

these records. We are currently collecting prospective data throughout June 2018.

Conclusion Our data supports existing literature indicating that approximately 1/3 of inpatients are in their last year of life (Clark, Armstrong, Allan *et al.*, 2014). Full results will be presented at the 2018 Hospice UK Conference.

P-19 AVOIDING THE 'HALLWAY HUDDLE' ... PROMOTING ADVANCE CARE PLANNING

Jane Garner. *Mountbatten, Isle of Wight, UK*

10.1136/bmjspcare-2018-hospiceabs.44

Rationale/background Advance care planning (ACP) is recognised as being key to improving end of life care. A high proportion of people feel comfortable talking about death and dying but historically conversations have been left until a palliative diagnosis or not done at all. Families are often left to guess and make difficult decisions about care and treatment when a loved one loses capacity.

Objective Aims of the project include the development of tools, a training programme and resources to help transform professional and public attitudes to ACP and reduce the barriers, including a lack of resources, limited public awareness and professional hesitancy.

Method An assessment of local recording systems led to the development of a new template to simplify the creation of ACPs on the electronic patient record system. A public ACP booklet has been produced for anyone to record their wishes and preferences and to raise the profile of ACP. Training has commenced at the hospice, in care homes and at other locations, to improve competence.

Results The electronic template is operational and has also been adopted by GPs and district nurses. The hospice is leading by example, aiming to offer 100% of appropriate patients an ACP conversation. The new ACP booklet is available to download online or pick up from various outlets. 200 people have attended ACP training at the hospice: evaluations demonstrate an improvement in knowledge and confidence.

Conclusion It is likely that the role of hospice staff will change from creating ACPs to reviewing existing documents when patients are referred. There is no 'right time' to start an ACP, but whether in good health or not, nobody is immune from sudden illness or accidents; an ACP can help ensure everyone receives care and treatment in line with their wishes and preferences.

P-20 ADVANCE CARE PLANNING – WHAT ARE WE PROMISING PATIENTS?

¹Phil Moore, ²Matthew Doré, ²Derek Willis. ¹Keele University, Stoke, Staffordshire; ²Severn Hospice, Telford, Shropshire

10.1136/bmjspcare-2018-hospiceabs.45

Background Advance care planning (ACP) is a process of formal decision making and documentation for future reference. There's a risk that what is expressed during ACP may not be plausible within the available healthcare provision or be inappropriate. Deterioration of the patient's condition could mean that what was once possible is no longer. If this is not effectively communicated then there is potential for unnecessary

distress, anguish and conflict. For this to be communicated effectively nuances such as the difference between; 'Choice', 'Preference' and 'Rights' are paramount. This understanding needs to be on both sides of the consultation table for effective communication.

Aim To explore the perceptions and understanding of the terms; 'Choice', 'Preference' and 'Rights' of the multidisciplinary hospice team in relation to aspects of ACP.

Methodology An electronic survey completed by clinical staff within Severn Hospice over a week period.

Results There were 32 respondents from eight different job roles. 69% (n=22) stated 'where you die' as a 'Preference' with 28% (n=9) stating it a 'Choice'. Explaining DNACPR demonstrated; 'Choice' 39% (n=12)/'Preference' 29% (n=8)/'Right' 35% (n=11). Decisions regarding refusing care were mostly seen as a 'Right' (62% n=20) whereas requesting aspects of care such as admission and medications were perceived as 'Choice' (40% n=13) or 'Preference' (37% n=12). The qualitative aspect asked for perceived definitions of 'Choice', 'Preference' and 'Rights' which we split into multiple themes. 'Choice' had predominance of the themes of 'options' and 'information'. 'Preference' had predominant themes of 'options' and 'if possible'. Rights had a more 'legal' aspect.

Conclusion There is considerable heterogeneity in the understanding of the terms; 'Choice', 'Preference', and 'Rights', and even more so between the terms 'Choice' and 'Preference'. Given this is conducted upon hospice staff this gives measure for concern as potentially conflicting messages and understanding could be communicated.

P-21 SPACE – A TOOL TO AID BETTER COMMUNICATION

¹Sioned Evans, ²Julie Theisinger. ¹St Luke's Hospice, Plymouth, UK; ²St Luke's Hospital Team, Derriford Hospital, Plymouth, UK

10.1136/bmjspcare-2018-hospiceabs.46

Breaking significant news is difficult. This is compounded when space to have these conversations is limited. This was the issue raised by the Care Quality Commission at the last hospital inspection. With an interest in communication skills, I was asked as a member of the Hospital Palliative Care Team for some advice; what guidance should we follow to break significant news, so that even if we do find ourselves, literally in a tight corner, we can try and do our best.

The acronym SPACE was developed, space being the problem and in part, the solution.

Setting

Preparation

Ask, Active listening, Acknowledge feelings

Chunk and Check

Exit well

The letters represent principles of good communication that are based on well-researched, established models. The aim with SPACE is for it to be a simple, memorable acronym that will encourage and enable all in better communication. A successful outcome would be staff feeling more confident in breaking significant news and subsequently a better experience for patients and relatives. This model is currently being incorporated in to communication skills training in the hospital and in the hospice. We are also teaching bespoke groups. In conjunction with the hospice's graphic designer, SPACE cards have been developed that fit in to the ID badge

holders, so staff can carry these as an aide-memoir. We have also developed a two minute promotional video, illustrating its purpose. The Hospital Research, Development and Innovation Team have also been supporting its development. The Chief Hospital Nurse is excited about its simplicity and potential impact across the Trust. Its effectiveness is currently being evaluated. Interestingly, our Head of Human Resources at the hospice is interested in using it as a model to assist managers in having challenging conversations with staff. SPACE is for all, there is always room for improvement, however experienced we are.

P-22 SHARING THE RESPONSIBILITY, GROWING THE VOICE: BUILDING TRUST AND DIVERSITY ON TWITTER

James Bloomfield, Tara Schrikker. *St Wilfrid's Hospice, Eastbourne, UK*

10.1136/bmjspcare-2018-hospiceabs.47

Background Initial feedback from staff and volunteers indicated they wished to have their voices heard. Sharing the responsibility between all team members for communicating the message of hospice care appeared to be a new initiative to be explored. We predicted that opening up communication platforms to new perspectives would provide an insight into hospice care to local individuals and groups.

Aims To support the idea of a digital transformation within the hospice and encourage staff and volunteer participation. To encourage team members to collaborate in hospice communications, share their experiences directly and to participate in online conversations with external stakeholders.

Method Following face-to-face feedback from staff and collection of anecdotal evidence, we determined that staff and volunteers felt under-represented online and they wished to bust myths around their roles directly. We utilised short workshops to train staff and reduce barriers to entry for platforms, including 1–2–1 sessions. We tracked our success using Google Analytics and Twitter Analytics and gathered case studies, oral and written feedback from team members.

Results In 2016–2018 we grew Twitter followers around our whole team by 459% (2,207 to 12,298). In a year our retail team added 1800 followers on Twitter from 0 followers in 2017. In two years we added 70% more followers to our main account.

Conclusion This initiative demonstrates that sharing individual experiences is a contributing factor to recognising the importance of digital platforms within hospices for improving efficiency and transparency throughout the organisation. This approach lightened the burden in terms of finances and time for the Communications team while boosting frequency and variety of stories reported from diverse sources. It was an innovative way to maximise limited resources and build a digital culture within the hospice.

P-23 THE OPEN SCRAPBOOK – YOUNG VOLUNTEERS IMPROVING PRACTICE THROUGH PROJECT WORK

Rhiannon Wheeler, Tara Schrikker. *St Wilfrid's Hospice, Eastbourne, UK*

10.1136/bmjspcare-2018-hospiceabs.48

Background 16–23 year olds on a clinical volunteer programme at the hospice in the evenings presented an

opportunity to provide meaningful, bespoke activities for patients on the inpatient Unit (IPU) as well as maximising the volunteers' contribution.

Aims

- Improve wellbeing for patients on the IPU by providing narrative based activity
- Young volunteers at the start of their clinical career to understand importance of compassionate care and value of storytelling in palliative care.

Methods

- February 2018: five volunteers attended a training session to explore the benefits of company, conversation and storytelling for patients (Patel, 2016).
- Volunteers completed project work resulting in an A3 template called The Open Scrapbook; a tool for volunteers to work through with patients to creatively collate information and communicate what is special to them.
- April 2018: a new group of nine young volunteers have continued work on the open scrapbook and following a further training session, project has commenced.

Results Completion of the open scrapbook with volunteers provides meaningful activity as well as being a cathartic and enjoyable process for patients by reflecting on memories and the opportunity to tell stories about their lives and what matters to them. Open Scrapbooks are visible in patients' bedrooms so that they can continue to be added to and enable clinical and non-clinical teams to get to know important information to support their work. Open scrapbooks serve as a keepsake for patients and families to take home.

Conclusion The Open Scrapbook initiative acknowledges the impact of narrative-based activities at end of life as an important component when addressing 'total pain' (Stanworth, 2004). Young volunteers involved in the project to begin their medical careers feeling confident with talking about death, dying and loss and understand the value of storytelling in medicine and healthcare.

P-24 AS SEEN ON TV – ENABLING PATIENTS AND FAMILIES TO HAVE A VOICE

Angela Cooke. *ellenor, Kent, UK*

10.1136/bmjspcare-2018-hospiceabs.49

Background Hospice care is not well understood leading to fear and taboo about planning for end of life. This fear limits ability of people to fully live until they die. To challenge preconceived views the hospice accepted an invitation to film a TV documentary enabling people to gain wider understanding of the range of hospice support. Patients and families at the end of life can feel disempowered and the importance of having a voice becomes even more powerful (Watts, 2018).

Aims To enable the stories and experiences of patients and families to be heard and shared. To raise public awareness of the range and impact of hospice services.

Methods An observation documentary model (Nichols, 2001) was used, with an identified Clinical Lead, working closely with the clinical staff and the TV crew. Careful planning was essential ensuring the range and breadth of hospice care was recorded, highlighting hospice beyond the walls. Posters were