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

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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

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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

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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

to participants. Three people responded. All three respondents said their goals were clear after the first session.

- The respondents either mostly agreed/or agreed that their symptoms were better controlled.
- Activity levels had increased.
- Ability to cope was better.
- Knowledge of helpful techniques was better and,
- Quality of life was better after attending the service for the 6-12 week period.

Feedback from participants includes: '*The service was friendly and positive*'; '*It helped me immensely*'; '*a friend had been in respiratory crisis and I was able to help her while she waited for the ambulance - that felt good*'.

Conclusion Despite challenges, a virtual approach for palliative rehabilitation provided beneficial outcomes for patients who would not have been able to attend in person. This method will likely form a part of our services going forward.

P-81 THERAPY AND WELLBEING WITH GRACE – TRANSFORMING OUR HOSPICE-BASED SERVICES FOLLOWING CLOSURE DUE TO COVID-19

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10.1136/spcare-2021-Hospice.99

Background GRACE stands for Goalsetting, Reablement, Assessment, Complementary Therapy and Emotional Support. Person-centred goal setting focuses on patients' priorities for normality and functional independence (Wosahlo, 2013). Among patients' end-of-life concerns, fear of functional decline frequently eclipses fear of impending death (Cheville, 2001). Rehabilitation has been shown to reduce the impact of symptoms such as pain and anxiety and to improve functional status and quality of life (Javier & Montagnini, 2011). The model also allows for early identification of people approaching the end-of-life and initiating discussions about preferences for end-of-life care; care planning: assessing needs and preferences, agreeing a patient and carer care plan; and coordination of care.

Aim To optimise function and wellbeing to enable people to live as well and independently as possible within the limitations of advancing illness.

Methods 2019-2020: wellbeing days piloted. May-August 2020: literature review and remodelling. Sept-December 2020: workforce planning, training in Support Needs Approach for Patients (SNAP) intervention. Jan-May 2021: recruitment, process planning.

Results The outcome measures utilised are IPOS and AKPS plus goals achieved and advance care planning. It is too early to truly evaluate the impact of our new approach.

Conclusion GRACE is a person-centred approach with a focus on reablement and wellbeing. It allows for earlier identification and support of those in their last year of life.

P-82 INCREASING PALLIATIVE REHABILITATION'S REACH THROUGH TECHNOLOGY: ONLINE RESOURCES AND VIRTUAL THERAPY

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10.1136/spcare-2021-Hospice.100

Introduction Traditional hospice delivery of rehabilitation to outpatients and day service attendees involved face-to-face appointments and group sessions. For our organisation, like many others, the COVID-19 pandemic halted this, and became a catalyst for change. It was important to identify and achieve alternative methods of delivery to ensure the valuable education, support and interventions for our patients and families could continue.

Method A project team, involving a range of roles including Communications, Rehabilitation, Quality and IT was established to create and deliver a host of educational online resources accessible on the hospice website with written information, illustrations and recorded videos. A virtual timetable of sessions including Living well with Breathlessness, Exercise circuits and Adapted Yoga was created for people to access from home. Alongside this project, in order to support more people to access these developments and address any potential inequalities, a team of volunteers confident with technology were recruited to support individuals in improving IT skills, accessing online resources and joining online sessions. This even included providing a laptop on loan if needed.

Outcomes With information, advice and recorded demonstrations now readily available on the website the hospice has provided significantly greater opportunity for people to be better informed about self-management of their symptoms and condition, and subsequently has therefore furthered its reach and improved understanding of the role of palliative rehabilitation. The alternative method of accessing sessions and groups has created greater choice for individuals, and options according to their preference as to whether to travel and attend a face-to-face appointment, or access the session from their own home, or even workplace. Some of the historical and familiar barriers to accessing rehabilitation such as transport, work commitments, family commitments and the weather have been overcome as a result.

Conclusion The project will be further evaluated via website analytics, feedback questionnaires and group attendance statistics.

P-83 ACCEPTABILITY OF A TELE-REHABILITATION INTERVENTION FOR FATIGUE AND BREATHLESSNESS IN PALLIATIVE CARE

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Background In response to the COVID-19 pandemic, the hospice moved to digital approaches. Whilst tele-rehabilitation has shown benefits for various chronic health conditions (Bhatt, Patel, Anderson, et al., 2019; Zanaboni, Hoaas, Lien, et al., 2017; Hwang, Bruning, Morris, et al., 2017), there is a gap in the literature on telehealth interventions for palliative rehabilitation.

Aim To evaluate digital delivery of a palliative rehabilitation programme and obtain perceptions of users and staff.

Methods All members of the Fatigue and Breathlessness (FAB) follow-on group (n=19) were invited to complete a questionnaire on the experience of transitioning to Zoom sessions. Descriptive statistics were produced using the statistical