

3. Increase staff understanding of discharge processes
4. Produce patient information leaflet.

**Method** A senior staff nurse led the work stream and undertook a retrospective base line audit of patient discharges and a staff survey to explore their experience of discharging patients from the in-patient unit (IPU). Using these results a patient leaflet has been produced, clearly outlining hospice expectations, discharge details and funding streams. A part-time discharge educator, with extensive experience of continuing health care, has been employed to review discharge processes and provide staff education. Education has been delivered one-to-one in relation to patient discharges in real time and within a formal setting.

**Results** Audit results have shown that the uncertainty of end of life care, family concerns and timely access to nursing home placements and care packages are significant factors when planning discharge from the IPU. It was also identified that clinical pressures affected timely completion of discharge documentation.

Achievements at six months:

- Increased patient discharges
- Reduction in average length of stay to 14 days
- All qualified staff have received training and awareness training for nursing assistants planned
- Patient leaflet completed.

**Conclusion** Patient flow and staff confidence have increased significantly following commencement of the project and the discharge educator post has been extended for an additional six months.

**P-163 USING ACUPUNCTURE TO TREAT HOT FLASHES AND NIGHT SWEATING FOR PATIENTS WITH BREAST CANCER**

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**Background** Hot flashes and night sweating are a common disruptive clinical problem that affects nearly two-thirds of all breast cancer survivors. Adjuvant hormonal therapies are an essential part of the treatment regimen for early breast cancer, and are used to prevent recurrence. However, hot flashes and night sweating are the most frequently occurring side effects of these interventions.

**Aim** To assess the effectiveness of acupuncture in breast cancer related hot flashes and sweating.

**Methods** A 44 year -old woman with a diagnosis of breast cancer had been suffering from intractable hot flashes and night sweating for the past two years. She had tried all other measures but these had very little or no effects on her symptoms. The subject received acupuncture treatment once a week for eight weeks, and the needles were stimulated manually every 10 min during each sessions. In all the treatment sessions, acupuncture points were stimulated manually and the needles were left *in situ* for 30 mins. Subjective measurement of vasomotor symptoms used Visual Analogue Scale (VAS).

**Results** A noticeable reduction in hot flashes and night sweating were observed after six sessions of treatment, which had a huge impact on her sleep pattern and psychological wellbeing.

By the end of eight weeks of treatment the subject reported a significant reduction in both her vasomotor and associated symptoms such as palpitations, anxiety, irritability and headaches.

**Conclusion** It would appear that eight sessions of acupuncture treatment had been shown to be effective in reducing vasomotor symptoms, especially for breast cancer patients who are seeking nonpharmacological therapies.

**P-164 THE ROLE OF KOREAN MEDICINE IN PALLIATIVE MEDICINE FOR PATIENTS WITH TERMINAL CANCER**

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**Background** Modern palliative care began in the hospice movement led by Dr. Cicely Saunders. In Korea, it was started earlier but built the foundation recently regarding Korean medicine (KM). In 2015, the strategy for development of KM was established. It included the guidelines of cancer-related fatigue and anorexia.

**Objectives** The aim was to figure out the current state of hospice-palliative care (HPC) and evaluate the effectiveness of KM in terms of HPC.

**Methods** Systemic reviews published until Feb 2017. Literatures in international journals were searched on PubMed, MEDLINE, ScienceDirect and CINAHL; and articles in Korean journal on OASIS operated by the Korean Institute of Oriental Medicine. Keywords were palliative care with acupuncture, moxibustion and herb medicine in English and Korean.

**Results** The results in acupuncture, moxibustion and herb medicine were 19, 3 and 15 respectively. First, acupuncture was effective to relieve nausea and vomiting, anxiety, cancer-related fatigue and leukopenia. Second, moxibustion was helpful for treating nausea and vomiting, cancer-related fatigue and leukopenia. Third, herb medicine was beneficial to improve quality of life and make the scales of immune system better. But there were some conflictive outcomes about other symptoms. Nevertheless, our view was there was no or slight adverse effect and most patients treated with KM were satisfied. Recently the number of hospitals and medical staff for HPC has been increasing but not enough compared with the number of patients who need HPC. Additionally the number of patients using KM has grown and the classification of them varied but the National Health Insurance didn't cover it sufficiently.

**Conclusion** The result of this review suggested that KM was effective for some symptoms related to terminal cancer patients. Therefore it may be the appropriate treatment for palliative care. This is the reason why we should make effort for KM to be more developed for end-of-life patients.

**P-165 SEPSIS CARE BUNDLE FOR A HOSPICE IN-PATIENT UNIT**

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Sepsis is a significant cause of morbidity and mortality and patients in the palliative phase of their illness are particularly vulnerable. In 2016 health care organisations were asked to review their management of the deteriorating (often septic) patient through a Patient Safety Alert from NHS Improvement.

Patients being cared for in hospice in-patient units are increasingly complex and earlier in their disease trajectory. This means that robust protocols must be in place to support staff in recognising acute deterioration, making an appropriate assessment and putting a management plan in place that takes account of the particular clinical complexities of the patient and their wishes and preferences with regard to care and treatment, including transfer to an acute setting if appropriate.

Hospital scoring systems and management approaches are often inappropriate in hospice in-patient units and it was with this in mind that we decided to develop our own protocol for care of the septic patient

This poster describes the development of a 'Sepsis Care Bundle' for Willowbrook Hospice specialist palliative care in-patient unit and the education that underpinned this. The Care bundle was designed to be easily accessible to and followed by staff, including flow charts and aide memoires.

#### P-166 FEELING DRAINED = FEELING BETTER! AUDIT OF HOSPICE PLEURAL ASPIRATION

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**Background** Hospice pleural aspiration has been undertaken for the last 25 years, following training by local chest physician. When the requirement for ultrasound (US) guided aspiration was introduced, a US machine was purchased and staff training undertaken. The British Thoracic Society issued guidance for pleural drainage in 2003 and standards were adapted for use in respect of pleural aspiration in hospice.

**Method** Retrospective review of all pleural aspirations undertaken over a three year period drawn from electronic clinical record. Documentation of the procedure was audited against 20 standards identified.

**Results** 36 procedures identified. 14 of 20 standards were 100% met; two met in 97% and two in 94%. Although pleural aspiration was always undertaken with a standard pleural aspiration kit with a small bore needle and 3 way tap, the documentation did not specifically say so. The consent form (one missing) did not contain the list of common complications, which were outlined on the leaflet about the procedure given to each patient. The procedure sometimes took place out of hours where symptom control demanded it. Post procedure – analgesia was not always prescribed, as it was often done as a day case and patients brought their own and observations were not recorded as per protocol in the two failed procedures.

**Conclusions** The template for procedure documentation has been adjusted to incorporate items which were not present; consent form and information leaflet rewritten to include same list of common complications; analgesia now routinely prescribed and offered, and use of patient's own is

documented; procedure adjusted to ensure that post-procedure observations completed even when procedure failed; anti-coagulant administration and blood results documentation improved; standard rewritten to ensure that out of hours procedures should continue to take place when required for symptom management, but undertaken by most experienced clinician.

#### P-167 RELIEVING THE PRESSURE! HOSPICE PARACENTESIS AUDIT ABSTRACT

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**Background** Paracentesis is commonly used for drainage of malignant ascites in the palliative setting with 90% of patients reporting improvement of symptoms following the procedure. Despite this, there is limited evidence surrounding best practice and there are currently no national paracentesis standards. **Aims** To assess whether paracentesis standards are being met in practice, to compare with the results of 2010 audit and identify areas for improvement.

**Method** A retrospective analysis of all paracentesis procedures carried out in 2015 was done by searching for and analysing procedures documented on SystemOne (patient electronic record).

**Results** 41 procedures were performed on 10 patients, with average of 83% of standards met. All procedures had informed consent, INR documented and were done with appropriate anaesthetic and equipment. 98% were preceded by ultrasound, compared with 43% in 2010. Fewer procedures met the standards regarding documentation of observations and drain removal. PRN analgesia was prescribed in 85% of cases. The main complication was leakage post-drain removal.

**Conclusions** Results demonstrate more procedures are being done, with ultrasound now being used regularly to identify a safe drainage site. Recommendations were made to improve documentation of the insertion, observations and drain removal by altering the paracentesis template on SystemOne. Further action is to discuss the need for hourly observations and to research and review prevention and management of leaking from the drain site.

#### P-168 USE OF DIAGNOSTIC ULTRASOUND IN A HOSPICE AT HOME TEAM – A SERVICE EVALUATION

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**Background** Ultrasound is a diagnostic tool that can supplement clinical examination. Members of the Princess Alice Hospice medical team have attended a course which teaches clinicians how to use ultrasound to assess for the presence of ascites and whether the urinary bladder contains fluid. The hospice has purchased a portable ultrasound machine.