

P-145 THE MOUNTBATTEN REHAB TRIFLE RECIPEMary Banks. *Mountbatten Hospice Group, Newport, UK*

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Background and aims Rehabilitation is an essential component of Mountbatten's strategy to support anyone living with a life-limiting condition to live well until they die. As a small team of palliative rehabilitation clinicians, providing a high-quality service that is so in demand to so many could seem unachievable and overwhelming. Creative and innovative ways of working are essential to extend reach and utilise specialist skills appropriately.

Method and results We present the recipe for our approach; the Mountbatten Rehab Trifle:

First, you need a firm base. This requires a range of open access opportunities, available to any member of the community. A selection of engaging activities run by volunteers. A dollop of educational sessions for all to attend. Complemented by a public access hospice webpage with a host of rehabilitation resources.

For the next layer, you will need a generous helping of activities and educational programmes targeted at specific groups and accessed via referral. There are a range of ingredients available, but we recommend gym-based groups led by trained rehabilitation volunteers, clinician-led group education sessions, and activities tailored towards specific conditions, such as a reminiscence group for people living with dementia.

The cream is a topping of more specialist rehabilitation interventions by qualified clinicians provided in small groups or individually. Whip together expert initial assessments, clinician-led treatment sessions, specialist referrals, liaison with other professionals, future planning and supportive conversations for those with complex needs.

Finish off with a sprinkle of highly specialist and specific interventions. Scatterings of non-pharmacological pain management, respiratory care, trials of specialist equipment and intensive rehabilitation courses delivered by the specialist palliative rehabilitation team.

Conclusion All layers should be infused with an essence of enablement and empowerment. If executed correctly, this recipe should achieve a layered rehabilitation offer that is appealing, far reaching and ensures premium ingredients are used sparingly without affecting quality.

P-146 INTRODUCING A REHABILITATIVE APPROACH TO A HOSPICE IN-PATIENT UNITEmma Barday, Emma Dixon, Fran Brown. *St Ann's Hospice, Manchester, UK*

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St Ann's Hospice (SAH) introduced the Rehabilitative Palliative Care Standards to benchmark and implement changes using a QI approach. A proposal was successfully submitted to our lead CCG to undertake this piece of work as a two year CQUIN. The CQUIN came to an end at the end of 2021/22.

The Hospice UK Rehabilitative Palliative Care approach to care (Tiberini & Richardson, 2015) is based on national best practice guidelines, and is part of a national move towards a rehabilitative approach to palliative care. It is a quality measure that will lead to service improvement and allow for better use of resources. This will be based around four main areas:

patient priorities and preferences, responding to the challenges of the future, evidence based practice, economic value.

The overall aim of the project was for SAH to formally adopt the rehabilitative approach to palliative care and embed it into strategy and daily practice in order to deliver truly world class palliative and end of life care.

To achieve the aim and implement and embed the delivery of rehabilitative palliative care on the in-patient units from a baseline score of 40% to 75% using the HUK Rehabilitative Palliative Care benchmarking checklist as a measure by March 2022.

A quality improvement approach was taken, which incorporated organisational engagement at all levels, and the identification of key internal and external stakeholders. A quarterly report was produced and presented at the CCG contract meeting, and internal Clinical Performance and Quality Committee. The start of the project was delayed slightly due to COVID-19, however, anecdotally we have seen changes to practice, a reduction in length of stay, a change in culture and the use of language by our MDT, and have received positive feedback from staff, patients and their families. The final benchmarking will be completed in July 2022.

P-147 INTEGRATION OF THE REHABILITATIVE PALLIATIVE CARE MODEL INTO HOLISTIC TREATMENT – AN AUDIT OF PRACTICE AT ST ANN'S HOSPICEGeorgina Bond, Caitriona MacDermott, Samantha Kay, Alison Phippen. *St Ann's Hospice, Manchester, UK*

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Background Since its publication in 2015, 'Rehabilitative palliative care, enabling people to live fully until they die: a challenge for the 21st century' (Tiberini & Richardson) has set the standard for ensuring palliative care is patient-centred by requiring medical teams to ask patients about their treatment goals. The team at St Ann's Hospice have incorporated this paper's goal setting approach on the in-patient unit.

Aims To discern how goals have been assessed and recorded for the current patients at St Ann's Hospice during their stay.

Methods This was a retrospective audit. The subjects included for this audit were all the in-patients on Friday the 8th of April, 2022. On that day there were 17 patients on the ward and no admissions.

Outcomes measured Whether the patients' goals were included on that day's handover, whether they were discussed at the morning handover meeting, whether they were recorded on Egton Medical Information Systems (EMIS) (and when they had been updated) and whether they were on display on the patients' bedside 'One Thing' posters.

Results Of the 17 patients that were in the in-patient unit:

- 16 had goals listed on the handover.
- 15 had goals listed on EMIS.
- 2 had their goals discussed at the handover meeting.
- 0 had their goals at their bedside.

Conclusions The results of this audit demonstrate that patient goals are being championed at St Ann's hospice. Rehabilitative palliative care is a priority shared by all members of the patient care team. However, to ensure that these goals are utilised efficiently to improve the patients' experience, more