LET’S FOCUS ON REHABILITATION

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10.1136/bmjspcare-2018-hospiceabs.157

Our inpatient unit has had physiotherapy skills for over 10 years, however, we wanted to expand our services from 4.5 days to a seven day service, to assist the rehabilitation of our patients, to promote independence and to enable patients to increase confidence leading to reduced length of stay and facilitating safer discharges.

An opportunity arose from the departure of our OT to review the clinical team make-up of our inpatient team and the services they can provide. Our health care assistants (who hold an NVQ3 in care) wanted to develop themselves and learn new skills, so we developed the NVQ3 rotation programme in partnership with our physiotherapist. A three-month rotation is offered in which the staff learn new skills around assessment of mobility, choice and use of equipment, rehabilitation exercises, facilitate an exercise group and undertake a prescribed exercise regime. The rotation covers the inpatient unit and day therapy suite to develop the skill set of the staff. During the programme the staff have a comprehensive workbook to complete which tests their understanding and skill set.

All of our NVQ3 staff have completed the rotation, enabling joint partnerships with our physiotherapist, patients and families. The physiotherapist provides a detailed management plan that our NVQ3 assistants can invoke; this has moved the services over to seven days and has facilitated greater understanding, enhanced assessments, joint working externally to enable our physiotherapist to develop relationships with community occupational therapist, greater access and reduced waiting times.

DEVELOPING AND EVALUATING PALLIATIVE REHABILITATION IN AN IN-PATIENT UNIT (IPU) SETTING

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10.1136/bmjspcare-2018-hospiceabs.159

Background There is a large body of evidence demonstrating the benefits of palliative rehabilitation for hospice patients. Physical function and independence are high priorities for patients living with advanced illness enabling them to maintain their autonomy, control and dignity (Tiberini & Richardson, 2015). As well as benefitting patients, a rehabilitative approach also offers health economic benefits for the organisation (Tiberini & Richardson, 2015). This approach is well established within our outpatient setting but the multi-disciplinary approach on the in-patient unit (IPU) was recognised as being less focussed on patients’ goals and priorities. The benchmarking document (Hospice UK, 2015) was subsequently used to help identify areas for short and long term development on the IPU.

Aims To evaluate the introduction of a more integrated rehabilitative approach to patient care on an In-patient unit.

Methods Between April – June 2017, activities included a literature review, service mapping, benchmarking, training of nursing and medical staff on rehabilitative techniques, and the Rehabilitation Team on new processes for initial patient assessments.

From July 2017- June 2018, ‘quick fix’ operational changes were implemented and there was liaison with the leadership team to consider future strategies for rehabilitation.
Abstracts

DECONDITIONING, THE HIDDEN MENACE, IN THE PALLIATIVE CARE PATIENT

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10.1136/bmjspcare-2018-hospiceabs.160

Background Deconditioning can masquerade as general fatigue and disease progression, impacting function, confidence, reducing independence and quality of life, increasing the need for adaptations and care. It is a hidden menace. Deconditioning can be reversed with achievable focused strengthening exercises; this is good news for the palliative care patient.

Aims To enable identification and management of deconditioning in palliative care patients. To improve outcomes for deconditioned palliative care patients.

Method Create a screening process and exercise programmes for healthcare professionals to identify and advise individuals. Provide internal and external training for professionals. Provide online resources for professionals and patients. Provide weekly ‘pop-up gym’ sessions within the hospice for patients to receive individually prescribed exercise programmes. Provide regular talks for patients within the Sunflower Centre, highlighting the importance of exercise and the risks associated with deconditioning.

Results Deconditioning screening tools, each with decision-making guide and subsequent exercise programme created (2013). Deconditioning training workshops for professionals (2013), extended to external providers (2017). Word documents created (2013), with online resources of video clips (2016), supporting patients and professionals. Patient resources both generic and individually prescribed according to need. Patients have regained independence within short weeks using the advice and exercise. Healthcare professionals have replicated these results following the training. Positive patient feedback has been received:

‘the greatest benefits are it has given me the strength and belief in myself’
‘feeling strong enough to pursue further treatment options’
‘improved my quality of life… be more positive… enjoy life as much as possible.’

Gym sessions and talks began (2018) within the Sunflower Centre. Nine patients participated with personalised outcome measures identifying the programme benefits.

Conclusion Results indicate positive qualitative feedback and increased professional awareness. Progression requires quantitative data, increased signposting for recognition and prevention, along with professional practice support in identification and advice.

ENABLING QUALITY OF LIFE BY A REHABILITATIVE APPROACH OF ADDING LIFE TO DAYS

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10.1136/bmjspcare-2018-hospiceabs.161

Utilising a grant awarded by St James’s Place Charitable Foundation we have created a culture of rehabilitation, enabling true patient-centred care in order to work towards the benchmark for best practice as set out in the ‘How rehabilitative is your hospice’ guidance by Hospice UK. A hospice wide approach has been adopted in order to facilitate and establish a culture shift across support and therapy day services and the hospice’s in-patient unit with wider effects tangible across the organisation. A wide range of disease specific self-management groups have been created with full MDT involvement, goal setting has been a key focus and patient passports to assist with self-management of symptoms have been created.

Goal setting in order to achieve a rehabilitative and enabling approach has been the main focus within the inpatient unit and has required a culture shift away from disabling patients with our approach to care and having a much more individualised goal-focused approach to the whole multidisciplinary team delivery of care.

Outcomes have been measured by observing changes in Patient Outcome Scores and sometimes Karnofsky scores together with successful achievement of individual goals and feedback from patients.

This approach has supported the 292 attendance within the in-patient unit from 1 April 2017 to 31 March 2018. A review of the training sessions undertaken across all internal staff members, trustees and volunteers has identified approximately 150 indirect beneficiaries.

The creation of a team of enabling volunteers has helped to discover what really matters to patients across all hospice services. By using one-page profiles we are establishing personal activities, goals and areas that patients wish to participate in or talk over. These activities have relevance and meaning giving them a sense of purpose to exist and enabling them to live until they die.

HOW A NURSING TASK FORCE HAS FOCUSED ON REMODELLING PRESSURE ULCER MANAGEMENT ON A HOSPICE IN-PATIENT UNIT

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10.1136/bmjspcare-2018-hospiceabs.162

Drivers for change

- The investigative process into a significant event highlighted inaccuracies in the nursing documentation
- Data capture for clinical governance meetings were inconsistent
- NICE pressure ulcer guidelines not fully implemented.

Abstracts