et al., 2011), representing potentially widespread unmet educational needs.

Aims Following several drug incidents at our hospice, we aimed to design an educational intervention to facilitate sustained learning of opioid conversion skills. It was intended to be resource-efficient to administer and transferable to community, hospice and hospital settings. The initial target audience was registered nurses (RNs) and junior doctors at a single hospice.

Methods Fifteen clinically relevant questions were formulated to assess baseline ability in opioid dose conversion, calculation of appropriate breakthrough requirements and background dose amendment. A symmetrical final assessment was written using different dose integers. A workbook was written to constructively align with the assessments and evolved following small pilots, incorporating feedback. After a didactic introduction, each section included a calculation example and five self-marked practice questions (41 in total), with increasing complexity. Participants attempted the 32-page workbook after sitting the baseline assessment and before completing the final assessment. Interval reassessment was undertaken to evaluate learning durability.

Results 39 hospice staff have completed the programme to date (26 RNs, 13 doctors). The overall mean baseline test score was 3.3/15 (range 0/15 – 10/15, RN mean 2.8/15, doctor mean 4.2/15). After completion of the workbook, 38 of 39 participants scored 15/15 (mean 14.6/15). The mean score at interval reassessment of 14 RNs (mean six months after workbook completion) was 14.8/15 (range 14/15 – 15/15). Opioid-related patient safety incidents also decreased following workbook introduction.

Conclusions The workbook is an effective educational intervention that significantly improves opioid conversion ability and is sustained six months after completing the training. We plan to introduce the evolving workbook at a local hospital and seven other hospice sites over the next eight months.

P-124 PALLIATIVE USE OF STEROIDS: COMPLIANT OR COMPLACENT?

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10.1136/bmjspcare-2018-hospiceabs.149

Background Novel oncology therapies mean many palliative patients are living longer and therefore long term side effects of medical interventions require more consideration. Steroids are widely used in the palliative setting for both specific and nonspecific symptoms and ‘The adverse effects of oral corticosteroids are dose-related. They can often be predicted...’ (NICE, Clinical Knowledge Summaries: Corticosteroids – oral, last rev. Aug. 2015).

Aims To evaluate whether monitoring for side effects, whilst on steroids (Dexamethasone/Prednisolone), was in accordance with NICE guidance and if this was appropriate for the hospice patients.

Methods A retrospective audit of inpatient case notes – August to September 2017. Inclusion criteria:

- Patients already on steroids on admission
- Patients initiated on steroids during admission.

Evaluation of whether the following were checked on and during admission as per NICE guidance:

- Blood pressure
- Weight
- Capillary blood sugar (CBG) [surrogate for HbA1c]
- Potassium.

Results Over two months there were 55 admissions to the inpatient unit. 62% (n=34) fulfilled the inclusion criteria. 76.5 % of these had a pre-existing steroid prescription and were more likely to have these increased than stopped. Only 29.4% had CBG documented on admission and other parameters were not regularly reviewed. Overall, the hospice did not fully comply with NICE guidance.

Conclusions Of those included, 58% died during admission. This suggests regular parameter testing may be inappropriate in this cohort as long term side effects (SE) may be prognostically irrelevant. The SE profile may be more acceptable than unmanaged ongoing symptoms. Therefore repeated testing for certain parameters (e.g. weight/potassium) may not be appropriate. However, diabetes mellitus is more likely to be an early side effects of steroid use and therefore CBG testing would be of symptomatic importance. A re-audit is planned following implementations of these recommendations:

- Steroid alert box on drug charts
- Health care professional teaching on steroid SEs and monitoring.

P-125 DELIVERING CHC TO ACHIEVE PATIENT WISHES TO DIE AT HOME: MEDICINE COMPETENCIES FOR HCAs

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10.1136/bmjspcare-2018-hospiceabs.150

Background We recently commenced a Continuing Health Care Fast Track Pilot Project which aims to enable patients with a deteriorating and life-limiting illness to remain at home by preventing avoidable admissions to hospital and facilitating early discharge from in-patient care, either hospital or hospice. We offer up to four times a day care which may include prompting or administration of medication by the staff member who are predominately health care assistants (HCAs). Recent guidance has made it clear that if HCAs have been appropriately trained and their competence is regularly assessed it is legal for them to carry out this enhanced role.

Aim To ensure the staff are competent and supported in prompting and administering medication to patients in their own home.

Method In house training undertaken by the team included the supply, storage and disposal of medicines, safe administration, accurate record keeping using the MARs sheet, accountability, confidentiality and commonly identified issues linked with errors in administration. One to one observation of healthcare assistants prompting/administering medication. Competency assessed and signed off.

Results The service can accept patients with more complex needs that may include the prompting or administration of medication. This increases patient choice and enhances the patient experience. The overall aim of meeting the patient's preferred place of death in the patient's home is achieved. The team are trained and supported to carry out medicine tasks in a safe and effective manner for the benefit of the people they are caring for.

Conclusion Appropriate training, a robust competency framework and ongoing support is key to safe, effective and appropriate medication administration by healthcare assistants allowing patients to die in their preferred place of care.

P-126 REDUCING THE RISK OF FALLS AND PROMOTING INDEPENDENCE

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10.1136/bmjspcare-2018-hospiceabs.151

Falls are common across older populations and in particular for people who have life-limiting illnesses. Our organisation wanted to reduce the risk of falls and minimise harm to patients whilst promoting independence, dignity and enablement across our in-patient unit and day therapy services. We felt the most effective way to implement multifactorial assessment and intervention recommended by NICE would be to adopt and utilise a hospice wide multi-disciplinary approach in line with an enabling and rehabilitative focus.

The ultimate aim of the project was to reduce the incidence of falls by promoting decision making and staff autonomy, equipping staff with skills, knowledge and tools to promote patient safety, dignity choice and independence. A key part of this was increasing the confidence of staff in the identification of appropriate falls interventions, taking into account individual patient preferences.

In 2016 a multi-disciplinary falls working party was established. The working party have regularly audited falls and documentation, linked with community services, developed documentation and care plans, updated knowledge, training and policy, and collaborated with internal teams. Currently a falls documentation audit is taking place.

The joint development and introduction of documentation has been a success, addressing concerns raised by staff and providing them with the tools needed to practically promote choice and independence. Since the introduction of the falls working party there has been a considerable increase in communication regarding falls and collaborative working as well as a reduction in number of falls and level of harm obtained from falls over the last three years. A large proportion of falls have been identified as unavoidable as part of the audit work undertaken, but staff have been more pro-active in managing falls and maintaining levels of patient independence and are reporting increased levels of confidence in promoting patient choice whilst maintaining autonomy.

P-127 ENHANCING PATIENT EXPERIENCE – FALLS PREVENTION WITHIN A HOSPICE

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10.1136/bmjspcare-2018-hospiceabs.152

Patient safety is a key domain of quality care within the hospice setting. It is important to ensure clinical excellence and promoting safety through standards of practice. It is widely acknowledged and accepted within the palliative care setting that the progressive deterioration of both cognitive and physical/motor skills with disease process, treatment

effects, and aging means falls are increasingly common. In addition patient autonomy becomes more important as they seek independence and quality of life as they deteriorate and death nears.

Standards Countess Mountbatten House is a 27-bedded inpatient unit. All patients on admission are assessed using a Falls Risk Assessment Tool due to their clinical condition and treatments all patients are highlighted as a high risk of falling and this is reflected in the recent data.

Data May 2017- April 2018 Countess Mountbatten House inpatient unit had 539 admissions with total of 86 patient falls, 59 of which were unwitnessed, 11 from patients walking/standing and 10 from falling from bed to floor (majority onto falls mats as part of the falls prevention plan of care). This a 25% reduction in patients falls compared to May 2016 – April 2017 when 503 patients were admitted with a total of 115 patient falls recorded, 74 of which were unwitnessed, 18 from patients walking/standing and 12 falling from a bed to floor. This demonstrates evidence best practice, prevention and management.

Falls management How have we achieved this improvement in our patient care? Observation bay created introducing bay watch, increased training and education, empowering staff at all levels to recognise high falls risks, act upon changes in patient condition promptly, improved collaborative working with families, low threshold for additional staff to provide 1:1 care, improved communication and initiatives with multi-professional team. Use of sensor and motion mats and turn-around project.

P-128 ALL ABOUT ME: THE PATIENT AS A PERSON IN PALLIATIVE CARE

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10.1136/bmjspcare-2018-hospiceabs.153

Background Patients with serious illness are at a risk of de-personalised, over-medicalised care as they move into later life (Shippee, Shippee, Mobley *et al.*, 2018). Research shows the importance of the expression of feelings and being seen as an individual during the advanced stages of illness (Kennedy, 2016; Sampson, Finlay, Byrne *et al.*, 2014).

Aim To evaluate our 'This is Me' white-boards from patient, relatives' and staff perspectives to identify their contribution to a person-centred approach in the hospice.

Methods Boards in patients' rooms were re-branded 'This is Me' boards. Patients and relatives were encouraged to write and draw on them, creating an expression of them as a person. Questionnaire feedback was analysed and themes identified (May-June 2018).

Results Patients and relatives:

- Patients felt it helped staff view them more as a person
- Provided a motivational function and a timetable
- Made the environment more personal and homely.

Staff:

- Informality and freedom of expression to project a new perspective
- The creativity deployed was uplifting
- Highlighted the uniqueness of each patient
- Power of visual imagery to inform care.