

**Aims** To understand the correlation between the patients who had been remembered with in memoriam donations and their personal circumstances/support from us. To identify if in memoriam fundraising could be at risk. To align care ambitions and fundraising potential in our next strategy.

**Methodology** Donation information from our fundraising database was exported. It was traced back to patient records by a specialist research colleague. They overlaid the donation information with a set of pre-determined patient criteria including age, illness, team contact, time on caseload and place of death. We also looked at the time-period loved-ones donated for, after their loss.

**Results** We will use this research to:

- Deepen the relationship between our clinical teams and fundraisers.
- Inform our future financial planning, aligning it with anticipated care-need trajectories.
- Invest hospice resources in areas which are likely to support our financial sustainability.

**Conclusions** Most in memoriam donations are for people who have died from cancer and stayed on our Inpatient Unit. However, the giving behaviour of loved ones who have lost someone to other illnesses is different, they are giving less, for shorter periods. We must incorporate these insights into our future plans.

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#### EVALUATING THE IMPLEMENTATION OF THE DOROTHY HOUSE SERVICE REDESIGN

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**Background** In 2022, Dorothy House Hospice Care embarked on implementing a comprehensive redesign of services in line with its mission to ensure everyone has access to outstanding palliative and end of life care. The services redesign had five specific goals: care for more people; local care, closer to home; earlier support; easier access, and more compassionate communities. With limited evidence available to inform implementation of change in hospices, this research focused on understanding the experiences of people involved in the change process.

**Aims** The study sought to identify what worked well and less well during the implementation of the Dorothy House hospice service redesign, for whom, in what circumstances, to what extent, and why? The focus was on the first year of implementation (April 2022 – April 2023) and aimed to engage with stakeholders to capture learning about how hospices can transform services in line with stated goals.

**Methods** This study is informed by realist evaluation. Thirty-seven semi-structured qualitative interviews were conducted with participants from across the Dorothy House community (including senior leadership team, staff, and volunteers). The interviews explored participants' experiences of the implementation and their ideas about how and why it led to the outcomes observed in their teams. Framework analysis will enable the development of context-mechanism-outcomes explanations for how the service changes were implemented.

**Results** Interview transcripts provide a rich narrative of participants' direct and indirect experiences. Data analysis is in progress and findings will be presented at the Hospice UK conference.

**Conclusions** This project develops evidence-based explanations of 'what worked for whom' during the first year of implementing the service redesign at Dorothy House Hospice. Improved understanding of the contexts and mechanisms of change within hospices could help to inform future implementation projects.

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#### SERVICE AND PATHWAYS DESIGN IN A HOSPICE SETTING

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**Background** Continuous quality improvement requires commitment to constantly improve operations, processes, and activities (Varkey, Reller, Resar. *Mayo Clin Proc.* 2007;82(6):735–9). Clinical pathways allow us to reduce variation, improve quality of care, and maximise patient outcomes (Lawal, Rotter, Kinsman, et al. *BMC Med.* 2016;14, 35). We believe in continuous improvement, and recognise that one of the biggest barriers to delivering even better care and support is the overall design of our frontline services and the processes that deliver those services.

**Aims** To review the design of our service user touch points from the point of referral to the hospice until completion of bereavement support. To deliver service design and pathways that create an optimum, inclusive service user experience fully involving the user to choose their services and support. To optimise the use of resources across the organisation, improving the efficiency of pathways, removing duplication and silo working.

**Methods** With support from an external specialist organisation, we upskilled an in-house team who led on and delivered the project. Jun. – Jul. 2022: Project scoping, planning and development of project plan. Aug. – Sept. 2022: Upskilling of in-house resources including training workshops focusing on customer-centric design, process mapping, Lean Principles. Sept. – Oct. 2022: Customer journey mapping and service design, including production of a service design covering high level pathways, data flows, measures, structures, capabilities, systems and locations. Oct. – Dec. 2022: redesign of detailed pathways to remove waste and improve effectiveness, including detailed pathway maps, with tasks, rules and implementation plan.

**Results** Development of an Organisational Service Design identified pathways to be reviewed whilst customer engagement work provided context. Three clinical pathways were redesigned: Referral to the Hospice; Bereavement; Pre-bereavement/Carer Support. In-house team was skilled in Lean Principles and tools, service and pathway design.

**Conclusions** Pathways are crucial to our ongoing pursuit for optimal care, seamless navigation and person-centred experience. By linking evidence to practice (Rotter, Kinsman, James, et al. *Cochrane Database Syst Rev.* 2010 Mar 17;(3): CD006632), our approach allowed us to develop the skills and a structured way to continuously review and improve our services.