interesting to determine whether this confidence will be maintained at three months and one year.

It is hoped that improved staff confidence scores will be achieved and maintained with resultant increased use of the handheld fan and improved management of the symptom of breathlessness.

Conclusion It is hoped that the anticipated results will demonstrate improved confidence and improved management of the symptom of breathlessness. Future plans will be centred on making the training available in other care settings and teams with resultant up-skilling of the workforce in non-pharmacological management of breathlessness in palliative care.

P-113 EVALUATION OF A FATIGUE AND BREATHLESSNESS PROGRAMME BY HOSPICE ISLE OF MAN

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Background A programme was developed at Hospice Isle of Man to provide support for people who are experiencing extreme tiredness and/or breathlessness. The programme involves exercise, relaxation and education.

Aim To evaluate the programme using validated outcome measures and the views and experience of the participants.

Methods We used the Self-reported Chronic Respiratory Disease Questionnaire (Chauvin, Rupley, Meyers *et al*., 2008) which is a quality of life measure designed for those with respiratory problems. It asks individuals to rate their current state on four dimensions: dyspnoea, fatigue, emotional function and mastery (feeling of control over disease) using a seven point scale. This is done for their five most important activities in which they have been limited by symptoms, giving a total score for each dimension. Previous validations (Chauvin, Rupley, Meyers et al., 2008) have identified that the minimum clinically important difference in the score for each activity is about 0.5 while 1.5 and 2.0 would identify moderate and large positive changes and negative values would indicate decline. Individuals rated themselves at the beginning of the programme and again at the end.

Results to date We have only completed 10 cases so far. Of these, one person had a large improvement in dyspnoea, one a moderate improvement and two a small improvement; one person deteriorated. For fatigue, three reported a large improvement, one moderate and three a small improvement; no-one deteriorated. For emotional function, there was one large improvement, two moderate and one small and one person deteriorated. For mastery, one person had a large improvement, one a moderate improvement and one a small improvement but five deteriorated.

Conclusion This is only a small sample so far but the evaluation continues. The improvement in dyspnoea and fatigue is encouraging and we hope that over time there will be more improvement in mastery.

P-114 SINGLE NURSE ADMINISTRATION (SNA) CONTROLLED DRUGS – A PHASED APPROACH

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10.1136/bmjspcare-2018-hospiceabs.139

Background Controlled drugs (CDs) are used extensively in end of life care and need to be administered in a timely way. Two staff nurses to check and administer CDs has implications on time, autonomy and person-centred care.

Aims To empower staff to work autonomously in the administration of oral CDs, reduce CD incidents, free nursing time to care and prevent delay in the administration of medication.

Methods SNA would be considered a significant change to process therefore the first step was to introduce this proposed change as part of staff's annual medications training. This consisted of revisiting;

- policy and procedure for CDs
- mapping the process using a medications incident to demonstrate the risk of a two– nurse process.

Root Cause Analysis and human factors were considered. A phased approach was utilised to role out this innovative change over a six months period. Phase 1 consisted of Band 6 staff and nurses that had volunteered to participate. Phase 2 were staff who were initially reserved regarding the SNA but encouraged by the initial success of Phase 1. Phase 3 took longer as this was a fluid group of staff who were new and lacked experience, had confidence issues due to a previous drug error or needed additional support due to concerns.

Results SNA of CDs showed a reduction in incidents from 72.7% with two nurses administering to 28.5% with SNA. Staff reported more autonomy, release of time to care and speed of reaction to patient need.

Conclusion SNA demonstrated a positive impact on person-centred care for all.

P-115 IMPLEMENTING SINGLE NURSE CONTROLLED DRUG ADMINISTRATION. A PRACTICE DEVELOPMENT APPROACH

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Background In a hospice inpatient unit (IPU), registered nurses (RNs) raised concerns about time taken to administer controlled drugs impacting on patient waiting time for pain and symptom control and limiting the time available for other RN activities.

Aim To enhance person-centred practice around pain and symptom control by using a practice development (PD) approach to implement single nurse controlled drug administration (SNCDA) in a hospice IPU.

Method A Practice Development approach using collaboration, inclusion and participation (McCormack, Manley & Titchen, 2013) was used throughout.

Preparatory phase

- A literature review and staff engagement sessions to elicit an overview of values and beliefs informed policy, procedure and risk assessments.
- A programme of education was developed in collaboration with the MDT including facilitated critical reflection.

Programme implementation phases

- IPU managers undertook programme
- Self–selecting Band 5 RNs undertook programme
- Joint working with another local hospice which has offered a peer review and ensured sustainability of the education programme.

Evaluation phase

- Claims, concerns and issues (Guba & Lincoln, 1989) exercise around prescribed medication with all RNs.
- Patient and family experience with pain and symptom medication sought through direct engagement and review of general hospice feedback
- Focus groups with RNs
- Review of CD administrations procedure pre– and post–implementation
- Mapping against the Person–centred Practice Framework (McCance & McCormack, 2017).

Results RNs described moving through a period of anxiety to feeling overall confidence, autonomy, safety, trust and eventual sense of liberation and empowerment through the process. They reported reduced waiting and quicker response times for patients requiring controlled drugs since the commencement of the SNCDA programme. In a 24 hour period 14 hours of nursing time was released for other activities.
Conclusion SNCDA has a positive impact for patients and RNs in supporting pain and symptom management. A PD approach supported staff to embrace SNCDA and enhanced person-centred practice.

P-116 'AS REQUIRED' MEDICATION ADMINISTERED WITHIN THE HOSPICE IN-PATIENT UNIT

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10.1136/bmjspcare-2018-hospiceabs.141

Background The use of 'as required' (PRN) medication provides relief from symptoms and guides adjustment of regular medication. Previous studies have looked at PRN medication *prescribed* for hospice patients (Russell, Rowett & Currow, 2014; Sera, McPherson & Holmes, 2014) but not PRN medication *administered*. The time taken to administer PRN medication on an orthopaedic post-operative unit has been studied (Pizzi, Chelly & Marlin, 2014) but there is no data for a hospice setting.
Aim To establish how many and which PRN medications are administered in a hospice in-patient unit and identify factors correlating with the number of PRNs given. To look at the feasibility of measuring time taken to give PRNs in a hospice.
Method We collected prospective data from all the patients' prescription charts on the in-patient unit over a 28 day period (September 2017). We recorded:

- Patient demographic details
- The number and type of PRN medication administered, route of administration and time of day
- Length of time to administer PRN medication and suggestions from staff on improving the process.

We scrutinised staffing levels, number of admissions, discharges and deaths over this period.
Results

Abstract P-116 Table 1 'As required' Medication Administered within the Hospice In-patient unit

Average number of PRNs administered in 24 hours	2.85/patient
Most common PRN administered	Oral opiates
Average time taken to administer	8.6 min (up to 20 hours nursing time/day) 4.7 min with designated key-holder
Correlating factors (only 1 identified)	Increase use of PRNS in last 2 days of life

Conclusions The number of PRNs given may reflect the complexity and variability of patient symptoms and their active management within the hospice. It may also highlight that the management of the background medications needs more proactively reviewing. The baseline data is allowing us to learn and look at approaches to improve patient symptom outcomes as well as maximising nursing and medical time. Further benchmarking data would be helpful.

P-117 INVESTIGATING THE PRESCRIBING PRACTICE OF A COMMUNITY SPECIALIST PALLIATIVE CARE NURSE

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10.1136/bmjspcare-2018-hospiceabs.142

Background Therapeutic interventions, including prescribing medication, was a nationally agreed element of the advanced role (Department of Health, 2010), a view supported by Help the Hospices (2013). Palliative care patients often present with multiple complex symptoms and the benefits of Nurse Independent Prescribers (NIP) include faster access to medicines and rapid symptom control (Quinn & Lawrie, 2010; Dawson, 2013). However, increasing demands on Community Palliative Care Teams providing timely access to medicines and embracing seven-day working, highlight a need to evaluate the role of the NIP within this service, to determine their benefits and enhance planning.
Aims This report's objective was to examine the prescribing practice of a NIP within the Community Specialist Palliative Care Team, examining the scope, appropriateness of prescribing and reviewing benefits to patients and carers.
Methods Quantitative data was collected for one year from one NIP, collated according to the drug monographs in Palliative Care Formulary 6 (Twycross, Wilcock & Howard, 2017) and evaluated according to the range of drugs and frequency of prescribing.

Patient and carers' experience of NIP was gathered qualitatively via semi-structured interviews and written feedback. Thematic analysis was undertaken on these accounts to identify findings.
Results Data analysis showed the range and frequency of prescribing were appropriate and within the NIP's scope of practice. Over one third of prescriptions involved analgesics. Patient and carer responses were overwhelmingly positive and related to the nurse/patient relationship and expertise in prescribing for complex symptoms.