

Abstracts

Especially valuable is the existence of a voice recording for family and friends in bereavement.

P57 DEVELOPING AN ORAL HISTORY SERVICE IN A HOSPICE

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Background/context This poster describes the development and implementation of an oral history service at St Luke's Hospice in Sheffield. Oral history involves an interviewer questioning and recording an interviewee. The service was modelled on a successful service at a local palliative care centre.

Aim Patients using the hospice's day centre and in-patient unit would be offered the opportunity to make an audio recording of their life story. Patients would receive a copy of their story on CD and extra copies would be available to their family and friends with the patient's agreement.

Approach used The service started with a pilot where two patients took part in an interview and then gave feedback. This was positive and so the service was launched. Initially, a member of staff who was a trained oral historian conducted the interviews, but demand for the service led to 20 volunteers being recruited to carry out the interviews. Volunteers were trained in areas such as interview technique, use of recording equipment, ethics, and working with seriously ill patients.

Outcomes To date, 29 patients have used the service and 48 interviews have been recorded. Some patients have used the service to record final messages for family, and one has made a 'Desert Island Discs' style recording complete with music. Others have produced photo books to accompany recordings. The hospice is now able to offer the service to patients looked after at home by our Community nurses. It continues to receive positive feedback from patients and their relatives.

Application to hospice practice The service's model could be used by other hospices to set up their own oral history service. The hospice is also participating in a research study which aims to provide empirical evidence as to the benefits of oral history in palliative care.

P58 REAL WORLD HOSPICE RESEARCH: CHALLENGES AND OPPORTUNITIES

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Compassionate evidence-based practice, collecting data and building evidence is fundamental to hospice care. The Hospice of St Francis research strategy provides a *real world* pragmatic effective approach to research evidenced based care in a medium sized hospice.

Challenges

1. Research governance and credibility as a small organisation
2. Time to reflect, discuss and put into practice evidenced based care
3. Being a Researcher Practitioner in the workplace
4. Realistic research with Universities and other research organisations.
5. Using research to disseminate and influence care beyond the hospice walls

Solutions and Opportunities

1. Research strategy, governance and register of all research, audit and service evaluation activity reported to Clinical Governance and Clinical Leads forum.
2. Collaborative research and governance with Institutes of Higher Education and individual researchers wanting to access our hospice as a research site.
3. Research Interest Forum: 2 monthly multi professional forum to discuss issues as researchers in practice and evidence based practice clinicians.
4. Journal Club: Quarterly forum to discuss articles of interest and relevance to practice
5. Think Tank: Monthly multi professional forum to share feedback from conferences and practice initiatives.
6. Case and Care Reflections: monthly forums reflecting on clinical care.
7. Clinical Nurse Specialist Continuous Professional Development Programme: 2 monthly forum delivered by Associate Specialist in palliative care.
8. Schwartz rounds to stimulating discussion and reflection about care
9. Publications and dissemination strategy.
10. A shared passion for real world research.

"Hospices must meet a range of challenges: collecting better data, developing a better understanding of those who needs will dominate future decades, and establishing a robust evidence base for new services" (Calanzani 2013). The Hospice of St Francis whole system approach to real world research makes a difference to care and offers possibilities for other similar sized organisations

P59 ENTER - ENABLING NURSES TO ENGAGE IN RESEARCH: DEVELOPING A CULTURE OF ENQUIRY IN CLINICAL ENVIRONMENTS

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Background Identifying the importance of research in end of life care and fostering a culture of enquiry is a key step for healthcare providers if they are to move forward in addressing some of the challenges highlighted by the End of Life Care Strategy (DH, 2008). The ENTER project recognises the need to enhance the ability and confidence of nurses to engage in research activity and view it as an integral part of clinical practice to ensure high quality care at life's end.

Aims

- Empowerment of senior nurses to guide their teams on research processes
- Establish a network of support across the region
- Develop a web-based resource
- Encourage clinical teams to embed a research culture in their working environments

Approach used Seven senior nurses (band 6 and above) attended a three day workshop which comprised of a mixture of taught sessions on the research process, sharing examples of research practices, introducing the 'human face' of teams such as Research and Development and Ethics Committees and reviewing currently available resources.

Outcomes The group of nurses quickly established themselves as a support network for each other and although the project was originally time limited, a Community of Practice is being

explored with support from Macmillan. Quarterly meetings have been planned for the next year with the aim of keeping the momentum going in each of the nurses clinical environments. A web based resource is being developed that will support nurses to foster a culture of enquiry, develop their own research practices and enable others to engage in research activity.

Application to hospice practice Two nurses work specifically in hospices and are currently developing ward based projects to enhance the frontline staffs ability to participate in research. Others work in CNS roles and on wards in the acute sector and are looking at how they can further develop and encourage colleagues to become involved in the research process in some way.

P60 THE EXPERIENCE OF RECRUITING HOSPICE PATIENTS, FAMILY MEMBERS AND HEALTH CARE PROFESSIONALS TO A QUALITATIVE RESEARCH STUDY

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Background A single patient recruitment site hospice and local university partnership has been established for a European Research Council funded research study. It aims to assess the validity of a supportive care measure in patients receiving end of life care, people close to them (CPs) and primary healthcare professionals (HCPs). The recruitment targets are 35 patients, 20 CPs and 20 HCPs. A hospice nurse (HN) identifies participants prior to recruitment by university researchers.

Aim To establish successful patient recruitment in a hospice new to research.

Approach Used The HN liaised with the multidisciplinary team (MDT) to identify eligible patients and provide support; she also approached all eligible patients in her own area of practice, day services. Facilities (e.g. interview rooms) were organised for researchers to recruit and interview participants.

Outcomes To date, 22 patients have been introduced to the study by the HN and given a patient information leaflet. 6 patient follow-ups are pending and 3 interviews have been booked. 5 patients have been recruited from Day Hospice. With permission from patients, 2 CPs and 4 HCPs have been interviewed.

Challenges affecting recruitment include environmental issues (moving hospice); ethical issues (amendment required); poor health status of patients and their cyclical involvement in daycare.

Remedies include (i) dialogue with patients and staff reducing concerns about the research nurse's potential conflict in duties; (ii) communication reducing the reluctance of staff to "over-protect" patients and allow recruitment; (iii) extension of participants to community and IPU patients improving recruitment rates; (iv) adaptation of patient management system to administer interactions for research.

Application to Hospice Practice Our study explored methods of recruitment of patients to research. Improvements include communication of goals with hospice colleagues and university researchers and a growing confidence in approaching patients. Recruitment experience will change practice in this and future studies.

Leadership, organisation and management

P61 HOW DO HOSPICES PERCEIVE THEIR ROLE IN THE CURRENT HEALTH CARE ENVIRONMENT? A VIEW FROM THE TOP

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A qualitative study using a critical review of the literature and semi structured interviews with a small sample of Hospice Chief Executives explored their perceptions of the impact and effect of the national policy agenda on their organisation and hospice care in England.

The findings from the research indicate that hospice services continue to be influenced by their history and legacy. The 'arrogance' of hospice organisations viewing themselves as 'set apart' and in charge of their own destiny is set to be challenged by the new world of commissioning. Operating outside the National Health Service but dependent on partial funding to provide end of life care services to patients, they are trying to be innovative, challenge existing cultural norms, engage a wider populace and redefine the parameters of what they can offer while maintaining 'independence'.

The national drive to support care in the community is refocusing hospice care into the community with outreach support and engagement with other provider services, rather than inpatient provision. This integrated approach poses conceptual difficulty for hospice staff.

The balancing of the historic context with external demands of an ever changing health care landscape focused the CEOs interviewed to discuss the change in identity of hospice from a 'building', to a community outreach service with access to specialist resources- a significant turning point. Increased visibility impacted on how hospice was viewed by the wider healthcare economy, rather than, 'do gooding' little charities, but as part of whole service provision. The struggle between independence and integration is a tension for hospice particularly related to outcomes and demonstrating the unique role of palliative and EoLC.

The study also highlighted how policy has influenced hospice to reframe as small business units taking a commercial view of their service configuration which all CEOs viewed as a challenge.

P62 MANAGING CHANGE IN CHALLENGING TIMES

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Introduction As hospices face challenges, there is a need to balance the economic cost and the demands placed upon the services we provide, leading to new ways of working and changes within the organisation.

Change can be difficult and can often be seen as being "done to" as opposed to being "part of" the process.

Aims The aim was to find a simple tool to use within teams to engage them in the change process and to illicit issues that were pertinent to them in the future development of the service, and to identify areas in which efficiencies could be made.