

**Conclusion** Evaluation of the 'This is Me' boards demonstrates a dynamic approach to patient-centred care where individual wishes and goals are communicated to all staff, and relatives in a meaningful patient-led approach.

**P-129** WHAT'S IMPORTANT TO ME

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10.1136/bmjspcare-2018-hospiceabs.154

**Background** Patients want to be viewed as an individual with dignity and respect. In the busy day-to-day of caring for people it was identified that staff were focusing on tasks of care rather than on what was meaningful for the people in their care.

The project began with a desire to involve patients in their care by identifying what is important to them. Utilising time in a different way to engage people in conversations giving them permission to tell us what is important to them; enabling the person to be truly involved in decisions about their care and informing their choices.

A team from the ward including a staff nurse as psychoanalyst, the practice development facilitator and Matron led the project. It became apparent that it was not going to be straightforward to integrate the project into everyday practice as it was identified that staff felt uncomfortable instigating conversations, referring to patients by room numbers or diagnosis. The culture on the ward had to be influenced and changed.

**Aims** To positively influence culture change on the ward. To focus the team's attention on the individual and what is important to them. To role model and support how conversations can be facilitated.

**Methods** Introduction of a new role led by the nurse psychoanalyst, to support team facilitation of meaningful conversations with patients. White boards installed in rooms to enable patients' families to write what is important to them. Hand-overs discuss patient communication and notations on the white boards to influence care.

**Results** The new nurse psychoanalyst role is positively impacting on the team practice. Improved documentation regarding patient family conversations demonstrates the culture of reticence to engage is changing. Patients' families are actively engaging in writing what is important to them on the white boards influencing their care.

**P-130** THE PALLIATIVE PATIENT'S ONGOING EXERCISE BEHAVIOURS POST HOSPICE GYM INPUT

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10.1136/bmjspcare-2018-hospiceabs.155

**Background** With research demonstrating the benefit of exercise therapy in palliative care there is the need for exercise behaviours to continue ongoing in order to sustain the benefits long term. It is imperative hospices understand the palliative patient's self-managed exercise behaviours once they have completed gym programmes in order to best facilitate a positive uptake. Research exploring these behaviours in healthy populations and in those with a non-palliative diagnosis have

found there are internal and external barriers to active uptake of exercise. These include patient understanding, education, motivation, health status, previous exercise behaviours and access to appropriate facilities or equipment.

**Aim** To explore the effects that participation in a hospice gym-based exercise programme has on ongoing exercise habits.

**Methods** Qualitative study – focus group.

**Results** Findings demonstrated there was low uptake of ongoing exercise behaviours despite patients feeling the ability to stay independent gave meaning to their lives and identified exercise as a way of achieving this. Barriers included poor education on why ongoing exercise was important, poor motivation to do exercises at home, and practical issues such as access to transport and equipment. A pertinent finding was the patient's belief that the hospice staff were the only ones who were capable of managing their needs compared to other services. Coming to the hospice filled a void in their life and they formed a strong bond with their local centre.

**Conclusions** There were similar findings for the barriers to ongoing exercise behaviours in palliative patients and those with a non-terminal diagnosis. However, there are added complexities with palliative patients and the bond they develop with their hospice which can hinder active uptake of exercise in the community. More research is needed to clarify findings and explore facilitators of self-managed exercise in this patient group.

**P-131** HEALTHCARE PROFESSIONALS' VIEWS OF REHABILITATIVE PALLIATIVE CARE

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10.1136/bmjspcare-2018-hospiceabs.156

**Background** As people in the UK are living longer with incurable diseases, it has been acknowledged that hospices need to review their provision of care (Calanzani, Higginson & Gomes, 2013). The adoption of a rehabilitative palliative care approach is recommended, which aims to optimise people's function, wellbeing and independence within the limitations of an advancing illness (Tiberini & Richardson, 2015). There is limited research examining the perspective of healthcare professionals (HCPs) working in hospices regarding rehabilitative palliative care (Wosahlo & Maddocks, 2015).

**Aims** To explore the views and experiences of HCPs working in hospice in-patient settings of rehabilitative palliative care to inform practice in hospice in-patient units.

**Methods** Jan-March 2017: Literature review and ethics application. April-June 2017: recruitment from two hospices. Qualitative approach: semi-structured interviews with HCPs working in hospice in-patient settings. Topic guide and field notes used. June-Sept 2017: interview audio-recordings transcribed verbatim, systematically analysed using Iterative Categorization (Neale, 2016) and themes developed from the data.

**Results** 18 interviews conducted: nine nurses, three healthcare assistants, two doctors, two physiotherapists and two occupational therapists. Themes identified included a shared common understanding of rehabilitative palliative care and highlighted that aspects of this approach were practised within hospices. Barriers and enablers to rehabilitative palliative care were identified, including multidisciplinary team work and communication, the concept of 'tucking up' patients, the patient and family, and external perceptions of hospices. Healthcare