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Aims To promote the importance of sharing experiences from a patient perspective. To promote therapy-led groups in hospices and perceived patient benefits.

Methods Therapists and therapy assistants facilitate wellbeing groups to promote self-management of symptoms. Topics include mindfulness, managing breathlessness, falls prevention, managing fatigue, anxiety management and relaxation (Royal College of Occupational Therapists, 2011). Whilst education was the initial driver for sessions, patients have provided narrative feedback which indicates deeper psychological and emotional benefits. Verbal feedback was gathered by facilitators on an informal basis at the end of sessions and recorded in writing.

Results Patients identified making connections with others they had not spoken to before in day therapy. The sessions provided space for new conversations and offered reflective time. Patients identified that sharing their frustrations within the group felt therapeutic and cathartic. Peer support was found to be invaluable in helping individuals to manage their palliative condition.

Conclusion/recommendations Wellbeing groups will continue in the day therapy programme at LOROS as patients benefit from being able to share their experiences with their peers. Therapists will share the above findings with colleagues and explore ways of facilitating groups for the wider patient group who may not attend day therapy.

P-190 TRANSFORMING PALLIATIVE DAY SERVICES TO IMPROVE ACCESS AND QUALITY FOR PATIENTS, CARERS AND STAFF

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Background Pressures on hospice resources are ever increasing and innovative approaches to service provision are needed to meet demand in a timely manner while maintaining a quality service (National Palliative and End of Life Care Partnership, 2015; National Institute for Health and Care Excellence, 2017). Following service feedback and literature review we reconfigured day services to run a closed self-management group for patients with fatigue, anxiety and breathlessness, to create capacity and enhance patient experience (Galdas, Fell, Bower et al., 2015; Bradley, Frizelle & Johnson, 2011; Low, Perry & Wilkinson, 2005). We are evaluating the effect of this on patient satisfaction and service delivery.

Aims Evaluate effectiveness of service transformation from individual breathlessness management clinics to the delivery of closed, interdisciplinary, mixed diagnosis, self-management groups for patients and carers.

Methods October to December 2016: Literature review, feedback analysis, service review, model design, internal consultation, marketing and recruitment, patient information pack created. June 2017: Pilot group. February 2017: Commenced delivery of FAB group. IPOS was used as an outcome measure alongside a non-standardised patient feedback form. Early 2018: Results were analysed after one year of repeated programmes.

Results Increase in patient contact hours from 80 to 441 hours annually, 220.5 hours per staff member, a 176% increase. Broadened service provision to address more diverse conditions, with a 125% increase in contact time per patient. Interdisciplinary working enabled staff up-skilling and multi-professional support for patients. Qualitative feedback (non-standardised form): 100% positive from patients, carers and partner organisations/referrers. Quantitative feedback (IPOS): limited and biased due to attrition and response shift. ‘Views on care’ was added following one year analysis, as a further evaluation tool.

Conclusions Interdisciplinary groupwork offers many benefits to service users and palliative care providers in terms of expanding service provision and enhancing patient experience within limited resources. Quantitative outcome measurement in educative palliative care programmes is problematic and evaluation of tools from the OACC suite is ongoing.

P-191 DO NURSE-LED PALLIATIVE CARE CLINICS HAVE A PART IN THE CHANGING WORLD OF HOSPICE CARE?

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Aim As part of our hospices’ initiatives to respond to the challenges of meeting patients needs within today’s healthcare environment, the Hospice Outreach Team (HOT) set up a project to investigate if nurse-led palliative care clinics are effective in improving efficiency and coordination of services whilst promoting the ‘living well’ concept of rehabilitative palliative care compared with the parallel traditional model of nurse home visits and medical clinics offered as part of the hospice day services.

Method In March 2018 the HOT set up a weekly clinic in the hospice day unit staffed by the specialist palliative care nurses alongside traditional medical clinics for support. Inclusion criteria is aimed at patients with a functional status of 1-2 for initial consultation, follow up, or carer support. Evaluation is taking place through qualitative and quantitative data collection including nurse and patient surveys.

Results Evaluation of six months data will be available for the final poster submission. Anecdotally clinics have provided opportunity to address patient symptoms and put support in place for both patients and carers effectively. Patient questionnaire review has shown that the clinic is well received and has helped to dispel myths and concerns about coming to the hospice building. An additional aspect of clinic benefits include the location providing access to other members of the multidisciplinary team and the majority of patients have been discharged to other hospice services.

Conclusion/recommendations Qualitative indications are that the clinic provides a good arena for introducing patients to the hospice, maximising the potential for its services in enabling them to ‘live well’. The contact with the outreach team may also make care more seamless when home visits are required. Ongoing evaluation will continue to show how these clinics can develop to support the challenge the hospice faces in shaping its services.

P-192 FROM SILO TO COLLABORATION: DEVELOPING A TRANSITION PALLIATIVE CARE MULTI-DISCIPLINARY TEAM MEETING

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Background Nationally there is a lack of support for young adults with chronic, life-limiting illnesses in transition from
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P-193 WORKING TOGETHER, HOSPICE AND HOSPITAL, TO MANAGE THE ACUTELY UNWELL CHILD
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10.1136/bmjspcare-2018-hospiceabs.218

Aim To ensure the nursing team at a children’s hospice have a robust system in place to recognise and manage children who become acutely unwell whilst cared for at the hospice preventing admission to hospital.

Background Children cared for at the hospice, have complex medical conditions. They are susceptible to becoming acutely unwell. The on call rota available for medical advice within the hospice was reduced significantly so an additional source of advice was required.

Method Discussion took place between hospice and local hospital enhancing collaborative working in caring for the unwell child. The paediatrician on call rota and children’s assessment unit at the hospital were made available for advice in addition to the medical team at the hospice. A policy and procedure was written for use at both locations so all were clear on roles and responsibilities. Education sessions were provided on the use of the Situation Background Assessment Recommendation (SBAR) tool to ensure a concise and familiar communication system between the two services. Paediatric Early Warning Score (PEWS) tool adapted for use within the hospice.

Findings The PEWS assisted nurses to recognise and determine the level of response to an unwell child. The SBAR tool focussed communication when seeking advice. Advice available to the nursing team has been strengthened and diversified. Enhanced communication and collaborative working between the paediatric unit and children’s hospice on a daily basis, not just when a child is acutely unwell.

Conclusion The nursing team at the hospice have a comprehensive system in place enabling them:

- To quickly recognise when a child is becoming acutely unwell
- To seek advice from a robust arrangement of senior nursing or medical colleagues, 24/7, within the hospice or hospital
- Ensure a coordinated and timely response is in place to effectively manage children who become acutely unwell.

P-194 DEVELOPING HOSPICE AT HOME SERVICES FOR CHILDREN AND YOUNG PEOPLE
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10.1136/bmjspcare-2018-hospiceabs.219

Background Palliative care starts at diagnosis and the focus throughout should be on quality and supporting families to have the best life experience possible (Department of Health, 2008). It is recommended that holistic assessment and thorough advanced parallel planning for each eventuality can help to give the family back some control and reduce some of the anxieties involved in end of life care (Bennett & Ilic, 2011), however, this takes time and can be easier in familiar surroundings.

Aim To extend our current hospice at home service (which is currently focused on immediate end of life care) to offer short respite visits in the family home, earlier on in a child’s condition. By visiting regularly we hope to offer ongoing support and improve outcomes for children and their families.

Methods November 2017 to January 2018: Establish criteria for admission and service delivery model. Identify families who would benefit from respite at home and that fit the criteria. January to April: Recruit staff to the team and establish paperwork to assist in the running of the service. April to June: Contact families and start to offer home visits, complete Family Agreements, Passports, risk assessments, medication charts and Allocation Tool for each family. June to September: Complete individual advance care plans in liaison with multidisciplinary team. Audit the service and gather user feedback.

Anticipated results

- Increasing visits to families and positive user feedback
- Increasing referrals to in–house hospice services
- Increasing numbers of completed advance care plans
- Increasing use of the resting (cold) rooms in the hospice
- Reducing numbers of ‘unexpected’ deaths and thus the need for transfer to hospital or coroner’s mortuary after death.

Conclusion Respite care provided by the hospice at home team would benefit the children and families in the here and now, but it could also have a huge impact on the parent, sibling and family’s emotional health and well-being in the future.