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

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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.

Methods A project methodology approach is being used to plan 'I Experience VR':

- Staff training and VR Champion recruitment
- Evaluation of patient experiences
- Enhancements to patient well-being using VR
- Commissioning further VR films
- Expansion of partnership consortium
- Creative marketing.

Results

- 20 VR Champions trained across all sectors of hospice care
- All patients reported feeling more relaxed and some who were in pain reported a reduction in pain 'Amazing'; 'I feel like I am there'; 'I was not aware of the pain in my hands and wrists'; 'I so enjoyed being back by the sea'
- Commissioned four films, one being a hospice tour aimed at reducing anxiety before visiting a hospice
- Four hospices have joined the partnership consortium, with others interested.

P-140

ADAPTED TAI CHI IN PALLIATIVE CARE – THE IMPACT ON WELL-BEING AND QUALITY OF LIFE

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10.1136/bmjspcare-2018-hospiceabs.165

Background Living with advanced, incurable disease presents multifaceted adversities which negatively impact on various domains of well-being (McCaffrey, Bradley, Ratcliffe *et al.*, 2016). Whilst initial evidence is promising (Wang, Collet & Lau, 2004; Zeng, Luo, Xie *et al.*, 2014) the role that mindful movement therapies may have on ameliorating patients' experiences and quality of life (QoL) is not well understood.

Aim Explore how participation in Tai Chi impacted on participants' experiences of QoL within the context of multi-disciplinary day-therapy hospice care.

Methods A focused ethnography (Wall, 2014) was used to guide data collection in this study. Data was collected with patients (n=19) with advanced, incurable disease who took part in Tai Chi sessions offered at Wheatfields Hospice. Over a six month period, semi-structured interviews, participant observations, and informal conversations were used in order to gain a multi-dimensional, embodied and nuanced understanding of patients' perceptions of their QoL across four broad domains of well-being (i.e., physical, psychological, social, and spiritual). Data was analysed using a thematic framework approach (Ritchie, Lewis, Nicholls *et al.*, 2013).

Results Two overarching themes (each accompanied by two sub-themes) captured participants' experiences of their QoL through participation in the hospice-based Tai Chi programme, including:

- Mind-body respite (sub-themes: being present in the moment and embodied peace)
- Social engagement (sub-themes: meaningful social connections and mutual empathy and reciprocal support).

Conclusion These findings provide evidence for the value of mindful movement therapies (such as Tai Chi) in serving as a non-pharmacological adjunct to conventional palliative care treatment in improving the QoL of patients with advanced, incurable disease regardless of disease type.

P-141

REIKI TRAINED NURSES: INTEGRATING ENERGY THERAPY INTO PALLIATIVE CARE FOR PATIENTS, CARERS AND STAFF

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Background Reiki therapy can be delivered 'Anytime, Anyplace, Anywhere' – no equipment, towels or oils required. With minimal contraindications, using touch or non-touch, Reiki is a gentle, effective therapy for palliative patients and carers. Research, including a Cochrane review (2008) for pain reduction, supports the benefits of Reiki for side effects of nausea, anxiety, digestion issues and irritability.

Aim To initiate a staff training project to integrate Reiki within overall care in the day hospice, in-patient unit and the children's hospice. Funding of £4700 was received for this project from the Hadfield Trust. Reiki therapist post was pump-funded by the Sam Buxton Sunflower Healing Trust for 2.5 years.

Methods Four staff nurses and two activity coordinators trained to Reiki II practitioner level. Involving eight contact days (64 hours), four Reiki share sessions (eight hours) and weekly at home practice over 11 months. Education sessions across the hospice raised awareness of the therapy and staff training project. New working practice on the wards introduced, including MYCAW evaluations and self-care tools for patients, carers and staff.

Results Trained staff now provide Reiki within their general roles on the wards, enabling Reiki to be available at point of need, day or night. Staff have been providing Reiki since April 2018, so results continue to be compiled. In two months, 70 additional patients, carers and staff have received Reiki from staff practitioners. Fundraising continue to explore future opportunities to train additional medical staff.

Conclusion With an increased number of patients benefiting from Reiki, plus boosted awareness stimulating referrals, we believe the training has made a significant difference to the quality of care – emotionally, physically and spiritually. Qualitative and quantitative data gathering continues.

P-142

EVALUATION OF A NEW PORTABLE ULTRASOUND FACILITY AT COUNTESS MOUNTBATTEN HOUSE HOSPICE

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10.1136/bmjspcare-2018-hospiceabs.167

Background It has been standard practice for all patients to have US prior to paracentesis. This involved:

- Ambulance transfer to/from Acute Hospital in Southampton [SGH]
- Nurse escort
- Admin time
- Cost average=£600 per patient
- Increased length of stay by 4–7 days, awaiting scan at SGH
- Poor patient experience.

50% of our patients died within 10 days of paracentesis, indicating their general frailty and the importance of short admission.