Abstracts

P-218 ORANGE LINE
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Background We will be launching a new non-clinical telephone helpline formally in September 2016. The Big Lottery (BIG) agreed to fund this exciting new project for three years and this innovative and much needed service will be branded as ‘OrangeLine’.

Aim We are mindful that there are some people with life limiting illnesses, and their friends and carers, who are living in an isolated world with little communication outside of their immediate circle, some are totally alone. OrangeLine will give people a link into Saint Francis Hospice for support and friendship and the opportunity to be signposted to our services such as occupational therapy, complementary therapy and our bereavement services.

Method Our OrangeLine service will be centrally based within the day therapy unit and will be managed by two members of staff and a team of volunteers within our Quality and Care Directorate. OrangeLine will operate later into the evening and weekends, these are times when people living or not coping well alone are at their most vulnerable, how lovely will it be to have a friendly caring voice on the end of the telephone, or even better to come into see us for lunch on a Sunday and meet new friends. We have so many great ideas and would welcome the opportunity of sharing the success of this new project at the Hospice UK conference in November.

Results Our aim for this service will be the catalyst for reaching out to people already known to us and many more out in the community who aren’t. We believe it will be the start of something BIG. As the project rolls out we will concentrate resources on evaluating outcomes, and assessing the benefits to people’s health, wellbeing and recovery.

P-219 DOES ENGAGING WITH SOCIAL MEDIA BENEFITS HOSPICES? CASE STUDY ANALYSIS OF SOCIAL MEDIA PRESENCE OF FOUR UK HOSPICES
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Background Emerging evidences suggest that use of social media helps to share information and resources and reach intended and ‘beyond’ audiences with quick and fast manner. Currently, hospices around the UK and the world actively engage with social media with different purposes. Yet, little is reported around the engagements and the reach-out of social media among hospices in the UK.

Aim To investigate the use, engagement and the reach-out of social media among four hospices in the UK.

Methods A qualitative case study approach was adopted; studying purposeful sampling of four social media engaged hospices within UK. Data collection used multiple methods to collect publicly available data that include feeds, comments, shares, tweets, status updates from two online social networking sites namely Facebook and Twitter of selected hospices. Using Nivio10®, a thematic analysis was undertaken.

Results Analysis of data found that all the hospices were actively engaged mainly in four different activities; fundraising, sharing best clinical practices, promoting educational activities, and advertising jobs. Hospices also involved in community outreach activities by celebrating local events and cultural and religious celebrations.

Conclusion Findings indicate that engagement with social media enable hospices to remain in ‘core businesses’ of ‘running with local support’. Yet, hospices could be more explicit in sharing about how well it benefits for patients and carers that could enable access to hospice services across the diverse population by sharing stories of hospice patients and relatives’ experiences.

P-220 DEATH AND GRIEF ONLINE: THE OPPORTUNITIES AND CHALLENGES OF INCORPORATING DIGITAL LEGACIES INTO PALLIATIVE CARE IN HOSPICE SETTINGS
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One implication of social media is that when we die, we live on to an extent through our online presence and digital footprint or legacy. By 2098, for instance, dead Facebook users will outnumber living ones (Newsweek, 2016), effectively making the website into the largest graveyard in the world, albeit in digital form. The terminally ill, as well as their families and friends, can use these internet pages in various ways, as a legacy, tribute and memorial for addressing loss and bereavement.

In recent years, various enterprises, services, and associations have sprung up (e.g. Dead Social, the Digital Beyond, Final Road Map, and the Digital Legacy Association) with powerful implications for linking interactive digital tools like social media and blogging to the work of palliative healthcare professionals. Longer lifespans combined with widespread technological trends are inevitably reshaping experiences and perceptions of death and grief – with compelling questions for how palliative care can use such trends to improve its practices. Depending on how they are used, digital assets and legacies may help support people’s coping and grieving processes, or they may have more negative effects, inhibiting acceptance and prolonging more dysfunctional responses to grief and loss.

Through research into the development of the Digital Legacy movement, and an ongoing programme of semi-structured interviews with hospice staff, technological innovators, patients and bereaved parties, this paper is aimed at critically assessing how effective palliative care might be delivered through various digital legacy services. Implications and conclusions are drawn for finding out and addressing the needs of patients and grieving relatives through online media, integrating digital legacies with existing palliative frameworks to improve care, and the ethical challenges of using new technologies to engage the highly sensitive, taboo subjects of dying and death.

P-221 WORKING WITH HOSPICES TO ENSURE PATIENTS’ DIGITAL LEGACY WISHES ARE ADHERED TO
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The Digital Legacy Association (DLA) was launched at last year’s Hospice UK conference. Their work is focused on raising awareness and improving processes in areas relating to death and the internet.