

referral Triggers Tool would have proactively identified most or all patients who died during their non-elective hospital admission. The inclusion of disease and symptom-related parameters in a PC referral Trigger tool appears feasible as these are often documented in oncology records, whereas oncologists may not routinely identify psychosocial factors.

143 CREATION OF GUIDELINES FOR MANAGEMENT OF PATIENTS UNDERGOING ABDOMINAL PARACENTESIS FOR MALIGNANT ASCITES AT JOHN EASTWOOD HOSPICE

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Background The inpatient unit at John Eastwood Hospice (JEH) is increasingly providing care for patients with malignant ascites, allowing the relief of symptoms via paracentesis. With no established local or national guidelines to follow for peri procedural care, we felt there were varying approaches used for our patients. We set out to create a local protocol for patients undergoing paracentesis, and audit practice against this.

Methods A thorough literature search alongside review of guidelines uploaded to palliativesdrugs.com, and those publicly available on the internet, identified eleven established UK guidelines for management of malignant ascites.

These were used to construct a protocol for use at JEH. Audit standards were then established alongside this, allowing for retrospective analysis of the management of patients who had undergone paracentesis at JEH.

Results 8 patients had undergone this procedure in the preceding 12 months at JEH, giving a total of 10 completed procedures. Peri procedure management in several areas was variable.

A set of baseline observations was documented prior to the procedure in only 10%. Documentation of observations post procedure varied significantly, ranging from half hourly to none at all. 60% had documentation of drain clamping at some point but in none of the cases was there any further detail of the clamping (e.g. length of time). For the 7 drains which were temporary, the length of time they remained in situ ranged from 31 hours to 195 hours.

Conclusions This retrospective audit demonstrates significant variability in the management of patients undergoing paracentesis at JEH, which strayed from that suggested by the newly created guidelines. These guidelines will now be rolled out in the hospice, alongside education to staff, and re-audit completed to ascertain whether there is more uniform practice.

144 QUALITATIVE COMPONENT OF A LONGITUDINAL, MIXED METHODS PROGRAMME EVALUATION USING IN-DEPTH INTERVIEWS

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Background Macmillan Specialist Care at Home seeks to enhance patient-centred care through community and home-

based palliative and end of life care services. This article reports a qualitative study that formed part of a larger evaluation of a multi-site implementation of the specialist palliative care community service.

Aim To examine caregiver, patient and carer experiences of service implementation and identify how its key features: early referral; clinical interventions at home; avoiding hospital admissions; and facilitating patients to die in their preferred place of death, worked in practice.

Methods Qualitative component of a longitudinal, mixed methods programme evaluation using in-depth interviews (n=49 [Health professionals (n=18), volunteers (n=14), patients (n=9) and lay carers (n=8) from six community-based sites]) supported by a visual research method 'Pictor' to facilitate dialogue about experiences of care. The data were analysed using thematic analysis.

Results Effective partnerships between generalist and specialist teams improve the overall quality of community and home-based palliative and end of life care. The collaborative approach instils confidence and empowers patients and carers, principal factors in crises-prevention and enabling home deaths. Key themes were:

1. Early referral and rapport; Benefits of seamless care.
2. Averting crises situations;
3. Community consultant as catalyst; Home-based clinical interventions
4. Attending to wider aspects of care; Managing expectations through patient and carer education.

Conclusions Macmillan Specialist Care at Home is a complementary resource for community-based palliative and end of life care that can extend and greatly enhance the quality of care experience for people with life limiting illnesses and their families. Joint education, training and continuing professional development for specialist teams and existing community staff is advocated to promote shared knowledge and to forge and strengthen bonds between specialist and generalist health and social care professionals. Further testing of the mechanisms involved in implementation will improve transferability potential.

145 IMPLEMENTING EDINBURGH COGNITIVE AND BEHAVIOURAL ALS SCREEN (ECAS) IN PALLIATIVE CARE IN PATIENTS WITH MOTOR NEURONE DISEASE (MND) – EXPERIENCE FROM PHYLLIS TUCKWELL HOSPICE CARE (PTHC)

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Background PTHC has a longstanding interest in neuro-degenerative conditions (NDC) and hosts bi-monthly NDC multi-disciplinary team (MDT) meetings on its two sites. Despite other robust care pathways, assessment of cognitive and behavioural function was not standardised. ECAS was identified as the most suitable tool to improve this aspect of care.

Methods A 12-month hospice project was designed to:

- Raise awareness of cognitive and behavioural impairment in MND and ECAS