P-125 RE-AUDIT ON 'DISCUSSION OF CORNEAL DONATION' WITH PEOPLE ADMITTED TO HOSPICE

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Background There is a national shortage of approximately 500 corneas per year that could be used for sight restoring transplants (NHS Blood and Transplant). 51% of the UK adult population state that they would be willing to donate some/all of their organs when they die (NHS Blood and Transplant, 2013). Evidence shows it can bring great comfort to bereaved families.

We recognised the importance that people are given the opportunity to donate their corneas. In April 2018, as part of the hospice's admissions process, an initial screening questionnaire assessing both eligibility and clinical appropriateness (those not actively dying or deemed to lack capacity) was developed. An initial audit was completed in June 2018 which demonstrated only 8% (5/66) of people admitted to hospice had a discussion about corneal donation.

Aim To increase awareness of corneal donation and the opportunity to donate.

Method Following the initial audit, appropriate changes were made to the initial screening questionnaire. The medical team were provided with training and education to enable them to complete the necessary assessment with the aim of increasing the discussions around corneal donation upon admission. Over a nine month period we re-audited the care plans of those admitted.

Results

- People admitted to hospice=241;
- Initial screening questionnaire completed=62 (26%);
- People eligible with no contraindications=40;
- People who were deemed clinically appropriate=29;
- People who agreed to be a donor=16;
- People who donated their corneas after death=5.

Conclusion There is an improvement on assessment for corneal donation from 8% to 26%. We will continue to provide education and training to encourage more initial screening questionnaires to be completed to ensure that people can engage in these conversations where appropriate. We need to explore the factors where corneal donation is agreed but does not happen.

P-126 IMPLEMENTATION OF A PATHWAY TO IMPROVE RATES OF CORNEAL DONATION WITHIN A HOSPICE SETTING: A QIP

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Introduction Within the UK, there is a transplant shortage of approximately 500 corneas each year. Corneal transplant is a sight-saving procedure and corneal donation can be empowering for end-of-life patients who are otherwise unable to donate their organs. We set out to improve corneal donation rates within our organisation.

Methods Prior to our intervention there was no formal guidance on the process of corneal donation or any records on organisation donation rates. We arranged specialist local

training in collaboration with NHS Blood and Transplant to train and educate hospice staff on the process of corneal donation. Following this, guidelines were implemented to facilitate conversations with patients, including a guide for both staff and patients on the process of corneal donation. Staff were also afforded the opportunity to observe the corneal retrieval process to build confidence during discussions with patients and their relatives.

Results Between November 2018 and June 2019, corneal donation was discussed with 75% of patients admitted to the inpatient unit, resulting in 30 successful corneal donations. In addition, all staff members consulted, including doctors, nursing staff and clinical support workers felt more empowered to discuss corneal donation with patients. Consistent documentation using a traffic-light system, where patients for corneal donation (green), considering corneal donation (yellow), or not for corneal donation (red) helped promote discussion and awareness. Daily patient reports emailed to key project members helped ensure all staff were kept updated with patient wishes.

Conclusions These preliminary results suggest that our intervention has been successful, resulting in 30 donations, which has the potential to restore the sight of over 300 people. Data will continue to be collected and future aims include expanding the project into hospice outpatient settings. To facilitate this, corneal donation champions have been nominated to raise the awareness of corneal donation across the organisation.

P-127 'ORCHESTRA OUTREACH'- A PARTNERSHIP BETWEEN A HOSPICE AND A WORLD-RENOWNED CONCERT ORCHESTRA

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Background The hospice's services are orientated towards a self-management agenda. As part of this we support service users to access community experiences to increase their social interaction and feelings of empowerment. This also raises community awareness of hospice services.

Aims Music can enhance and maintain wellbeing in adults with diagnosed conditions. Our Orchestra Outreach initiative is an example of innovative partnership working, empowering people to access creative opportunities, leading to increased wellbeing. The hospice is situated near to an auditorium where a world-renowned orchestra rehearses. The orchestra manager invites our patients, carers, volunteers and staff to attend their rehearsals. This opens up wellbeing opportunities for all.

Method Hospice staff liaise with the orchestra manager to get the rehearsal programme which is then circulated through various mediums. Staff accompany the group initially and then members of the group come and go as they please, thus encouraging self-management decisions. Hospice staff record who has attended each performance.

Results From October 2018 – May 2019, 70 members of our community have attended performances. Participants reported feelings of enjoyment and relaxation, as well commenting on the special delight that comes with gaining a unique insight into that which is usually hidden from view. Staff members have talked enthusiastically about being immersed in music

within their working day. Musicians from the orchestra have become aware of the hospice services, and have come in to play within the hospice itself. More formal evaluation of the impact of the experience on our participants is being developed.

Conclusion Orchestra Outreach is a way of offering patients, their families and carers a 'normalising' experience they can share. The orchestra are keen to continue their partnership with the hospice. A full evaluation of the project is recommended.

'Music produces a kind of pleasure which human nature cannot do without', Confucius.

P-128 EVERY BREATH YOU TAKE: TRACHEOSTOMY VENTILATION IN PAEDIATRIC PALLIATIVE CARE

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Background Children's palliative care is changing. Medical and technological advances enable an increasing number of children with life limiting conditions to survive on long term ventilation (LTV) via tracheostomy. University Hospital Southampton identified that children spend months in hospital awaiting home adaptations and establishment of a care package. This can have a significant impact on family life.

Abstract P-128 Table 1 Number of LTV patients started each year at University Hospital Southampton

2007	4	2013	21
2008	3	2014	35
2009	12	2015	43
2010	11	2016	45
2011	22	2017	48
2012	23		

Aims

- To set up a unit for tracheostomy ventilated children within a children's hospice in partnership with the hospital, providing accommodation and nursing support for three children and families preparing for discharge home;
- Facilitate care of the child outside the hospital environment.

Methods

October 2016 to March 2017:

- Literature review;
- Partnership working with respiratory team;
- Agreed practice framework.

March 2017 to October 2017:

- Collaboration with specialist paediatric respiratory, and hospice palliative care teams;
- Workforce planning;
- Development of clinical pathways, governance, policies;
- Practice Education team develop LTV Study day, Competency Framework, ongoing review of clinical practice;
- Preparation of children and families for transfer from High Dependency Unit to hospice.

Results

November 2017:

- Admission of first tracheostomy ventilated child and family from HDU to unit;
- Resident for six months, successful weaning off day time ventilation.

July 2018:

- Admission of second child from HDU to unit;
- Resident four months, discharged on weaning programme;
- No complications or significant infections acquired by either child;
- Saved hospital bed days: 308;
- Staff competency increased from 47% to 93.5%;
- Maintained good relationship with families.

Conclusion With robust education and governance, tracheostomy ventilated children can be safely cared for in a hospice environment. Parents reported the environment had a positive impact on family dynamics and improved childrens' physical and emotional well being.

P-129 RECOGNISING DELIRIUM IN A PALLIATIVE CARE INPATIENT UNIT-ARE WE DOING ENOUGH?

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Background As a hospice we had introduced several initiatives to improve care of inpatients including sepsis awareness and the butterfly scheme which support patients who are confused without a formal diagnosis of dementia. Amongst palliative inpatients, a recent systematic review found that occurrence rates varied by up to 30% on admission, during admission, and the weeks and hours before death.

Aim We wanted to understand within our inpatient setting how frequently confusion is an issue on admission, how we are detecting delirium and are we looking for reversibility. Between one-third and one-half of delirium cases are potentially reversible.

Results We conducted a baseline retrospective audit of admission records over March 2019. 39 notes meet criteria where patient had not died within 24 hours of admission. 25% (10) remained unconfused within 24 hours before death. 7% (3) were confused on admission but were reversed with medication changes and interventions such as antibiotics or oxygen suggesting delirium a feature of agitation and successfully went home. None of these patients has underlying brain pathology. 41% (16) who were confused died despite a small improvement in confusion. Delirium and accurately describing acute confusion was sporadic. Only one patient who remained confused from admission was discharged.

Outcome We implemented a lunch and learn mandatory programme for all clinical staff and introduced the 4AT tool and delirium checklist as first steps to earlier recognition and identification of reversible factors. We have also created a family and patient leaflet explaining what delirium is and how it can be managed.