

We have tested the logistics of OLW, the best ways to create, exhibit and share works, learning a lot about practicalities (materials), as well as processes (photography, storage, consent).

We also tested the impact of OLW through observation, group reflection, feedback cards and interviews. Initial findings suggest OLW had a positive impact, enabling children to have fun, build positive relationships and develop a sense of self and belonging. We also saw a powerful impact on families, including bereaved families.

We learnt a lot about happiness (and sadness), and about all kinds of connexions. OLW changes all the time, as children take it in new and exciting directions. We feel that OLW is transferrable to other settings.

Generating Research, Knowledge and Outcomes

P-53 HOW WE MADE AUDIT WORK FOR US – THE ROLE OF THE NON-CLINICIAN

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Audit is a crucial tool for evaluating how well any organisation is doing; it specifically asks if we are meeting an expected standard. If the standard is met we can be assured that, as a team, good practice is being maintained, if not met, recommendations from the audit need to be implemented through an agreed action plan. Whatever the outcome of any audit it is vital to demonstrate reflective practice and continued commitment to, or improvement in, those standards which underpin the overall delivery of services.

At our hospice, audit was important, but it had always been the 'domain' of the clinicians. Moreover, we were struggling to engage busy clinicians in driving forward our refreshed, comprehensive audit programme and its associated process. We therefore needed to think differently.

Working on our hospice-wide quality agenda through shared learning sessions, it became clear that non-clinical colleagues were eager to help especially as everyone recognised the central value of audit and could see how becoming involved would build their understanding of key clinical areas. Managers from all our other departments (fundraising, trading, support etc) were invited to volunteer to improve their understanding of some of the challenges of patient care by supporting clinicians with audit completion. To demystify the work we ran education sessions to introduce the importance of audit and it was a boon that our non-clinical managers were quickly inspired by the sessions and readily seized the opportunity to work together in a closely collaborative initiative with clinical colleagues.

Key audits were allocated and a clinical lead agreed. The feedback was overwhelmingly positive and participants reported enjoying working to drive meaningful improvement, learning new things and building greater team cohesion. Thanks to this initiative our audit plan was fully successful and is now an embedded, shared practice.

P-54 A PROPOSAL FOR HOSPICES TO COLLABORATE ON INFORMATION AND KNOWLEDGE SUPPORT

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Background and aims Hospice libraries are often small with limited budgets. Most employ one part-time staff member or are run solely by volunteers, however, demand for information support in organisations that strive for evidence-based practice is high. Hospice clinicians need to identify relevant research and appraise it effectively. Hospice librarians need to provide the right support to their users to facilitate the required outcome of highly skilled healthcare professionals that stay current, appraise research appropriately and drive evidence-based practice.

Changes in copyright law and advances in technology mean that it has never been easier to share resources and communicate nationally. While the healthcare sector struggles with increased demand and static financial support, hospice libraries will be required to leverage their resources as much as possible.

Methods and results By working together, hospices could maintain their knowledge and information services at an acceptable level and within budgetary constraints. It is proposed that hospices collaborate and share: journal articles; current awareness services; acquisitions lists; online information skills training; and journal club support. A range of resources have already been produced by a large hospice and additional information and tools from participating hospices could be pooled in an online information hub. Email and phone support could be coordinated by the initiating hospice, with particular emphasis placed on supporting the hospice library staff and volunteers already in place all around the country.

Service evaluation and impact would be monitored using website usage reports and statistics on the type and number of phone and email enquiries received. A whole sample online survey would further evaluate the service proposition. Usage statistics and online survey responses would be analysed annually to further develop the service.

P-55 HOSPICE LIBRARY SERVICES: MUCH MORE THAN A LIBRARY SPACE

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Background Within Health Education England, Library and Knowledge Services are acknowledged as a 'powerhouse for education, lifelong learning, research and evidence-based practice. An annual quality assurance framework benchmarks services nationally, providing evidence of input to improving patient care, supporting research activity, workforce development and innovation.

Provision, access and use of hospice library services throughout the UK is largely unknown. A report for the Commission into the Future of Hospice Care – 'Research in palliative care'

(2013) – referred to the fact that ‘88% of hospices had a library space and 94% had subscriptions to academic and professional journals’, however, it acknowledged that there was no clear picture on the ‘extent to which these facilities are used’.

Aims and method This project aims to capture that missing data, and more, by surveying all adult and children’s hospices throughout the UK. It aims to build a ‘state of the nation’ picture of hospice libraries, service awareness, usage and staffing. The survey will be conducted in Summer 2016, with preliminary results available for presentation at Hospice UK’s 2016 conference.

Outcomes: partnership and potential With a better understanding of the services available, and usage of library services, the survey findings will enable hospice library staff and those involved in the wider hospice research, education and training remit to:

- Identify areas to develop and work collaboratively on to support research, education and continuing professional development
- Share expertise
- Explore the potential for shared purchasing and cost-saving efficiencies.

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OACC VIRGINS – CHALLENGES AND OPPORTUNITIES OF IMPLEMENTING OUTCOME MEASURES INTO CLINICAL PRACTICE

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Introduction Health services are increasingly being required to demonstrate that they meet the needs of individual patients and their families, and that they do this in an effective and efficient way. This project describes the implementation of the ‘Outcome Assessment and Complexity Collaborative’ (OACC) suite of outcome measures into clinical practice within a hospice setting.

Aims of the project

- Implement using outcome measures in clinical practice
- Using OACC to assist with informing, allocation of workload and caseload management by evidencing the complexity of patients
- Understand, challenge and address some of the cultural barriers to implementing outcome measures in a hospice environment.

Approach used

Research and resources	Purchased OACC pack Sharing learning from another hospice taking part in OACC project pilot
Training	Partake in OACC webinars Attend ‘Train the Trainer’ OACC session at the Cicely Saunders Institute Roll out training to clinical teams
Pilot implementation	Meeting with clinical leads to plan implementation Two measures implemented in the clinical areas of inpatient unit, hospital palliative care team and community - measured at admission or first contact initially Monitoring of team compliance Increasing frequency of measurement and introduction into day services

Results The chart describes key learning points from implementing OACC into clinical practice.

Organisational readiness and culture	Consider organisational culture in terms of planning implementation Consider organisational readiness in terms of resources, IT system and able to ‘sell the reason’ for implementation Organisational readiness at the macro (organisational & strategic), meso (team, structure & processes) and micro (individual behaviours & actions) levels
Stepped approach to implementation	Evidence from national OACC pilot of staff feeling overwhelmed if all measures implemented together Stepped approach improves quality of measures and staff gain confidence Implementation takes at least a year
Embed use within teams	Identify your opinion leaders Use the language of OACC in everyday practice – MDT meetings, handovers, caseload reviews, Board and Committee meetings, report writing
Importance of feedback	Feedback to teams and all levels of the organisation (macro, meso & micro) is a powerful motivator and imperative to success of implementation Opportunity for staff to tell their experiences of use of OACC, what challenges there are Celebrate success

Conclusion Effective implementation of OACC has required a stepped approach, an understanding of organisational readiness and key barriers. OACC is already proving an invaluable tool in articulating the complexity of patients within hospice services.

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EVALUATION OF THE OUTCOME ASSESSMENT AND COMPLEXITY COLLABORATIVE (OACC) TRAIN THE TRAINERS WORKSHOPS

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Background The OACC project led by the Cicely Saunders Institute seeks to implement outcome measures to measure, demonstrate and improve palliative care for patients and their families. In collaboration with Hospice UK, four Train the Trainer interactive workshops were delivered March to June 2016.

Aims To enable participants familiar with the OACC measures to train people to implement and use OACC measures in their settings. To evaluate the delivery, relevance and usefulness to practice of the workshops.

Method Evaluation of attendance, workshop delivery, relevance, usefulness to practice and thematic analysis of the free text comments.

Results 98 participants from 46 organisations attended. 87% recommended the workshop to others (1% unsure, 12% did not say). Participants valued practical issues such as further information about OACC, change management, organisational readiness, feeding back data and teaching OACC. Accreditation was of low interest.