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.

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

Lynne Hoffin, Kirsty Cornwall, Fiona Irvine, Alana Struthers, Cat Killin. *Ayrshire Hospice, Ayr, UK*

10.1136/spcare-2023-HUNC.137

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).

P-117 IMPLEMENTATION OF OUTCOME MEASURES IN A COMMUNITY PALLIATIVE CARE SERVICE

Lyndsay Cardwell, Liz Smith. *Strathcarron Hospice, Denny, UK*

10.1136/spcare-2023-HUNC.138

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.

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

Oliver-Jon Tidball, Christina Eldridge. *Heart of Kent Hospice, Maidstone, UK*

10.1136/spcare-2023-HUNC.139

Background Outcome measures play a pivotal role in enhancing the quality, efficiency and availability of palliative care services. The Outcome Assessment and Complexity Collaborative (OACC) provides a suite of validated measures that is designed to measure, demonstrate, and improve care for patients and their loved ones. Outcomes data can be used to inform and guide clinical care/interventions at the bedside, MDT decision making, future strategic service planning and benchmarking.
Aim While some OACC measures had already been adopted and influenced a service restructure, it lacked coordination and clarity of purpose across the organisation. Poor data quality and volume therefore affected clinical leadership's ability to demonstrate service efficacy. Aim to improve OACC measures utilisation and processes across community and inpatient settings.
Method Working party convened to understand current practices alongside a review of OACC ECHO resources and creation of an organisational relaunch programme. Delivery of a suite of face-to-face and online education events. Production of resources for colleagues. Hospice referral process adapted to include outcome measures. Feedback mechanisms between clinical delivery and clinical leadership created.
Results One year since the re-launch, 667 patients had at least one IPOS assessment. 595 of those had the minimum of two assessments. Scoring for majority of symptoms or concerns decreased, although some worsened. Overall, 11% decrease in symptom burden for patients on the Inpatient Unit. Phase of Illness and AKPS are now a unified language across services and within clinical meetings. Views on Care demonstrates high level (97% of inpatients) of improvement in quality-of-life scores.
Conclusion Organisationally we've made a great start and have areas of excellent quality data. Some processes aren't working as well as originally intended and further development and training is required. First time dealing with large outcome data requires additional time to understand, interpret and now decide how, and what to report on.

P-119 INTRODUCTION OF THE DECEASED INTEGRATED PALLIATIVE OUTCOME SCALE (IPOS) SPIDER DIAGRAMS TO MULTI-DISCIPLINARY TEAM (MDT) MEETINGS TO IMPROVE THE QUALITY OF THE DYING PHASE

Sarah Wells, Rachel Perry, Claire Ferguson. *Marie Curie, Solihull, UK*

10.1136/spcare-2023-HUNC.140

Background The outcome measures; Palliative phase of illness, Australian Karnofsky and IPOS were introduced to the hospice in 2016. The deceased IPOS (a reduced 8-point assessment) has recently been introduced to assess patients' symptoms in the last 48 hours of their lives.
Aims To improve transparency of symptom burden within the dying phase for patients on our inpatient unit with the goals of: (1) Demonstrating the impact of care by the MDT. (2) Identifying learning needs. (3) Highlighting bereavement needs for families.
Methods Through work with an analytics company (BLUEFish) we have been able to produce a visual display of the patient specific deceased IPOS scores directly from the electronic patient record. SystmOne can be configured to include additional menu items (buttons) on the patient record toolbar which give access to the spider diagrams. Outcome measures reporting used at Marie Curie sits outside of SystmOne and by customizing the SystmOne toolbar, users can launch the IPOS Spider diagram report for the current patient with a single click. Button setup is straightforward and, once configured, the new function becomes available to all users. This spider diagram is projected during IPU MDT.
Results Staff have a clear visualisation of the symptoms present during the dying phase.
Conclusion The introduction of the displayed deceased IPOS is improving the quality of our care within the dying phase, and improving engagement with our MDT and counselling team.
Impact on practice

- Counselling staff have a greater awareness of symptom and distress levels during the dying phase and therefore the likely impact on bereavement for family members who are referred to them.
- The immediate feedback in MDT improves job satisfaction as most deaths are peaceful.
- For deaths with higher scoring symptoms, a more thorough review is now undertaken, and learning needs identified.

P-120 INTEGRATED PALLIATIVE OUTCOME SCALE (IPOS) SPIDER DIAGRAMS – IMPACT ON INPATIENT UNIT STAFF

Sarah Wells, Rachel Perry, Wardha Hussein, Lauren Jones. *Marie Curie, Solihull, UK*

10.1136/spcare-2023-HUNC.141

Background Outcome Measures – Palliative phase of illness, Australian Karnofsky and IPOS were introduced to the hospice in 2016. Through work with an analytics company (BLUEFish) we have been able to produce a visual display of the patient specific IPOS scores directly from the electronic patient record. SystmOne can be configured to include additional menu items (buttons) on the patient record toolbar which enable functions that are not available within SystmOne. Outcome measures reporting used at Marie Curie sits outside of SystmOne and by customizing the toolbar, users can launch the IPOS Spider diagram report for the current patient with a single click. This spider diagram is projected onto the wall during IPU MDT. The MDT chair uses the spider diagram to structure discussion within physical, social, psychological, and spiritual domains.
Aims To improve person-centred care on an inpatient unit (IPU) through engagement of the wider MDT by displaying individual IPOS scores in spider diagram format at the weekly MDT meeting.
Methods 15 staff members across the IPU MDT were interviewed. Questions were directed to the impact of the IPOS spider diagrams on their awareness, engagement and impact on symptoms identified by patients.
Results Interviews are in progress, but initial feedback shows improved awareness, engagement, and impact on patients' symptoms.
Conclusion IPOS spider diagrams displayed at IPU MDT have created a shift to a more person-centered and holistic style of care through improved engagement of the wider multi-disciplinary team.
Impact on practice Improved holistic symptom control can be achieved through powerful data display.