

Actions from the daycare audit included editing the electronic record to include a prompt to record the patient's weight or reason for not doing so, which are read coded. A re-audit will be conducted in three months to check maintenance of practice.

**P-145** **MANAGING CHANGES IN CONDITION: USING A RECTAL ADMINISTRATION CATHETER TO REDUCE HOSPITAL UTILISATION**

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**Background** Options to treat patients' change in condition are limited when the oral route is compromised. Parenteral or hypodermoclysis administration of fluids and medication is possible; however, these methods have limitations, and require alternate forms of medications that can be costly. Delays in obtaining orders, equipment and supplies has the potential to increase hospital utilisation.

**Aim** Pilot research study looking at the feasibility of the intervention to facilitate safe, easy, comfortable and effective enteral hydration and medication delivery via the rectal route, and the ability to treat changes in patients' condition while decreasing the need for parenteral therapy and hospital utilisation.

**Results** Ten of 10 (100%) participants completed the study with 11 total use cases. Hydration was effective in all 11 use cases, with all participants tolerating the intervention without signs of discomfort or expulsion of fluids. The APN and attending physician who performed the prospective chart reviews deemed the patient's change in condition serious enough in nine of the 11 use cases to warrant hospital utilisation had an intervention not been successfully performed. Of the nine use cases deemed serious enough to warrant hospital utilisation, seven (78%) avoided a transfer to an acute setting after successful intervention with the catheter. Each of these patients returned to their previous oral medications and hydration regimen. For the two patients transferred to the hospital it was necessary for acute care services that mandated a transfer and not the failure of the intervention.

**Conclusion** In all 11 use cases, the catheter provided a safe, easy, comfortable and effective alternative to parenteral and previous enteral delivery options. This intervention may provide an effective and efficient way to treat patients' changes in condition leading to improved quality metrics and reduced hospital utilisation.

**P-146** **'UNsung HEROES NO MORE' HOW THE ADMINISTRATIVE TEAM TRANSFORMS THE PATIENT EXPERIENCE!**

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Enhanced Supportive Care (ESC) promotes earlier implementation of supportive and palliative care within cancer care. It focusses on keeping patients well through treatment and includes the management of physical and psychological symptoms, controlling side effects from anticancer treatment and

post-treatment care. (Multinational Association of Supportive Care, 2017). The Clatterbridge Cancer Centre is participating in a pilot of ESC implementation (CA1 Enhanced Supportive Care for Advanced Cancer Patients for Cancer Programme of Care Schemes: NHS England, 2016, updated 2017). Evaluation focuses on clinical outcomes e.g. referral rates and unplanned admissions but these do not encapsulate the complete patient experience.

Often in healthcare the contribution of administrative team members is not acknowledged and yet these roles are essential. In this pilot, dedicated professional administrative support is a key component and has been instrumental in service expansion and development. Key roles include communicating with and supporting patients and their families and providing valuable guidance to other healthcare professionals across the Trust.

The first patient experience of the service is through telephone contact with a member of the team. The friendly professional supportive approach sets the tone for future care. Patient and carer feedback highlights the importance of a single personal point of access for non-clinical information and support from knowledgeable professionals. They advise on common questions such as 'How does ESC fit into my care?' 'Does this affect my other treatment?' or 'Which professionals will I see?' Patients have welcomed the opportunity to discuss their anxieties or concerns about the service and have valued the emotional support, building up rapport with team members.

Professionals within the Trust have highlighted the value of a single point of referral and the expert advice regarding patient eligibility that the team provides. Providing a personal service is important to the team – they are aware of the value they bring and welcome the opportunity to use their skills to directly contribute to patient care and support.

**P-147** **'SIT UP, GET DRESSED, KEEP MOVING' – APPLYING THE HOSPITAL INITIATIVE TO THE HOSPICE SETTING**

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**Introduction** Bed rest causes accelerated muscle loss in elderly patients: ten days bed rest ages muscle by ten years (Kortebain, Ferrando, Lombeida *et al.*, 2007), most loss is lower limb and occurs in initial days of immobility. Hospitalised elderly patients spend 20 hours in bed, three sitting and just one standing/walking (Brown, 2009): deconditioning is likely. This results in risk of falls, pressure ulcers, functional incontinence and may be the difference between dependence and independence on discharge. Since 2017 an NHS initiative #endpjaralysis aims to reduce deconditioning using methods such as encouraging patients to dress, social dining, ward tea parties and activities.

Although our hospice inpatients have tailored physiotherapy, we believed the principles of this initiative could be appropriate for inpatients admitted for symptom control or respite.

**Aim** To increase staff awareness of risks of bed rest and increase the proportion of appropriate patients up, dressed and moving.

**Method** After baseline audit we held awareness sessions for staff, introduced daily social dining options, tea and cake club and weekend activity hour. Posters/information leaflets ensure patients/carers understand the importance of keeping moving, and that they bring appropriate clothes/footwear with them.