

**Abstracts**

These data shows that small service developments can make a big impact on palliative patients and the opportunity to exercise can and should be made available to all patients.

**P-105  ENGAGING PEOPLE TO EMPOWER PATIENTS**

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*Background* Despite having a life-limiting illness, patients wish to remain as independent as possible during their disease course (Yoshioka, 1994) and if this is optimised it can ameliorate their perceptions of hopelessness and despair and relieve some of the burden on the caregiver. Although intended to be supportive, evidence suggests that hospice palliative care may disable patients and reduce their ability to do things for themselves (Jennings, 2012).

*Aims* Explore how an approach to palliative care that focuses on maximising functional status, physical independence and quality of life, whilst acknowledging the patient’s advanced disease and limited life span, can be integrated into a hospice in-patient setting.

*Methods* The setting is a 15-bedded hospice inpatient unit.

Using participatory action research, a co-operative inquiry group (CIG) of clinical and non-clinical staff and volunteers collectively developed their knowledge in relation to a rehabilitative approach and organisational change; planned how to integrate a rehabilitative focus into the in-patient setting, attending to the potential facilitators and barriers; led on the agreed actions; met regularly to review progress and agree how the study should be evaluated.

Following the situational analysis, the CIG planned what action to take and after each period of activity, assessed the outcome and then further action was planned and executed.

Organisational change theory provides the theoretical lens for the study.

*Results* Achievements to date are aligned with Kotter’s (2014) leading change model as follows:

- The CIG are excited and committed to change within the organisation, and
- Have become the guiding coalition for the change process
- A vision is emerging to steer the change.

*Conclusions* Data collection will continue until June 2016 but early indications suggest that a group of hospice staff and volunteers identifying, owning and acting collaboratively, as described by Pascale and Sternin’s (2005) positive deviance model, can form the basis of effective organisational change.

**P-107  THE BE IN CHARGE PROGRAMME – SUPPORTS PATIENTS TO TAKE MORE CONTROL THEIR OWN CARE IN ORDER TO GET ON WITH THEIR LIFE**

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*Background* With the recognition of the growing number of people living longer with cancer and other life-limiting illness the hospice have undertaken a review of the service we offer.

Through a series of focus groups with patients and professionals from hospital and community teams it was evident that there was a need for a different kind of support for some patients. Therefore a new hospice service a six-week programme called the ‘Be in Charge’ programme was introduced.

*Aim* To help patients cope better with their illness
- To provide a space to talk and share experiences with other patients in similar situations
- To have an opportunity to learn coping skills to manage symptoms and the difficulties they may be experiencing
- The opportunity to have an introduction to the hospice and the services offered as well as identity a need for a different level of support