

**P-143** **TOO LATE TO INTERVENE: A REVIEW OF THE TIMELINESS OF REFERRALS FOR ADVANCED CANCER PAIN MANAGEMENT**

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Woodlands Hospice hosts a weekly Joint Pain and Palliative Care clinic in collaboration with Aintree University Hospital and The Walton Centre. The service would qualify as a tertiary service as described by the Faculty of Pain Medicine's framework for cancer pain management (2019). The Walton Centre offers a range of interventions and is one of only three centres in Britain offering percutaneous cervical cordotomy and patients frequently attend from a distance for this procedure.

This audit was borne of a concern that we were unable to help some patients due to their short prognosis and lack of fitness for procedures or because they had died prior to assessment. It is a prospective audit of all referrals to the service and the outcome of the referrals over a six month period.

Out of 43 referrals, seven patients died or were too unwell to attend for assessment within days of the referral being received. Most patients who were able to attend were offered an appointment between one and four weeks from the referral. A further seven patients were assessed by phone as unsuitable for intervention due to short prognosis, poor performance status or their pain being too diffuse to be helped by an intervention and were spared a fruitless journey to clinic.

This audit highlights that referrals often come too late for the service to be of benefit and we must investigate the reasons for this, whether it be a lack of awareness of availability of procedures or reluctance on the part of patients to consider interventions. We plan to survey our local referrers and provide education about procedures and develop a pain MDT in the first instance and repeat the audit once these measures are in place in order to maximise the number of patients who may benefit from the service.

**P-144** **REVOLUTIONISING FALLS PREVENTION IN THE HOSPICE SETTING**

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**Background** Falls cost the NHS approximately £1.5 billion per year. Up to one in three over the age of 65 fall each year (Age UK, 2010). Increasing ageing population will continue to exacerbate this. It has been predicted (Chartered Society of Physiotherapy, 2015) that local investment to physiotherapy services could lead to 1283 fewer falls which can lead to approximately £2,121,757 cost savings for the locality. Collaborative working enabled two members of staff to be trained as Otago instructors. Otago, founded in New Zealand is an evidenced based programme looking at strength and balance exercises, which has shown to significantly reduce the risks of falls and injuries (Thomas, Mackintosh, Halbert, 2010).

**Aims** To deliver a 12-week Otago course for people with long term life limiting conditions, reduce the risk of falls, provide interactive exercises for balance and strengthening and gain

peer support and improvements to mental health and well-being in the process.

**Method** A comprehensive supervised once a week programme plus home exercise programme was set up following the Otago principles. The patients received an informative theoretical session on falls prevention. Standardised objective measures including the timed up and go, sit to stand in 30 seconds, unsupported stand and tandem stand were taken before and after the 12 week course. Qualitative feedback was also gained through the local views on care questionnaire.

**Results** Ten patients were recruited and eight completed. Two patients had to stop the course due to various other commitments. 50% patients improved their sit to stands. 100% improved in the timed up and go. Tandem stand and unsupported stand was achieved by 100%. The subjective feedback was all very positive.

**Conclusion** The Otago course had a positive impact on patients over 12 weeks. This will likely lead to a reduction in any falls and subsequent costs on healthcare provision and increase in quality of life.

**P-145** **RISING UP – FALLS IMPROVEMENT**

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**Background** We were aware from reviewing incidents that we had a high number of falls and repeat falls in 2017. We had 107 falls from 64 patients. Clearly, we aim to have a harm-free environment but also want to maintain patients' independence. We have therefore embarked on an improvement journey to significantly reduce falls whilst maintaining a patient-enablement approach.

**Aim(s)**

- Reduction in number of falls on the inpatient unit with no restriction on patient enablement and independence;
- Developing a learning culture around falls;
- Increased staff knowledge around their role in preventing falls;
- Education for patients and their families.

**Methods** We created a multidisciplinary falls group where everyone's ideas and contribution is respected. This group:

- Reviewed assessment process to reflect NICE guidelines;
- Reviewed equipment;
- Monitored trends;
- Developed and implemented a 'Safe use of bed rails' policy;
- Developed and implemented 1:1 observation policy;
- Falls Information leaflet produced for patients and relatives;
- Creation of Post Falls Protocol;
- Ran falls prevention and awareness days which included training;
- Reviewed each patient's outcome measure of performance (AKPS) and phase of illness.

**Results** Applying an all falls matter approach, with the combination of comprehensive guidelines, staff education (including Dementia/Namaste training) the purchase of new alarmed low beds, and patient and family education, we have been able to halve the number of falls in 2018 and dramatically reduce the number of repeat falls. The majority of falls occur in patients with an AKPS of 50% and have a deteriorating phase of illness.