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THE BENEFICIAL IMPACT OF SCHWARZ ROUNDS FOR STAFF: 3 YEARS' EXPERIENCE AT A TERTIARY REFERRAL CANCER CENTRE

M McNulty, J Droney, AM Stevens, A Halley. *The Royal Marsden NHS Foundation Trust*

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Background Schwartz Rounds (SR) aim to provide a structured forum for staff to discuss the psychosocial and emotional issues of work in healthcare. Patient safety is linked with staff wellbeing, with potential associations between burnout and medical mistakes, and possible impact on effective organisational response to change. These issues are particularly relevant to the NHS and other healthcare systems currently.

Aims This service evaluation sought to explore the relevance and impact of SRs for healthcare staff.

Methods Retrospective analysis of feedback forms from staff who attended SRs from March 2015 to June 2018 at a tertiary referral cancer centre. Descriptive statistics were used to describe staff and their agreement with statements about their experience. Thematic analysis of free text comments was conducted.

Results 1091 feedback forms were analysed from 28 SRs with 3449 attendees (31.6% response rate). 963 (88%) agreed with the statement 'Today's Round will help me work better with my colleagues'. The main staff groups represented were: Nursing (36%), AHP's (29%) and administration (17%). Doctors represented 7%. 71% respondents disclosed if they had attended a SR before. Of those, 49% had been to between 1 and 5 SR, while 43.5% had never attended. 21% of respondents gave comments which were analysed for qualitative data. 81% positive, 3% negative, 4% neutral and 12% other comments were made. Keywords used by staff to describe the SR's emerged; insightful, reflection, interesting, inspiring, sharing, supportive. Poignant comments described relief from feelings of isolation and having been given 'the courage to keep going'.

Conclusion Our evaluation of 3 years' experience demonstrates that SRs are highly acceptable to staff who attend, as a means of interactive and supportive reflection. Qualitative data revealed that most staff described SRs in positive terms. Our evaluation supports evidence that SRs can be a source of support for staff.

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COMPLIANCE WITH LOCAL ANTIMICROBIAL GUIDELINES IN AN INPATIENT HOSPICE UNIT

Sarah Sneller, Bethany Wright. *St Peter's Hospice (Bristol)*

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Background Hospice patients are extremely susceptible to infection and the decision to use antimicrobials is multifactorial. Compliance with the inpatient hospice unit's (IPU) antimicrobial guidelines, adapted from local acute trust and community guidelines, based on Public Health England's (PHE) antimicrobial stewardship principles, was audited.

Method A retrospective review of notes and drug charts was conducted for patients admitted to IPU between February and May 2018, who were given antimicrobials. Data from electronic notes and drug charts was collected and compared to the local hospice antimicrobial standards.

Results Over 4 months, there were 87 admissions to IPU, with 46 systemic antimicrobial prescriptions in 23 patients. Compliance with documenting patient information and recording drug allergies was excellent (100% and 91% respectively). Documenting an indication for the chosen antimicrobial in the drug chart and documenting the course duration or review date in the notes had a poor compliance (30% and 17%). Other standards included documenting an indication for the chosen antimicrobial in the notes (83%), documenting the course duration or review date in the drug chart (67%) and choosing the appropriate antimicrobial based on local guidelines (67%).

Discussions to improve compliance have included considerations around updating drug charts and further involvement of pharmacists regarding antimicrobial prescriptions.

Conclusions Antimicrobial guidelines aim to encourage consistent prescribing and documentation to produce safe, effective and economical antimicrobial use. There is evidence here to show decisions to start, review, and stop antimicrobials (in line with the PHEs recommended 'Start Smart – then Focus' approach) in most cases was clearly documented and compliant with local guidelines. However, it is also important to recognise the hospice population have different needs, and therefore total reliance on hospital or community guidelines may not always be appropriate. Decisions to start antimicrobials must continue to be an individualised approach.

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STERIOD PRESCRIBING IN AN IN-PATIENT PALLIATIVE CARE UNIT: A QUALITY IMPROVEMENT PROJECT

Mairi Finlay, Jane Boyden. *NHS Tayside*

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Background Steroids are frequently prescribed in palliative care for many different indications. However, use of steroids can also lead to side effects which can negatively affect the well-being of patients. Although there are no local or national guidelines on steroid prescribing in palliative care, on reviewing the relevant literature a number of common standards are identified.¹

- Steroids should be prescribed for a recognised indication;
- a plan should be in place for review of the steroid prescription;
- steroids should be prescribed before 2 pm in order to prevent insomnia;
- GI protection should be prescribed, particularly if concurrent NSAID or history of peptic ulcer disease.

Methods Using these standards records from patients admitted to an inpatient palliative care unit over a 1 month period were examined retrospectively, focusing on documentation at the time of admission (if the patient was already prescribed steroids) or at the time of first steroid prescription.

Results Of 20 patient records examined 12 had been prescribed steroids. 9 of these 12 were already prescribed steroids at the time of admission to CMC. All patients were prescribed steroids prior to 2pm and all patients had a prescription for GI protection. 5 patients (42%) had an indication for steroids recorded and 3 patients (25%) had a plan for review of steroid prescription recorded.

Conclusion These results demonstrate there is scope to improve the recording of the indication and plan for review

of the prescription of steroids. A sticker has been developed and after multi-disciplinary team discussion it was added to the admission documentation with the aim of improving practice at the time of admission. Work to evaluate this intervention is on-going.

REFERENCE

1. Twycross R, Wilcock A and Howard P. *Palliative care formulary* (6th Edition). Palliativedrugs.com Ltd, Nottingham, 2017.

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RE-AUDIT OF IMPROVEMENTS MADE TO THE MULTI-PROFESSIONAL ELECTRONIC HANDOVER IN A SPECIALIST PALLIATIVE CARE UNIT

Sarah Shipman, Katy McKinney, Eleanor Smith. *Sheffield Teaching Hospitals*

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Background Sheffield Teaching Hospitals, including the Macmillan Palliative Care Unit (MPCU), is now using a system of handover via the electronic whiteboard (e-handover). Handover is essential for effective sharing of information but is a potential source for errors. The e-handover was initially audited and a standard operating procedure (SOP) was subsequently produced by a multi-professional team of allied health professionals, nursing and medical staff and the ward pharmacy team. This SOP was introduced in August 2017 with the intention to ensure accuracy and a consistent approach in sharing of information. Re-audit in September 2017 showed significant improvements in all domains and this further re-audit in September 2018 aimed to assess if these improvements had been sustained.

Methods 17 patients' notes and e-handovers were audited by two independent members of the MDT against standards developed by The Academy of Medical Colleges, local nursing guidelines and against palliative care outcome measures. Results were then directly compared to earlier audits in 2017.

Results One hundred percent of patients had an accurate primary diagnosis on their handover and all documented in the correct place. 66% of patients had a documented preferred place of death (PPD), 100% had a documented and accurate escalation status (ES), 71% had a documented phase of illness (PoI) and 82% had Australian Karnofsky performance status (AKPS) documented. 32% of handovers were easy to read and 92% used trust approved acronyms. This confirmed deterioration in some domains, particularly PPD, PoI and AKPS, all of which were recorded as 100% in September 2017.

Conclusion One year after implementation of the SOP there has been deterioration in some of the information on the e-handover. Further work is needed to identify factors involved, such as changeover of staff, and to then re-educate ward staff in the completion of the handover.

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THE QUEST TO BE A RESEARCH ACTIVE HOSPICE

Kate Shorthose, Sara Robbins, Abi Channing, Teresa Coombes, Amanda Wilkins, Laura Cochran. *St Margaret's Hospice, Somerset*

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Background In 2013, the Commission into the Future of Hospice Care published 'Research in palliative care: can hospices afford not to be involved?' It identified the importance of hospices becoming research active. St Margaret's Hospice in

Somerset includes inpatient and community services and has a history of participation in research. A potential was identified to develop the structure and focus of the research process and to widen participation further to increase research activity going forward.

Methods

- Identifying staff with a research interest and promoting GCP training.
- Developing links to facilitate involvement in collaborative projects.
- Forging links and seeking support from the NIHR locally.
- Developing a more robust research governance structure.

Results A Research group was created with quarterly meetings, involving core members from different disciplines. The aim being to increase awareness of research projects within the organisation, provide a forum for discussion of future projects and promote evidence based practice.

A Research booklet was created with a plan to update a paper copy yearly with continuous online updates. Participation in several portfolio studies including GAS, Hydration at the end of life, and presently STOIC; 32 patients recruited so far.

Conclusion It is feasible to become a research active hospice, even without the infrastructure of an R and D department and a local academic unit.

Key facilitators were the identification of staff members with the interest and enthusiasm to develop research further, seeking local support and collaboration where possible and choosing collaborative projects which the majority of staff felt looked at an important issue and were engaged with. Also with more staff GCP trained, the more opportunity there is for participation.

Next steps

- Forming a collaborative body with the local acute and community trusts.
- Looking at funding options for regular research nurse support.
- Development of in house research projects.

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A REPORT ON THE BENEFIT AND ACCEPTABILITY OF A NEWS BASED ACUTE ILLNESS MANAGEMENT PLAN IN A HOSPICE INPATIENT UNIT

Andrew Tinker, Christopher Kane, Lynne Russon. *Sue Ryder Wheatfields Hospice, Leeds*

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Background Over recent years we have had increasing numbers of acute admissions, with potentially reversible conditions, as well as noticing increasing use of intravenous antibiotics, without any structured monitoring of progress. We have introduced an Acute Illness Management Plan (AIMP) including regular observations with triggers for medical review, based on the Royal College of Physicians National Early Warning Score (NEWS). This change was introduced alongside improving oxygen prescribing and administration, and an education programme, and is being followed with ongoing quality improvement work. It is important to ensure staff feel a change is worthwhile and important to ensure they are motivated to develop this further.

We aimed to assess acceptability of an acute illness management plan in a hospice setting.