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## REFLECTIONS ON AN EVOLVING @WEEOLC TWITTER COMMUNITY INFLUENCING CLINICAL PRACTICE, LEADERSHIP, QUALITY AND SELF

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**Background** Three clinical academic nurses with palliative care backgrounds established @WeEOLC as part of the @WeNurses Twitter community in October 2015. The social media platform Twitter has the potential to influence care through the sharing of knowledge and practice as well as provoking discussion and debate (Russell *et al.*, 2015). The focus of this abstract is to consider whether Twitter can assist in the achievement of improving evidence-based practice in palliative and end-of-life care through the learning outcomes framework of clinical practice, leadership, quality improvement and developing self (Taylor 2016).

**Aim** To share reflections on the value of engagements of @WeEOLC.

**Method** Established the twitter handle @WeEOLC #WeEOLC to start and join in conversations. Scheduled regular chats with diverse guest hosts. Provided regular signposting of links to articles, blogs and resources. Analysis of chats and conversations.

**Results**

| Subject | Contributors | Number of Tweets | Reach |
|---|---|---|---|
| The Big Conversation | 46 | 640 | 1,024,384 |
| Archaeology | 32 | 476 | 1,399,106 |
| Dementia | 63 | 626 | 1,346,221 |
| Preferred Place of Death | 82 | 872 | 2,280,588 |
| DNACPR: the family perspective | 76 | 865 | 2,258,274 |
| Uncertainty | 85 | 808 | 4,750,670 |

Analysis of chats, contributor profiles and timelines provide rich insights into online activity. Simply counting the number of contributors and tweets does not reveal the full influence of @WeEOLC. Chat and conversation contributors come from a wide background (e.g. clinicians, non-clinical, academics in social sciences, patients, families and interested parties). There is evidence of new connections and partnerships as well as a broad scope of interactive discussions, shared resources, evidence and reflections.

**Conclusion** Participation in platforms such as Twitter can support clinical and academic roles. By providing a non-hierarchical forum for learning and sharing, it contributes to clinical care, leadership and quality. Future work needs to develop methods of analysing and disseminating qualitative content as well as the quantitative reach of Twitter engagement.

## EFFECTIVENESS OF SOCIAL MEDIA VERSUS CLASSROOM-BASED EDUCATION IN PALLIATIVE AND END-OF-LIFE CARE TOPICS: MIXED METHODS STUDY

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**Background** Online social networks act as a mode of communication that helps to share information and resources and collaborate with peers through engaging in social media based digital dialogues.

**Aim** To measure the effectiveness of social media and classroom-based end-of-life care education among nursing students.

**Methods** A mixed methods approach was adopted. A total of 196 first-year undergraduate nursing students of one UK university were invited. 157 students joined Facebook based teaching and 34 students attended classroom-based end-of-life care teaching that delivered similar learning objectives. The Frommelt Attitude Toward Care of the Dying (FATCOD) Scale was completed by a group of nursing students before and after their participation in teaching sessions. Four post-teaching focus groups also conducted with students. Within the group, difference between pre- and post-test were assessed by using paired samples T-tests with use of SPSS V20. Using Nivio10®, a thematic qualitative analysis was undertaken.

**Results** Although there was no statistical significant difference in the level of attitude between the groups during pre-test, in post-test, there was a significant change in level of attitude for social media intervention group (94% before vs 99% after; p = 0.041) comparing to classroom-based education (84% before vs 81% after; p = 0.107). The mean difference score of Individual FATCOD items before and after education between two groups showed that the social media intervention group showed statistically significant change in student attitudes towards care of dying patients in 10 items. A comparative qualitative analysis revealed five themes: *speaking out, lecture at living room, technology lessens interest, emotional teaching, and re-live lesson.*

**Conclusions** Our study explored that using social media in death dying education enhances students' learning experiences both in emotional as well as knowledge acquisition similar to classroom teaching. However, Facebook teaching provided more flexibility and increased interest yet attained similar learning outcomes.

## MY LIFE: REPORTING ON A NOVEL USE OF DIGITAL LEGACY SOFTWARE IN HOSPICE DAY THERAPY

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**Background** Starting conversations about the end-of-life is known to be challenging for patients, families and professionals. The MyLife software contains a range of interactive therapeutic tools, including reminiscence abilities, social inclusion activities, and person centred, individualised "All About Me" passports. In addition, we are using the software to develop electronic life story memory books, that can be left as a legacy to loved ones. We are working with My Dementia Improvement Network to develop cloud-based storage to enable people's families from around the world to be able to contribute to the memory book. We are linking in with the local hospital dementia lead nurse to use the cloud to enable patients to continue to develop their books whilst in the hospice, hospital or at home.

**Aim** We saw an opportunity for this software to be useful in facilitating preparation for the end-of-life for patients and families using our hospice services.

**Method** Equipment was funded using a Yorkshire Young Achievers bid in 2014. We have trained four staff members as "super-users", by getting them to complete their own Life Story books.

**Findings** We have used the software with nine patients including a young man with Motor Neurone Disease who has two young children and a number of family members living abroad. Initial evaluation with staff, patients and families suggests that it provides an opportunity for conversations about memories, wishes, hopes and fears. We believe the intervention enables rapport to be built and has been reported as being therapeutic in its own right.

**Implications** We are working with the software designers to develop additional language capabilities to enable it to be used with different cultural identities. We intend to develop robust evaluation measures, such as patient perceptions, the impact of the MyLife content on bereaved family members, and enhancing staff understanding of existing networks.

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O-12 | **GETTING THE WORD OUT THERE – ONE HOSPICE'S INTERNAL COMMUNICATIONS JOURNEY WITH AN INTRANET**

Sarah Gray. *Royal Trinity Hospice, London, UK*

**Background** With 24 shops, over 400 volunteers and 150 shift workers with little access to a computer, internal communication was a perennial challenge cited in staff surveys. Combined with a burgeoning shared drive and multifarious emails pinging around inboxes, we looked for a user-friendly solution that would balance a Facebook style community with well governed data sharing.

**Aims**

- Engage hard-to-reach staff and volunteers working off site, on shifts and on the bank
- Create dynamic content relevant to the audience
- Empower users to blog, write content and comment
- Move relevant data off a shared drive within an information governance framework.

**Methods** As runners up in an Interact Intranet competition in 2015, we received a year's free intranet for all staff and volunteers; cloud based for remote access. A pan-hospice working group decided on structure and content as the model had to be built from scratch. Launch date coincided with our Christmas party, allowing staff to upload and view photos thereby providing the perfect logon hook.

**Results** Six months in and overall staff feedback has been positive:

- A recent intranet survey revealed that 90% of respondents found it easy to find information
- Governance groups now upload minutes and papers onto the intranet
- Teams are slowly building their own spaces to share news and views
- Images tell a thousand words: our intranet captures this perfectly.

**Interpretation and conclusions** Our intranet is now the go-to place for internal communications. Engagement takes time and persistence though. Investing in training to build up confidence in usage is paramount, as is keeping content fresh and relevant. Our volunteers are reluctant users so we will revisit this as a worthwhile channel of communication with them when we look to paying for our second year. However, as we look towards the end of our first intranet year it looks like there is no going back to the old-fashioned staff newsletter.

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O-13 | **EXPLORE AN INTERVENTION FOR OPTIMISING END-OF-LIFE CARE AND TREATMENT IN ANY SETTING**

Emily Dobson. *Saint Michael's Hospice, Harrogate, UK*

**Background** It is a 'wicked problem' that the gold standards of care created within the hospice setting are not always effectively influencing national, regional or local policy. This struggle is something which the public health sector has successfully contended with. In particular an approach known as Health in All Policies (HiAP) has been developed to lay down the rules of engagement and guide the exchange between organisations from all sectors. This synergy allows for an exploration of the possibilities of utilising HiAP within end-of-life care. In particular, this study will look at how the HiAP can be adapted to better integrate end-of-life care throughout the population.

**Objectives**

a. To investigate HiAP as an intervention
b. To develop a framework for implementing a HiAP approach to end-of-life care
c. To evaluate the possible impacts of changing the manner in which end-of-life care integrates within England.

**Method**

**Systematic review** The utilisation of HiAP in healthcare and specifically in end-of-life care.

**Ethnographic study** A study of the stakeholders within end-of-life care which will aim to understand the problem surrounding influence and policy translation in end-of-life care.

**Action research** HiAP will be unpicked into a framework which is transposable to end-of-life care. Utilising this, a study will be designed to analyse its applicability to end-of-life care and the possibilities moving forward.

**Relevance** Increasing death rates, more complex co-morbidities and evidence of unmet need, signals a future where the demand for end-of-life care will increase. Hospice care can be exceptional but will only touch a fraction of those who will die. We need to be able to effectively share what we know with others, now more than ever before, to support tomorrow's patients.

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O-14 | **HOW A CARE COORDINATION CENTRE DELIVERED IN PARTNERSHIP HAS IMPROVED END-OF-LIFE CARE IN THE COMMUNITY**

Megan Veronesi, Cathy Maylin. *Royal Trinity Hospice, London, UK*

**Background** In Wandsworth, end-of-life care (EOLC) is provided by a range of organisations from health, social care and voluntary sectors. Feedback used to be that patients, carers and professionals were sometimes unsure who to contact during a crisis, which resulted in unnecessary hospital admissions. In 2014, the CCG commissioned us to set-up an Endof Life Care Coordination Centre with Marie Curie and St George's NHS Foundation Trust as a two- year pilot to address these issues.

**Aims** The aims of the pilot were to:

- Improve the quality of EOLC for patients and their families
- Free up clinical time for professionals
- Increase number of people able to die at home.