P116 **TISSUE VIABILITY IN THE HOSPICE SETTING: JOINT WORKING AND BLENDED LEARNING TO DEVELOP AND DEMONSTRATE COMPETENT PRACTICE**

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10.1136/bmjspcare-2011-000105.116

Evidence suggests that 35% of people with life-limiting disease develop wounds towards the end of life and managing wounds in this population can be complex and challenging. The majority of the wounds, 50%, are decubitus ulcers and this is attributed to the "failure" of the skin and underlying tissues in the last days of life; acknowledgement of this enables better wound management, leading to enhanced patient comfort. A knowledge questionnaire on wound care demonstrated poor understanding among many of the nurses.

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Recently adopted hospice palliative care competencies require that healthcare assistants (HCAs) have knowledge of basic wound care and the ability to carry out simple dressings, while registered nurses (RNs) must be able to assess and manage complex wounds. With a team of over 50 nurses, our goal is to ensure consistency in the standard of wound care as well as a measure of that consistency.

A 2-h classroom session has been delivered by hospice link nurses and a lecturer practitioner and includes tissue viability theory, holistic impact of wounds in palliative care and wound management, including aseptic non-touch technique (ANTT). All members of the inpatient unit nursing team are expected to attend a session as part of a compulsory training day. Additionally, they must complete a workbook on wound management that includes competency assessment, undertaken by an RN trained in teaching and assessing. In addition, all RNs must complete an online wound care management course and provide verification of the results.

The outcome of this project is that wound management in the hospice is delivered to a consistent evidence-based standard, demonstrated by competent practice. Further, the link nurses have been supported to source appropriate evidence and share their tissue viability knowledge with the wider team.

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