IMPLEMENTING REHABILITATIVE PALLIATIVE CARE – A TEAM APPROACH
Nicola Silk, Douglas Macmillan Hospice, Stoke on Trent, UK
10.1136/bmjspcare-2016-001245.133

Background Following the publication of Hospice UK’s rehabilitative palliative care document (2015), it was highlighted that the hospice could challenge its current practice and welcome change with regards to rehabilitative palliative care. Whilst providing holistic, person-centred specialist services it was identified that the hospice could better tailor services for patients who were appropriate for this level of intervention.

Aim Develop the “Improving Care group in Rehabilitative Palliative Care” to identify and implement aspects of rehabilitative palliative care in and around the hospice.

Method A team of multidisciplinary staff from the in-patient unit, day therapy unit and the community led by the physiotherapist and including nursing staff, social work, allied health professionals and medics used the rehabilitative palliative care document and checklist to highlight all areas of concern or where further work would be beneficial and prioritise their actions accordingly.

Result Monthly meetings were held and focus groups on separate topics were created.

- Communication – Including handovers, leaflets for patients and relative, information boards, admission and discharge documentation
- Goal Setting – Patient-focused goal setting documentation to be created, incorporated into weekly MDT and adapted in line with requirements
- Rehabilitation care plans – care plan development with a focus on enabling patients facilitating independence and self-management
- Environment – ensuring all hospice areas are enabling and facilitate independence and normality
- Education – Sharing information, knowledge and skills to support staff to change in practice.
- Activities – Offer activities encouraging patients to access communal areas and interacting in activities
- Admissions/Discharges – Ensuring information sharing with regards to admission and discharging patients is accurate and effective to ensure all aspects of care are appropriate

Conclusion Working as a team, the hospice staff have been able to successfully identify areas for change and work effectively to implement aspects of rehabilitative palliative care. This work is ongoing to make a difference to patients in our care.

IS THE MANAGEMENT OF HEALTHCARE-ASSOCIATED INFECTIONS IN HOSPICES A MISNOMER?
Lynda Price, Helen and Douglas House, Oxford, UK
10.1136/bmjspcare-2016-001245.135

There is increasing evidence, albeit hospital based, that healthcare-associated infections (HCAIs) are amongst the leading communicable and preventable cause of morbidity and mortality (Tulchinsky and Varavikova, 2009, NICE, 2011). With the multifaceted delivery of healthcare, the risk of infection increases (Apisarnthanarak et al., 2012). Hospices are unique settings (with extremely vulnerable patient populations), but operate within wider healthcare contexts – so what is their role in managing HCAIs?

The aim of this study, using a critical literature review, was to identify and discuss the current knowledge available about the management of HCAIs in hospices. The study was triggered by a number of incidents where patients were due to be admitted to the hospice as part of a stepped discharge from hospital. In each case the patient was being treated for infections with multi-drug resistant organisms (MDROs), but their infection status was not handed over. Preliminary discussions with infection prevention and control practitioners in other hospices suggested inconsistencies in the management of the HCAI risk.

Five key themes emerged from the study – the availability of current empirical knowledge, risks associated with HCAIs, the impact HCAIs and of infection prevention and control strategies on the quality of life for patients in palliative care, the ethos of palliative care, and screening.