

Conclusions There are several shared factors within the cohort of patients with a LOS greater than 30 days. Commencing discharge planning, is not always the patient's preferred choice, involves several MDT members and occurred in 82%; however only 39% patients were discharged. A subsequent prospective service evaluation will now aim to assess the impact of each of these factors.

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EVALUATION OF MULTI-PROFESSIONAL RESPONSES TO SPECIALIST PALLIATIVE CARE SERVICE PROVISION USING CLINICAL ALIGNMENT

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Background A change in practice within a hospital specialist palliative care team (SPCT) to allocate each specialist team member to an identified group of clinical areas. The aim being to improve effectiveness of the service with increased continuity of contact for patients, relatives and multi-professional staff. We describe this as clinical alignment.

Aims To evaluate the impact of introducing a change in SPCT service delivery by measuring multi-disciplinary responses about the effectiveness, accessibility and quality of SPCT provision. To also evaluate the impact of Clinical Alignment in supporting ward staff to meet their educational and development needs.

Methods A questionnaire was developed for multi-professional ward teams across adult care designed to elicit their experience of SPCT provision. A second questionnaire was designed for the SPCT. Questionnaires were given out 9 months after adopting clinical alignment and were anonymised with only the role of the respondent identifiable. 180 questionnaires were given to ward teams. Response rate was 70% (n=126). SPCT response rate was 100%.

Results Of multi-professional team responses 94% were somewhat satisfied or very satisfied with SPCT input. 79% responded that input was of high or very high quality, 82% that the SPCT was very or extremely responsive, 86% somewhat or very approachable and 90% somewhat accessible or very accessible. 53% Respondents felt supported in education and development. Incomplete questionnaires were returned, completed data from these was included. SPCT responses were generally positive, with agreement to continue to work with clinical alignment in service delivery.

Conclusions Multi-professional and SPCT responses were overwhelmingly positive. All SPCT responses indicated a contribution to the education and development of multi-professional colleagues that was endorsed by only a small majority of respondents. This variance will inform service development.

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OUT OF HOURS SUPPORT: A REVIEW OF THE 24 HOUR ADVICE LINE FOR SOUTH EAST WALES FROM MARIE CURIE HOSPICE CARDIFF AND THE VALE

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Introduction The Marie Curie Hospice, Cardiff and the Vale runs a twenty four hour specialist palliative care telephone advice service for patients, relatives and other health care

professionals. It supports a seven days a week clinical nurse specialist (CNS) palliative care service in all settings across South East Wales. Calls are handled by hospice in patient nurses. Calls from healthcare professionals are passed onto the appropriate specialist palliative care team which consists of a CNS team and on call specialty trainees or consultants in palliative medicine. Calls from patients and relatives are either dealt with by the inpatient nurses, passed onto the appropriate specialist palliative care team or GP out of hours.

Method A Retrospective review of advice calls received at the hospice between 1st April-20th September 2018.

Results There were 336 calls to the advice line in the 6 month period, a mean of 56 calls per month. Of these 34% were previously known to Marie Curie. 74% of the calls were from the patient's own home. The duration of advice calls to the inpatient nursing staff amounted 46.2 hours. 53% of the calls were over the weekend and 27% of calls were passed onto the oncall Doctor. 17% of the calls were passed onto the CNS. Of the callers to the advice line 36% were relatives and 21% were other doctors (GP or junior doctor) calling for advice. The majority of calls to the advice line were regarding symptom control, patient advice or medication queries.

Conclusion As demonstrated, the advice line is a successful means of support for patients, their carers and other health care professionals. The Marie Curie hospice in Cardiff is working collaboratively with other organisations to extend support and advice beyond its usual patient population 24 hours a day seven days a week.

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CHALLENGES OF CLINICAL CODING: AN AUDIT OF THE ACCURACY OF PRIMARY DIAGNOSIS CODING IN A SPECIALIST PALLIATIVE CARE UNIT

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Background Robust data collection regarding diagnoses of those referred to supportive and palliative care services is essential. It enables constructive dialogue between provider and stakeholders, supports service planning and delivery, and identifies trends in clinical conditions. With increasing age and multi-morbidity, data collection is increasingly challenging. This audit aimed to look at the accuracy of data collection within a single hospice.

Methods This was a retrospective audit of eighty patient notes. An audit proforma was developed to collect data relating to demographics, diagnosis, and comorbidities. The ICD-10 diagnostic code for each patient was extracted from the electronic data information system. The agreed standard was 100% of ICD-10 diagnostic codes should match primary diagnosis.

Results 61% of notes showed congruence between primary diagnosis and ICD-10 diagnostic code recorded. Of those notes showing discrepancy, 4 had no ICD-10 code recorded; 2 did not easily fit within ICD-10 codes available; 3 had multiple malignancy and immediate life limiting malignancy was incorrectly identified; 5 had the incorrect non-malignant diagnosis selected; and 1 was incorrectly recorded as having a non-malignant diagnosis. 63% of patients had a primary diagnosis of malignancy.