

furthering collaboration with community services, complex case discussions, identifying education and research opportunities, policy/guideline development and quality improvement projects. Further to this, it has and continues to create tangible outcomes for patients and carers with complex specialist palliative care needs. Collectively, it embeds a culture of quality and safety into local palliative care provision.

Conclusion The use of a quality and safety audit tool in a hospital-based palliative care service can drive quality improvement to support the delivery of high-quality palliative care to optimise patient outcomes.

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THE CARE PLUS IMPLEMENTATION TOOLKIT: A SET OF STRATEGIES TO GUIDE SUCCESSFUL IMPLEMENTATION OF EARLY PALLIATIVE CARE INTEGRATION IN ADVANCED CANCER CARE

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Background Despite global evidence for the benefits of early palliative care integration into advanced cancer care, there remain gaps in translation into practice, with limited information about the effective implementation strategies to effect this translation.

Aim To introduce the Care Plus implementation toolkit package as an online resource and understand its utility in the implementation and ongoing sustainability of palliative care integration into advanced cancer services across metropolitan oncology services in Australia.

Design, Methods Guided by the UK Medical Research Council methodological framework for developing complex interventions, Care Plus, a model of early palliative care designed to address existing barriers to this approach, was delivered through a multi-site stepped wedge, mixed methods implementation study across four Victorian and South Australian hospitals. Based on the qualitative interviews and ethnographic data emerging from this study, the effective (and ineffective) implementation strategies were reviewed. Informed by these findings, an implementation toolkit was developed for healthcare providers to operationalise a standardised and integrated approach to palliative care for advanced cancer patients as part of routine organisational practice.

Results After conducting 49 interviews with palliative care consultants, oncologists, nurses, patients and carers in the Care Plus study to receive feedback, and in order to effectively establish and evaluate the outpatient-focused Care Plus model co-designed with relevant referring and palliative team, the Care Plus implementation toolkit (<https://www.careplusau.org/about-5>) was developed as an online resource, guiding the implementation of the Care Plus pathway through three phases-Planning and Engagement, Implementation, and

Maintenance. The implementation strategies, core activities, and supporting materials directly addresses barriers to why, who, when, and how patients can access early and integrated palliative care at nominated trigger points with organisational processes flexible to local context. The Care Plus toolkit offers improved understanding of strategies to underpin successful implementation, translation and ongoing evaluation of early integrated palliative care for advanced cancer.

Conclusions/lessons learned The Care Plus toolkit (freely available online) provides a platform to focus on systemic implementation of tailored early palliative care models in advanced cancer streams into real world practice, which could be the basis of future mixed-methods studies.

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ENABLERS OF OPTIMAL CONSUMER AND COMMUNITY INVOLVEMENT IN PALLIATIVE CARE RESEARCH

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Background There are significant policy and health service imperatives for consumer and community involvement (CCI) in informing palliative care research and service delivery. Although the philosophy of palliative care centres on holistic values and care for patients, family and carers lives, CCI in palliative care research is less advanced than in other areas of health and social care research and there is limited understanding of consumer experience in palliative care research.

Aims The aim of this study was to explore experiences of CCI participation in informing palliative care research and service delivery, and to identify enablers and methods for successful modes of engagement. These findings were used to inform the development of a novel CCI initiative in palliative care.

Methods Consumer representatives partnered with project investigators to ensure that this project includes palliative care consumers as co-designers and co-knowledge translators of project outcomes.

Semi-structured interviews were conducted with twelve consumer experts (community members who have been involved in CCI programs) and ten consumer coordinators (researchers and clinicians who have coordinated CCI programs) in palliative care research in Australia and the United Kingdom. Interviews were transcribed and subject to inductive thematic analysis.

Results The following themes were identified as enablers to successful CCI in palliative care research: relationship building and maintenance between researchers and consumers; clarity around goals of involvement and; training and support. These enablers promoted a collaborative atmosphere between researchers and consumers and enhanced personal and collective experiences of CCI participation. These results were used to inform the development of a novel, consumer led model for CCI in palliative care: Voices for Palliative Care.

Conclusion/Discussion This study uncovers a spectrum of enablers that potentially shape the extent and effectiveness of CCI in palliative care. This can result in fostering research that is highly relevant; methodologically robust and more likely to be feasible to implement.