

P-78 **COMPLEMENTARY THERAPY IN A HOSPICE SETTING—SO MUCH MORE THAN THE POWER OF TOUCH**

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10.1136/spcare-2021-Hospice.96

Background In March 2020, staff began dealing with the effects of COVID-19. When the complementary therapy team returned from furlough, they created a new programme of support for patients, carers and staff, working remotely and social distanced as hands-on treatments were put on hold.

Aims To use the hospice complementary therapists' skills and experience to support staff and strengthen the resilience of healthcare workers. To provide much needed support to patients and carers to improve their mental health and well-being through this challenging time.

Methods Access to one-to-one consultations with an Ayrshire Hospice complementary therapist, remotely via video call or telephone and face-to-face where safe to do so.

- Bespoke aromatherapy products to support wellbeing delivered inhouse and to homes.
- Relaxation and self-management advice for staff, patients and carers.
- A comfortable space in which to relax and recharge and provide socially distanced treatments – such as Reiki, yoga, qi gong, mindfulness.
- Wellbeing group sessions for staff x weekly online: Massage self-treatment, qi gong, relaxation, mindfulness, breathwork, yoga.
- Regular relaxation sessions for patients and carers on new virtual day services.
- Staff access to recorded wellbeing sessions on the intranet.
- Evaluation developed – Identification of key issues experienced by staff

Outcomes

- Support service to staff evaluated extremely well - evidence of feeling supported and understood, improved sleep, stress reduction.
- Self-help tools given to empower people to manage their own wellbeing moving forward.
- Staff have continued access to weekly wellbeing sessions on the intranet.
- Future plans to share the library of our recorded wellbeing sessions with outside agencies such as local council and prison, for a small cost and use for fundraising.
- Ability to reach patients and carers to support them without the need to travel to the hospice.
- Blended approach to delivering complementary therapy service to reach more people.

P-79 **DEVELOPMENT AND EVALUATION OF A SELF-MANAGEMENT PROGRAMME AS IT CHANGED FROM FACE-TO-FACE TO ONLINE**

Shona Eyr. *St Gemma's Hospice, Leeds, UK*

10.1136/spcare-2021-Hospice.97

Background St Gemma's Hospice offered an onsite breathlessness group for two years. In late 2019 the content was reviewed, and in January 2020 a reviewed programme was piloted (P1) incorporating self-management strategies for

patients experiencing breathlessness, fatigue and anxiety. COVID-19 restrictions led to the move to a video version, (P2) patients watching at home supported with telephone follow up.

Aim To provide a comprehensive new programme, enabling education sessions to continue for patients whilst unable to attend in person. This allowed us to explore use of video as an education resource and consider if there were long term benefits for retaining this model of education delivery.

Methods Developed the project by pre-programme literature search, previous model evaluation, gap analysis, and model planning. To move the project online scripted and visual resources were developed, recorded sessions on Zoom, uploading to a secure video platform accessed by password. Pre- and post- course patient VAS scores of management of symptoms, feedback from patients and staff, comparison patient numbers for onsite and online sessions and analysis of cost effectiveness.

Results P1 = 15 patients Jan 2020 – March 2020.

P2 = 72 patients August 2020 and March 2021.

Manage symptoms on a VAS of 1-10, 1 = not managing; 10 = well managing

Breathlessness, mean improvement -1.4

Fatigue, mean improvement - 0.55

Anxiety, mean improvement - 2.4

Positive feedback; ongoing accessibility to toolkit resources, patient self-efficacy

Cost; Onsite per patient = £116.31 versus Online Program = £76.30

Conclusions Mean values for pre- and post- evaluations indicate improvement of patients' ability to self-manage except for fatigue which was inconclusive. Consideration is required of patients' suitability, symptoms/technical ability. Offering virtual education sessions widened access for patients who struggled to attend on site due to transport, mobility or high volume oxygen. Video education is as effective as face-to-face.

P-80 **TRANSFORMING REHABILITATION IN COVID-19 – USING TECHNOLOGY FOR IMPROVED OUTCOMES**

Jacqui Greenhalgh, Catherine Todd, Giridhar Ravi. *Highland Hospice, Inverness, UK*

10.1136/spcare-2021-Hospice.98

Background In 2020 Highland Hospice faced the challenge of continuing the rehabilitation service delivered by our inpatient physiotherapist and occupational therapist. The service was originally delivered by admission to the unit for a five-day (Respiratory) or 10-day (Neurological) stay with intensive multi-disciplinary team rehabilitation. The team adapted the delivery of this service due to COVID-19 restrictions using the Zoom platform (licensed version).

Aim To continue to provide ongoing rehabilitation for palliative care patients during COVID-19.

Methods Referrals were received as usual from respiratory/neuro nurses or consultant. Screening was carried out in a weekly meeting with the allied health professionals and doctors. Appropriate patients were contacted by telephone to schedule an initial assessment before setting up a Zoom call or home visit to set up technology. Patients were seen in person (if hearing or technology was an issue), or virtually for 6-12 weeks.

Results Of the eleven patients to date there were challenges for some but all participated and benefited. A survey was sent