assistants' understanding of other HCPs' roles highlighted the need for further education in this area.

Conclusions Whilst rehabilitation is not new to palliative care, the findings suggest this approach is going through a developmental and formalisation process. Increased interdisciplinary team working and further training in rehabilitative palliative care for hospice staff would be beneficial to embedding this approach in hospices. The findings show that healthcare assistants, who provide a large proportion of patient 'hands on care', would particularly benefit from additional training to incorporate rehabilitative palliative care into their practice.

P-132 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 service 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.

P-133 IS A THERAPY LED REHABILITATION FOR WELLBEING SERVICE APPROPRIATE WITHIN A HOSPICE SETTING?

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10.1136/bmjspcare-2018-hospiceabs.158

Background Physical function and independence are important for patients with advanced illness and evidence suggests that maintaining autonomy, dignity, control and a sense of normality are priorities for them (Tiberini & Richardson, 2015).

Aims A recent benchmarking exercise demonstrated that our hospice needed to develop an earlier approach to

rehabilitation (Tiberini & Richardson, 2015). Therefore, a Rehabilitation for Wellbeing Project was developed at Dove House Hospice in Hull aiming to:

- Identify patients earlier in their palliative pathway, raise awareness and improve accessibility to hospice care
- Demonstrate a rehabilitative approach that promotes physical function, confidence, independence and psychological well-being
- To show benefits to patients' and carers' wellbeing through audit
- Educate staff on the benefits of a rehabilitative approach to personalised patient care.

Method The group operates twice weekly for six weeks, offering educational and physical activities and is delivered by an experienced therapy team, assisted by volunteers. Educational topics include fatigue, breathlessness, mindfulness, nutrition and the benefits of exercise. Patients identify personal goals and share their experiences. Validated tools have been used to record outcomes, e.g. MYCAW (Measure Yourself Concerns and Wellbeing) and NRS (Numeric Rating Scale).

Results Referrals have been received from all health professionals and self-referrals were also accepted. Participants so far have given fantastic feedback with improvements in confidence, self-esteem, mood, physical function and quality of life.

Conclusion This innovative project has rejuvenated rehabilitation in palliative care within the hospice.

Future plans The group has evaluated exceptionally well so far and Dove House Hospice will continue to fund the rehabilitation for wellbeing project after the original project funding has ceased.

P-134 DEVELOPING AND EVALUATING PALLIATIVE REHABILITATION IN AN IN-PATIENT UNIT (IPU) SETTING

Samantha Atkins, Faye Chappell, Polly Traxler. *The Hospice of St Francis, Berkhamsted, UK*

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.

Aim 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. Supporting

documentation was developed, staff engagement activities were carried out and data was collected.

Patient feedback was obtained and Goal Attainment Scores (GAS) used to measure achievement of personal goals.

Results Our mid-point review demonstrated positive changes, including adaptations in the delivery of care to focus more on patient-centred rehabilitative goals across the multidisciplinary team. Data collection is continuing and the final evaluation will take place in July 2018.

Conclusion Throughout the implementation of the project, challenges were identified in terms of the difficulty of initiating and maintaining the momentum of a cultural shift which has been previously evidenced. The final evaluation will therefore take account of both the objective outcomes and our reflections on how these challenges were addressed.

P-135 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 (2015). Deconditioning training workshops for professionals (2015), extended to external providers (2017). Word documents created (2015), 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.

P-136 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.

P-137 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.