion, Stirling, UK; ³Care Opinion, Sheffield, UK

10.1136/bmjspcare-2017-hospice.159

Background Patient and family feedback is fundamental to care as it provides information about the quality of care experiences and involves patients and the public. Feedback methods vary e.g., face to face conversations, questionnaires, touch screens etc. However, *near real-time, online feedback* about care and services is under developed in palliative and end of life care (PEOLC).

We report upon a 'work in progress' quality improvement project using an online platform which enables patients/families to feedback recent PEOLC experiences, leading to learning and change in the organisation. Experience with online feedback suggests that both patients and staff feel that clinical teams should be directly involved in responding online.

Aim(s) The aims over two years are to:

1. Test the value and effectiveness of near real-time online feedback in 10 UK-wide PEOLC hospital, hospice or community teams

2. Teach and support the teams how to use the online platform and use feedback for learning, service development, change and demonstrate patient-led outcomes.

Methods(s) May 2017 to Sept 2019; 10 PEOLC clinical teams (up to 20 people per team) are being educated and supported in using online feedback in their service. This includes creating email alerts, responding, reporting, and data visualisations. The programme offers a 'community of practice' (CoP) approach to supporting staff in learning to use feedback for quality improvement and wider cultural change.

Results A mixed method evaluation using qualitative (to understand the experience) and quantitative (to measure the activity) data, from patient, team and organisation perspectives, including: online platform data, experiences, outcome measurements, staff confidence, patient/family views, QI activity, CoP interaction and turning learning into care.

Conclusion Over two years the project will provide an ongoing understanding of the challenges, opportunities and outcomes in using near-real time feedback via an online platform in PEOLC. With recommendations for implementing in other PEOLC settings.

P-135 PATIENT CASE STUDIES – LEARNING FROM OUR SERVICE USERS

Marissa Bravington-Turner. *Thames Hospice, Windsor, UK*

10.1136/bmjspcare-2017-hospice.160

Background and Aims An organisation that places the patient voice at the centre of its delivery, is an organisation that will be totally fit for purpose. Capturing this voice is a constant challenge to hospices given the nature of palliative care. However, it is a challenge which we are continually striving to

uphold. We currently capture patient feedback in a variety of ways which has adequately fed back patient views. However, we needed a tool to demonstrate the complexity of the services that we offer in response to patient needs; one that would also enable us to reflect on our services and instigate change if needed.

Methods After thorough investigations into patient feedback methods, we decided to use patient case studies. A pro-forma was developed, giving a rationale for their use, notes for guidance, and a template for staff to complete. The template also contained a tool at the bottom auditing the case study against CQC lines of enquiry. This was included so the organisation is able to monitor that services are achieving, and are responsive to, all key lines of inquiry from the CQC. We decided to get one patient case study each month, on a rolling programme of services we provide.

Results and Conclusion Patient case studies have enabled the organisation to respond to complex patient needs, consistently creating services that are directly patient-led in their design and focus. A great example of this was a patient case study that highlighted how difficult it is to have an end of life discussion with a patient's relatives when they speak a different language and the patient is the only person able to interpret. This led to the organisation contracting a language line service which will now be utilised in these situations, leading to an improved patient experience.

P-136 HOSPICE IN-PATIENT UNIT: IMPROVING FALLS MANAGEMENT

Rosie Ingham, Jimmy Brash, Andrew Fletcher, Tracy Parkinson, Deborah Seed, Barbara Sutton. *St Catherine's Hospice, Lancashire, UK*

10.1136/bmjspcare-2017-hospice.161

Background All patients on the in-patient unit (IPU) are potentially at risk of falling (Hospice UK 2016). Care of a patient post fall, who required hospitalisation had led to a review of falls documentation and processes. As part of a wider IPU project reviewing ways of working, falls was identified as an ongoing priority.

Aims 1. To improve patient care and safety

2. Improve quality of documentation in line with national guidance

3. Meet requirements for regulatory bodies

4. Reduce number of falls.

Method A retrospective audit of incident reports was conducted, identifying documentation was not always completed correctly. Staff feedback showed existing falls assessments were confusing, leading to inconsistent completion. A staff nurse with an existing interest in falls management was identified to lead the work stream and a work plan formulated. This included:

- Review of national guidance and liaison with local falls teams
- Review hospice risk assessments and care plans pre-and-post fall
- Update hospice policy
- Documentation to be integrated into the electronic patient record.

Results A new falls risk screening tool, falls diary and care plan have been implemented following review of local and

national guidelines and have been integrated with the electronic patient record. Staff training has been provided, increasing staff awareness regarding all aspects of falls management.

The assessment of patients and families approach to risk of falls has led to a falls prevention leaflet which will be given to patients and families on admission. This work stream has also prompted review of falls prevention equipment and led to purchasing additional bed sensors and bedside tidy boxes.

Conclusion Completed work to date has introduced new documentation and increased staff's knowledge and skills in relation to falls prevention. Over the next few months an audit of the new documentation will be conducted to evaluate effectiveness.

P-137 PHYSIOTHERAPY PALLIATIVE CANCER CARE: LEARNING THROUGH INNOVATION

^{1,2}Caroline Belchamber, ²Elizabeth Rosser, ²Caroline Ellis-Hill. ¹Sue Ryder, London, UK; ²Bournemouth University, Bournemouth, UK

10.1136/bmjspcare-2017-hospice.162

Background The end-of-life framework to improve care efficiency has fuelled the desire to achieve high-quality care, where innovation and evaluation are central components of change. However, implementation of innovations remains challenging, with a lack of understanding regarding the role and attributes of policy champions in the innovation process.

Aim The aim of this study was to explore a local palliative cancer care physiotherapy service provision in the light of best practice recommendations.

Method A single qualitative case study design provided a framework to facilitate the inclusion of multiple perspectives in a complex context within an area of healthcare where little research has been undertaken. Multiple methods of data collection gained a variety of perspectives, which included four data sets: interviews (healthcare professionals [10]); interviews (service users [10]); observations (physiotherapists [2] treating service users [5]); and policy document collection (NICE guidelines; white papers [12]). This was combined with a practice development project, which used a concept analysis approach and improvement framework to enable best practice to be implemented. A thematic approach to data analysis was used within and across the four datasets.

Findings The research and practice development project combined to evidence the metamorphosis of both the physiotherapist profession and service provision where competencies around mentorship, entrepreneurship, leadership, policy championship, integrated teamwork, humanisation and self-reflection embodied within the psycho-social-cultural-spiritual model of healthcare enabled them to meet key policy recommendations of service quality and innovation.

Conclusion Physiotherapists responded to the changing palliative cancer care environment, through the metamorphosis of their service provision and by addressing two out of the three key policy recommendations i) service quality and ii) innovation but not iii) measurement of service quality and innovation. A debate is necessary around the need for profession specific or service specific outcomes in this area and how physiotherapists can 'prove their worth.'