Results: The project is about to be launched and will be fully evaluated by patient outcomes, changes in patterns of attendance at ED and collecting patient narratives to look at trends in those using the integrated service.

Conclusion: Working in partnership we hope to reduce emergency admissions and improve the pathway for patients.

P-223 ALL ABOUT ME: THIS DOCUMENT WILL HELP US SUPPORT YOU IN AN UNFAMILIAR PLACE

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10.1136/bmjspcare-2017-hospice.248

‘This document is intended to provide staff with information about the person being cared for as an individual. This will enhance the care and support given while patients are in an unfamiliar environment. It is not a medical document. It is about the person at the time the document is completed and may need to be updated if necessary. It can be completed by the person themselves or with help from their carer. It has been adapted from a similar document titled ‘This is me’ produced by the Royal College of Nursing and the Alzheimer’s Society.’ The ‘This is me’ document has been adapted to remove references to dementia and tailor the questions more to the individual needs of patients within the hospice environment. The idea was to get away from the electronic computer system of recording patient care and interactions, to have a document that represented the patient as an individual with individual wishes, hopes, fears and desires. The Hospice ethos is to have patient-centred, family-focused care and I believe this document encourages this from first contact with a family. Questions such as: ‘The kind of things that help me feel at peace are….’; ‘My home and family, things that are important to me….’; ‘I like to relax by…’ are specific questions which help our Spiritual Care Team form closer bonds with patients and their carers. Other prompts help clarify issues for members of our multi-disciplinary team such as questions regarding ‘My Mobility’ are designed to help assessments for the physiotherapy team. All of the questions have value to teams and the information is considered vital for holistic, patient-centred care. We also aim to help patients and relatives celebrate special events or wishes whenever possible as identified in this document.

P-224 THEMATIC ANALYSIS OF REFERRAL CONTROL UPON THE NATURE OF COMMUNITY SERVICE RESPONSE VISITS

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10.1136/bmjspcare-2017-hospice.249

Aims: To determine whether the introduction of refined referral limitations, including daily triage, influenced the nature of the response visits undertaken by the community ‘Hospice at Home’ team, with particular attention being paid to the type of care requested and provided and the condition of the patient.

Methods: The research was conducted in the form of a thematic analysis (see Braun & Clarke, 2006; Seal, 2016) using the community clinical records which documented the community service response visits. A sample of three groups was selected from patients who had requested and received response visits in June, September and December of 2016, with June acting as the pre-change control group. The encounter records were then fed through a predetermined coding matrix, focusing upon the source of the request, the reason for the request, the condition in which the attended patient was found to be in, the emotional state of the family or carers and the actions undertaken.

Results: It was found that while the introduction of refined referral parameters and daily triage meetings did not influence the need for supplementary tasks, such as personal care or psychological support for the patient or family/carers, or the documented levels of distress amongst family or carers, several transitional themes became apparent. Increased restrictions to referral acceptance amplified the ratio presence of patients who were at the very end of life, with activities subsequently becoming much more focused upon those associated with end of life care and reducing the presence of actions less associated with palliative conditions.

Conclusions: The evidence compiled suggests that, whilst more refined referral criteria may at first assessment risk a detrimental impact upon response visits in the community, greater control over the referral process helps with prioritisation and improves responsiveness towards patients with more urgent palliative needs.