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

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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. 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-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

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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 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 Improved holistic symptom control can be achieved through powerful data display.