DEVELOPING A WARD BASED RESEARCH HUB IN A HOSPICE; IMPROVING RESEARCHER ENGAGEMENT WITH STAFF IN THE HOSPICE ENVIRONMENT TO PROMOTE RESEARCH ENGAGEMENT AND ACTIVITY

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Background Clinical research is important to ensure evidence-based care that improves terminal illness outcomes (Higginson. BMJ Support Palliat Care, 2016; 6(1): 2-4). Research in hospices can be challenging due to lack of time, support and research awareness amongst staff (Payne, Preston, Turner, et al. Research in palliative care – can hospices afford not to be involved? Help the Hospices, 2013). Closer working relationships with researchers in the clinical environment could increase visibility of research, help researchers to engage with staff and support clinicians to develop skills and competency.

Aims To create a research space in the clinical environment of a UK hospice, to enable researchers to be more visible and accessible to patients, caregivers and staff.

Methods Short term development works at the hospice has created the opportunity to re-purpose some clinical space on a temporary basis for a variety of projects. Through this initiative the research team converted a clinical room to a space for researchers to work in the clinical environment and engage with staff. The research hub was used for a number of activities such as displaying research work, carrying out interviews and providing a creative space for the development of the 12 month ‘designer in residence’ programme. Plans to evaluate the research hub are in progress.

Results Increased visibility of researchers has helped to promote a research culture in our hospice. The project has led to increased engagement from patients, caregivers, clinical and non-clinical staff. Hospice staff have increased participation in research activities such as abstract writing, conference attendance, grant applications and participating in journal club.

Conclusions Creating a research space in a clinical environment can provide opportunities for better engagement between researchers, patients, caregivers and staff. We are exploring opportunities to make the research hub a permanent feature in the hospice. Evaluation of the research hub is in progress to determine its success to explore potential for translation to other hospices.

P-114 A DESCRIPTIVE CASE STUDY OF WIDENING PARTICIPATION IN A HOSPICE JOURNAL CLUB

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Background We found that members of the non-clinical hospice team did not routinely access Journal Club meetings.

Aim To ensure our Journal Club is relevant and inclusive to all staff working at our hospice.

Activities We chose to discuss at our weekly Journal Club the article, ‘Tidying rooms/tending hearts’, which explored the important role of the housekeeping staff. Five members of the housekeeping team attended, along with healthcare professionals from a range of hospice services. Our Journal Club is held in a hybrid format. The meeting was recorded with consent and subsequently other members of staff have listened to the recording.

Outcomes Attendees were engaged with the topic and the housekeeping team reported that:

- They took an overwhelming sense of pride in their role and of the high standards they strive for, which are evident in their excellent infection control audit results.
- Being with patients is an important and fulfilling part of their role.
- Conversations with patients often revolved around casual topics, but patients also discussed their illness and, occasionally, thoughts regarding death with them.
- The housekeeping team sometimes felt uncomfortable and helpless and did not feel they knew what to say or do when patients talked about death.
- Often, they would not know what to expect when they entered a patient’s room.

Implications for practice After the Journal Club meeting we met with the Senior leadership Team to discuss the outcomes and learning opportunities. This resulted in changes to practice aimed at providing palliative and end of life care training and improving pastoral support for the housekeeping team.

Conclusion Widening participation in the Journal Club had several unexpected benefits: for the participants, who felt more included in the hospice team; and, for patient care, as hospice clinicians were able to further recognise the important daily contact and support the housekeeping team provide to patients.

P-115 ESTABLISHING A HOSPICE-BASED PUBLIC AND COMMUNITY INVOLVEMENT AND ENGAGEMENT (PCIE) GROUP

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Aims To describe the establishment of a hospice PCIE group formed for a NIHR ARC-funded qualitative interview study and the group’s impact on the hospice’s research.

Methods The hospice advertised for PCIE members and reached out to local community organisations. Best practice was identified through guidance from the NIHR and national Patient and Public Involvement groups.

Results Founding members of the hospice PCIE group collaborated on developing member roles, research activities, terms of
reference and meeting arrangements. To support the NIHR funded interview study, the group advised on topic guides and participant information, received training on qualitative data analysis and participated in analysing interview data. Members found working alongside the hospice research team important and insightful: “Just being involved in something so important and seeing how in-depth the interviews were ... was a highlight.”

Two group members joined a national NIHR Partnership, providing feedback on research proposals and will be involved in subsequent grant applications. A clinician from a local NHS Trust presented and gained feedback for his PhD research project. The group continue to monitor wider research activity at the hospice, ensuring relevance to the community.

Conclusion An NIHR ARC award initiated the establishment of a hospice PCIE group. National standards supported development of structure and processes. PCIE funding was incorporated into the hospice research budget post-completion of the award. The PCIE group has increased hospice research capacity and is well placed to contribute to local and national research partnerships. It addresses national health priorities, bringing experiences of people in coastal communities (Whitty, Chief Medical Officer’s Annual Report 2021: Health in coastal communities, 2021) into palliative care research.

IMPLEMENTING OUTCOME MEASURES ACROSS HOSPICE SERVICES – THE STORY SO FAR

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Background Quantifying the impact of hospice care is challenging, with outcome measures used in the acute sector not fit for purpose in a hospice setting (Etkind, Daveson, Kwok, et al. J Pain Symptom Manage. 2015;49(3):611–624). A suite of measures has been developed and validated specifically for use in palliative care, and adopted by various hospices across the UK. Three of these measures were introduced in Ayrshire Hospice in October 2022.

Aim To effectively implement, using principles of implementation theory (Bradshaw, Santarelli, Mulderrig et al. Palliat Med. 2021;35(2):397–40), three outcome measures across all hospice settings, with clinical staff understanding the rationale behind use of the measures and how they can improve and demonstrate patient-centred care.

Methods A working group with representation from each clinical area was established six months prior to the launch date. This group included the lead consultant, who was the project sponsor. The group met regularly to establish which measures would be implemented during phase 1, and associated processes required to utilise the measures consistently within current working practice. A series of infographics introducing the measures and why they were being implemented was developed and communicated to staff in the period prior to implementation.

A programme of education was attended by 69% of clinical staff. An internal online resource was developed as a reference tool for any staff requiring further information on how to use the tools.

Feedback from staff and initial findings from data audits were communicated at 3 week and 3 month timepoints to encourage engagement and participation from teams.

Results All three measures were successfully implemented on the planned date. Evaluations of the education sessions were positive, with 100% of attendees improving their knowledge and understanding.

Conclusion Using principles of implementation theory, outcome measures were successfully introduced across all services of the Ayrshire Hospice. These will inform care at patient and service level, and demonstrate impact of hospice services (Dudgeon. J Palliat Med. 2018; 21(S1):S76-S80).

IMPLEMENTATION OF OUTCOME MEASURES IN A COMMUNITY PALLIATIVE CARE SERVICE

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Background The community palliative care service provides care and support to people who are living with palliative and end of life care needs at home. The team is well established and provides vital support to the wider primary care team. Despite this we had no way of demonstrating the difference we were making to patient care. The implementation of outcome measures would enable us to better recognise areas of improvement, evidence what care we are currently delivering more effectively and measure the impact of what is being delivered.

Aim Can IPOS, AKPS and POI be used reliably by the community team to measure the difference they make to patients and families?

Methods Phase 1 (April to June 2022) included training workshops, online learning and time for the team to pilot and reflect on the tools. Phase 2 (July 2022 to June 2023), IPOS, POI and AKPS were recorded at each home visit electronically using Crosscare. Where possible the IPOS was completed by the patient. Case studies have been used to demonstrate impact and also highlight any facilitating factors and barriers of using the tools. A staff survey was completed at three time points.

Results Quantitative data will be presented including patient numbers, IPOS symptom scoring, phase of illness, AKPS scoring and how this data was used both for the patient and their family but also to implement change within the service. Case studies will highlight some of the barriers we faced during the process and some of the successes. Staff surveys have been used to assess how we approached the change throughout the pilot period.

Conclusions Outcome measures when used as part of everyday practice can improve the quality of care provided to patients and their family. They are able to assist us in identifying future areas of development required across the service.

TWO STEPS IN TO EMBEDDING OUTCOME MEASURES WITHIN HOSPICE SERVICES: THE OUTCOMES ADOPTION AND COMPLETION CHALLENGE

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Background Outcome measures when used as part of everyday practice can improve the quality of care provided to patients and their family. They are able to assist us in identifying future areas of development required across the service.

Methods Two steps in to embedding outcome measures within hospice services: the outcomes adoption and completion challenge.