

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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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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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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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.