IMPLEMENTING OUTCOME MEASURES ACROSS TWO STEPS IN TO EMBEDDING OUTCOME MEASURES

2021: Health in coastal communities. 2021) into palliative health priorities, bringing experiences of people in coastal and national research partnerships. It addresses national nation of the award. The PCIE group has increased hospice incorporated into the hospice research budget post-comple- development of structure an d processes. PCIE funding was
An NIHR ARC award initiated the establishment 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-comple-
tion 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.

P-116 IMPLEMENTING OUTCOME MEASURES ACROSS HOSPICE SERVICES – THE STORY SO FAR

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10.1136/spcare-2023-HUNC.137

Background Quantifying the impact of hospice care is chal-
lenging, 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 implementa-
tion theory (Bradshaw, Santarelli, Mulderrig et al. Palliat Med. 2021;35(2):397–40), three outcome measures across all hos-
pice 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 clini-
cal 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).

P-117 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 work-
shops, 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.

P-118 TWO STEPS IN TO EMBEDDING OUTCOME MEASURES WITHIN HOSPICE SERVICES: THE OUTCOMES ADOPTION AND COMPLETION CHALLENGE

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