Aim To improve the nursing management and prevention of pressure ulcers on the in-patient unit (IPU) in accordance with best practice and evidence. To debunk the myth that pressure ulcers are unavoidable at end of life.

Method Initial audit (Hospice UK) in 2016 highlighted a required review of the hospice policy and nursing documentation on admission and discharge. A task group commenced May 2016 comprising of the clinical director, IPU manager, H@H manager and IPU nurses with expertise and special interests in tissue viability.

Action plan

- Develop and adopt a policy and guidelines for the prevention and management of pressure ulcers on the IPU
- Collaborative working with the local NHS Trust to ensure we are working cohesively and consistently
- To provide training for IPU staff to develop their knowledge of pressure ulcers, risk assessments, management and prevention
- Raise awareness of the importance of skin care with patients, families and carers
- Improve the nursing documentation and reporting procedures, data collection and root cause analysis of pressure ulcers.

Results Audit results

Date	Average compliance%
August 2016	34%
September 2018	92%

Pressure ulcers 2017

Pressure Ulcer Grade	Number
Grade 2	3
Grade 3	1
Grade 4	0

Pressure ulcers 2016

Pressure Ulcer Grade	Number
Not known	29 (unreliable data)

Conclusion Pressure ulcers are one of the most common occurring harms in healthcare. This task force has been the catalyst for the IPU nurses to challenge the myth of inevitable skin damage at end of life, underlining the importance of general nursing care interventions within a specialist palliative care unit.

P-138 I AM A GUEST IN YOUR ORGANISATION

Christina Ginsburg, Mountbatten, Isle of Wight, UK

10.1136/bmjspcare-2018-hospiceabs.163

Background The discharge of a patient from hospital, who is nearing the end of life requires skilled, careful coordination

and communication and can be highly time consuming. The Hospital Palliative Care Discharge Facilitator role is responsible for actively supporting discharge to people's preferred place of care. Research suggests that responsive, seamless discharges most often occur when one person is dedicated to the function to ensure that all aspects of the discharge process have been covered and nothing has been missed. The post holder was outreached from the hospice to the district general hospital for one year.

Aims Reduction in hospital beds days for patients at the end of life who do not wish to die in hospital. Prevention of hospital admissions by ascertaining patient's wishes, completing their advance care plan in the Emergency Department. Free NHS staff from organising care packages.

The objectives of the role:

- To identify daily patients who are end of life
- Expedite complex discharges by attending all wards and the Emergency Department
- Offer advice, support and consider available options with discharge plans.

Results

- 108 successful discharges in last nine months to own home or care setting
- 58 people were not discharged often due to a late referral and died during discharge planning or packages of care were unsourced.

Conclusion One of the values of the hospice is that we are innovative and bold – this is played out daily across the hospital. The role is responsive and creative. The success of coordinating complex discharges in a busy acute setting is supported by the hospice philosophy. There is a refreshing and unique quality about practising in an organisation you are not accountable to. The ability to challenge and question is well received and respected.

P-139 'I EXPERIENCE VR' – LOROS HOSPICE DEVELOPMENT OF VIRTUAL REALITY THERAPEUTIC DISTRACTION THERAPY APP

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10.1136/bmjspcare-2018-hospiceabs.164

Background One year on from commissioning the first virtual reality (VR) film of a local park aimed at bringing relaxation and distraction therapy to patients whose lives have become restricted due to their illness the chance to see the world from the comfort of their chair or bed, LOROS Hospice has developed the project into a growing library of therapeutic films stored safely within its 'I Experience VR' App.

A robust evaluation study of patient response is underway to establish the impact on transforming patient care. To reach out to more patients it has engaged with other hospices and care homes with an invitation to join a partnership consortium and is constantly re-evaluating its offering.

Aim Provide patients with relaxation, calmness and provoke heart-warming conversations, a patient feels like they are actually there. It is simple to use for all health care professionals offering a different way to engage with patients and their families. 'I Experience VR' is subscription based with funds put directly back into the production of further 360 degree immersive VR films chosen by patients, residents and partners.