

group the Warwick- Edinburgh Mental Well-being Scale (WEMWS) was used to measure outcomes. The mean well-being score pre and post programme saw an increase of 7.2, demonstrating a positive change.

**Conclusions** Results from the pilot group have demonstrated participants' increased knowledge and understanding of heart failure. They developed coping mechanisms, changes in behaviour and benefited from peer support. Measuring decrease in medical intervention over such a short time period was difficult, however, participants reported reduced attendance at GP and improved self-management.

**P-146 REHABILITATIVE PALLIATIVE CARE – A CHALLENGE ON THE HOSPICE INPATIENT UNIT?**

Sue Cullum. *Phyllis Tuckwell Hospice, Farnham, UK*

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**Background** Traditionally hospices are seen as providing care and comfort at the end of life. However, many people with a terminal illness have rehabilitation needs – to maintain or improve function, independence and quality of life. This is increasingly the case as benefits of palliative care are being seen as relevant for a widening population with a range of terminal illnesses, and at different stages in their disease.

Rehabilitative palliative care aims to empower patients to achieve realistic goals to optimise function and independence within the limitations of their illness, and is increasingly recognised as an essential part of holistic palliative care. However, this approach can seem confusing and at odds with caring for the dying, and may be misunderstood by patients, families and health professionals. This misunderstanding may reduce opportunities for patients to optimise their final weeks and months, and may be especially challenging on the hospice inpatient unit.

**Aims** To explore the views and experiences of inpatient unit staff about rehabilitative palliative care, and how these influence models of care and practice.

To identify barriers and practices that are helpful, and to begin a conversation about ways to widen opportunities for a rehabilitative approach.

**Methods**

- qualitative semi-structured interviews
- 18 inpatient unit staff
- range of health care professions
- interviews taped and transcribed verbatim.

**Results** Five themes emerged:

- perceptions of hospice and palliative care
- understanding of 'palliative rehabilitation'
- patient psychology
- staff priorities and experiences
- opportunities and barriers.

**Conclusions** There are many examples of good rehabilitative practice on the inpatient unit, although these are not often named as such. Barriers to this approach may be rooted in perceptions and misunderstandings at public and organisational levels as well as at the bedside. Opportunities for further developing a rehabilitative approach were seen to depend on time and resources, communication and continuity, teamwork, leadership and identifying 'champions'.

**P-147 USING ACTION RESEARCH TO EXPLORE HOW A MULTIDICIPLINARY TEAM CAN ENABLE PATIENTS TO LIVE WELL**

Karen Clarke, Katherine Froggatt. *Lancaster University, Lancaster, UK*

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**Background** There is increased interest in how hospices can improve patients' independence whilst supporting them living with a life-limiting illness.

**Aim** To explore how a rehabilitative approach can be integrated into a 15-bedded hospice inpatient unit using participatory action research.

**Methods** Two volunteers, one non-clinical and five clinical members of staff participated in a co-operative inquiry group (CIG) whose aim was to bring about a change in hospice practice whilst reflecting on the activities undertaken and how it affected practice. Purposive sampling was used to ensure that nurses and therapists were represented in the CIG to reflect the potentially different perspectives to providing inpatient palliative care.

The CIG and a patient advisory group assessed whether a rehabilitative approach was suitable in this setting using data from the Integrated Palliative Outcome Scale (IPOS) and Minimum Data Set. The CIG then planned what action to take and after each period of activity, assessed the outcome before further action was planned and executed.

Data collection was concurrent, iterative, informed by the activity that took place and used to influence smaller changes as the study progressed. It was also retrospective and included: notes from ten CIG meetings (25 hours), field notes, research diary, organisation documents and data from 16 questionnaires. A thematic analysis approach was adopted.

**Results** Preliminary analysis showed that a group of staff and volunteers identifying, owning and acting collaboratively (Pascale & Sternin 2005) can successfully integrate a rehabilitative approach in to an inpatient setting. However: the terminology, rehabilitative palliative care (RPC), can be both a facilitator and barrier to change finding the balance between *enabling* and *caring* can be difficult.

RPC challenges traditional role boundaries between health-care professionals.

**Conclusions** Conceptually, there is agreement that RPC is desirable but implementation can be challenging. A multidisciplinary team working collaboratively can mitigate and overcome resistance.

**P-148 PACED REHABILITATION AND ENABLEMENT PROGRAMME FOR PEOPLE WITH A LIFE-LIMITING CONDITION**

Nicola MacKinnon, Kim Stuart. *Willen Hospice, Milton Keynes, UK*

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**Background** In response to evidence in the Hospice UK document 'Rehabilitative palliative care: enabling people to live fully until they die' we designed a service to address three key areas:

- To proactively engage patients in interventions to improve their activity levels
- To reach out to patients in an environment that for many is less daunting than a hospice setting