

Methods A project methodology approach is being used to plan 'I Experience VR':

- Staff training and VR Champion recruitment
- Evaluation of patient experiences
- Enhancements to patient well-being using VR
- Commissioning further VR films
- Expansion of partnership consortium
- Creative marketing.

Results

- 20 VR Champions trained across all sectors of hospice care
- All patients reported feeling more relaxed and some who were in pain reported a reduction in pain '*Amazing*'; '*I feel like I am there*'; '*I was not aware of the pain in my hands and wrists*'; '*I so enjoyed being back by the sea*'
- Commissioned four films, one being a hospice tour aimed at reducing anxiety before visiting a hospice
- Four hospices have joined the partnership consortium, with others interested.

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ADAPTED TAI CHI IN PALLIATIVE CARE – THE IMPACT ON WELL-BEING AND QUALITY OF LIFE

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Background Living with advanced, incurable disease presents multifaceted adversities which negatively impact on various domains of well-being (McCaffrey, Bradley, Ratcliffe *et al.*, 2016). Whilst initial evidence is promising (Wang, Collet & Lau, 2004; Zeng, Luo, Xie *et al.*, 2014) the role that mindful movement therapies may have on ameliorating patients' experiences and quality of life (QoL) is not well understood.

Aim Explore how participation in Tai Chi impacted on participants' experiences of QoL within the context of multi-disciplinary day-therapy hospice care.

Methods A focused ethnography (Wall, 2014) was used to guide data collection in this study. Data was collected with patients (n=19) with advanced, incurable disease who took part in Tai Chi sessions offered at Wheatfields Hospice. Over a six month period, semi-structured interviews, participant observations, and informal conversations were used in order to gain a multi-dimensional, embodied and nuanced understanding of patients' perceptions of their QoL across four broad domains of well-being (i.e., physical, psychological, social, and spiritual). Data was analysed using a thematic framework approach (Ritchie, Lewis, Nicholls *et al.*, 2013).

Results Two overarching themes (each accompanied by two sub-themes) captured participants' experiences of their QoL through participation in the hospice-based Tai Chi programme, including:

- Mind-body respite (sub-themes: being present in the moment and embodied peace)
- Social engagement (sub-themes: meaningful social connections and mutual empathy and reciprocal support).

Conclusion These findings provide evidence for the value of mindful movement therapies (such as Tai Chi) in serving as a non-pharmacological adjunct to conventional palliative care treatment in improving the QoL of patients with advanced, incurable disease regardless of disease type.

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REIKI TRAINED NURSES: INTEGRATING ENERGY THERAPY INTO PALLIATIVE CARE FOR PATIENTS, CARERS AND STAFF

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Background Reiki therapy can be delivered 'Anytime, Anyplace, Anywhere' – no equipment, towels or oils required. With minimal contraindications, using touch or non-touch, Reiki is a gentle, effective therapy for palliative patients and carers. Research, including a Cochrane review (2008) for pain reduction, supports the benefits of Reiki for side effects of nausea, anxiety, digestion issues and irritability.

Aim To initiate a staff training project to integrate Reiki within overall care in the day hospice, in-patient unit and the children's hospice. Funding of £4700 was received for this project from the Hadfield Trust. Reiki therapist post was pump-funded by the Sam Buxton Sunflower Healing Trust for 2.5 years.

Methods Four staff nurses and two activity coordinators trained to Reiki II practitioner level. Involving eight contact days (64 hours), four Reiki share sessions (eight hours) and weekly at home practice over 11 months. Education sessions across the hospice raised awareness of the therapy and staff training project. New working practice on the wards introduced, including MYCAW evaluations and self-care tools for patients, carers and staff.

Results Trained staff now provide Reiki within their general roles on the wards, enabling Reiki to be available at point of need, day or night. Staff have been providing Reiki since April 2018, so results continue to be compiled. In two months, 70 additional patients, carers and staff have received Reiki from staff practitioners. Fundraising continue to explore future opportunities to train additional medical staff.

Conclusion With an increased number of patients benefiting from Reiki, plus boosted awareness stimulating referrals, we believe the training has made a significant difference to the quality of care – emotionally, physically and spiritually. Qualitative and quantitative data gathering continues.

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EVALUATION OF A NEW PORTABLE ULTRASOUND FACILITY AT COUNTESS MOUNTBATTEN HOUSE HOSPICE

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Background It has been standard practice for all patients to have US prior to paracentesis. This involved:

- Ambulance transfer to/from Acute Hospital in Southampton [SGH]
- Nurse escort
- Admin time
- Cost average=£600 per patient
- Increased length of stay by 4–7 days, awaiting scan at SGH
- Poor patient experience.

50% of our patients died within 10 days of paracentesis, indicating their general frailty and the importance of short admission.