Oral presentations

Parallel session 1: Making a difference: volunteers, research, outcomes, and magical care

0-1 DEVELOPING A 'VOICE FOR VOLUNTEERING' – THE EAPC MADRID CHARTER ON VOLUNTEERING

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Background The perception of hospice and palliative care (HPC) volunteers as willing amateurs, peripheral to the multi-disciplinary team overlooks the importance and complexity of their work in delivering truly holistic care. This project, led by the European Association for Palliative Care (EAPC) Task Force on Volunteering aimed to develop a volunteering charter.

Aims The aims were to develop a Charter to:

- Promote the successful development of volunteering.
- Recognise volunteering as a third resource.
- Promote research and best practice models.

Methods Information was initially collected during an international HPC volunteering symposium in Prague in 2013. Further feedback on draft versions was gathered at international congresses in (Vienna & Copenhagen, 2015; Dublin, 2016). Additionally, email consultation took place with researchers, volunteers, staff, and EAPC Board members. Thirteen countries (Australia, Austria, Belgium, Croatia, Germany, Hungary, Ireland, Italy, The Netherlands, Poland, Portugal, Romania, and UK) took part in the consultation process.

Results Consensus was reached and a Charter developed with goals for individuals, organisations and national organisations, focused on four key themes:

- 1) Recognise the important role of volunteers in the total care of patients and their families, and in sustaining HPC services.
- 2) Promote volunteering in support of patients and their families.
- 3) Ensure effective management of volunteering, including clearly defined policy on roles, careful recruitment, selection, training and development.
- 4) Ensure effective support for hospice and palliative care volunteering at organisational, local and national levels.

The Charter was adopted by the EAPC Board and launched as an official EAPC Charter at the EAPC World Congress in Madrid in 2017.

Conclusions This project was successful in creating a Charter with a consensus about the importance and place of volunteering in HPC. This next stage is to evaluate the implementation and impact of the Charter over the next two years.

0-2 THE IMPLEMENTATION OF OACC IN A HOSPICE SETTING

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Background Outcome measurement plays a pivotal role in enhancing the quality, efficiency and availability of palliative care services. The Outcome Assessment and Complexity Collaborative (OACC) is a validated suite of outcome measures that is aimed to measure, demonstrate, and improve care for patients and families.

Aim To implement the OACC Suite of Outcome Measures to all clinical services within Saint Francis Hospice (SFH).

Method The implementation of the project went through several stages using Kotter's (2012) eight step model of change. A Steering Group was established to provide leadership and oversee the implementation of the project. A strategy, vision, and purpose for implementation were devised in consultation with the Steering Group. The strategy, vision, and purpose were communicated to all clinical services using a variety of methods. A project lead from each service was appointed to facilitate the process within their service area. Training for all clinical staff was provided throughout the process. Feedback on implementation strategy, and availability of staff and IT support were sought throughout the process.

Results Multiple barriers were experienced and successfully addressed by the Steering Group and project leads. OACC was successfully implemented into the organisation over a period of six months. Short term achievements were identified and shared with teams.

Conclusion Barriers can be encountered when implementing outcome measures within a clinical setting. However, by displaying effective leadership and reinforcing the change throughout the process of the project implementation, the OACC suite of measures are now being successfully embedded within the organisation. Ultimately this will enhance the quality, efficiency and availability of our service for patients and their families.

0-3 PALLIATIVE CARE RESEARCH IN SCOTLAND 2006–2015: A SCOPING REVIEW

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Background The Scottish Government set out its five year vision to improve palliative care in its Strategic Framework for Action 2016–2021. This includes a commitment to evidence-based knowledge exchange across Scotland. A comprehensive scoping review of Scottish palliative care research was considered an important first step.

Aims

- to identify all Scottish palliative care research published from 2006 to 2015.
- to map key thematic areas relevant to clinical practice, service development and policy.

Methods Palliative care research involving at least one co-author from a Scottish institution was eligible for inclusion. Five databases were searched with relevant MeSH terms and keywords. Additional papers were added following consultation with members of the Scottish Research Forum for palliative and end-of-life care. Initially 1919 papers were screened; 496 underwent full text review.

Results 308 papers were retained in the final set. Methodologically, 33% were quantitative, 29% were qualitative, 14%