

of good practice around this important part of specialist community palliative care.

**Method** The suite of OACC (Outcome Assessment and Complexity Collaborative) measures were introduced to a hospice community team service in the summer of 2015, and by April 2016 we have demonstrated that the average CNS caseload has reduced in size by 28%. CNSs were delivering more short term interventions, or spells of care, to a patient and their family with the aim of resolving particular problems, rather than keeping patients on caseloads for several months. A telephone caseload was initiated and this allowed the CNSs to maintain contact with patients with stable symptoms but with the potential to deteriorate, who would have otherwise been discharged. This allows earlier identification of further needs and an easy re-referral system for the patient or their family when the needs arise. Use of IPOS (Integrated Palliative care Outcome Scale) has defined these spells of care enabling discharge either back to primary care team, other supportive hospice services or to the telephone caseload. CNSs embraced this way of working and saw the benefits which include improved satisfaction and work/life balance.

**Conclusion** We expect that using spells of care to define caseload size will be a more sustainable way to maintain manageable caseloads in the future. We aim to produce guidelines of good practice in caseload management using the OACC measures.

#### P-76 USING THE WELLBEING STAR AS AN OUTCOME MEASURE IN HOSPICE OUT-PATIENT SERVICES

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**Background** Collection of outcome measures within hospice services is challenging due to the varied conditions and diverse trajectories patients follow. Within The Spring Centre there was no standardised outcome measure in place and therefore no consistent validated evaluation of the impact of services on the health and wellbeing of patients.

**Aim** To assess if the Wellbeing Star is a viable outcome measure tool to evaluate the impact of out-patient services within The Spring Centre on patients' health and wellbeing.

**Method** Following recommendation from West Hertfordshire Macmillan Wellbeing and Rehabilitation Project and extensive review of literature and similar services, the Wellbeing Star, a validated and well researched measure, was deemed to be the best potential tool for our patients. After funding by Macmillan, formal training was undertaken and Star licences obtained. Wellbeing Stars are completed at first assessment with further reviews at three months and nine months (or as near to these dates as possible). This is an ongoing evaluation.

**Results** 27 patients' data was analysed.

An increase in all points of the Star was noted.

The greatest improvements were in 'Feeling positive', 'Managing your symptoms', 'Your lifestyle' (59%, 56%, 56%).

The smallest improvements were in 'Money', 'Where you live' (22%, 26%).

**Conclusions** Using the Wellbeing Star has been beneficial in embedding a measure within our practice, showing a positive impact of services on patients. Some limitations are evident and timing of reviews is challenging with the demographics of patients using services. We remain undecided on its

appropriateness as deterioration due to disease rather than the services not meeting needs is not illustrated. We will continue to collect data for a further nine months and then assess if it adequately meets the needs of hospice out-patient services. The cost of using the Wellbeing Star will also need to be considered.

#### P-77 AUDIT OF OUTCOME MEASURE USE IN A HOSPICE

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**Background** The Outcome Assessment and Complexity Collaborative (OACC) created a standardised, validated suite of outcome measures for use in palliative care. The key features are the holistic approach, with involvement of the Multidisciplinary Team (MDT) and the patients/families themselves. Our hospice currently uses three outcome measures: the Integrated Palliative care Outcome Scale (iPOS), the Australia-modified Karnofsky Performance Status (AKPS) and Phase of Illness. All three outcome measures are discussed in the weekly multidisciplinary team meetings, both in the in-patient unit (IPU) and the day hospice.

**Aim** The use of outcome measures was first piloted in the IPU and day hospice in 2012, but there has been no recent audit of their use. Anecdotally the outcome measures are consistently available for review at the MDT meeting but there is not always an available explanation when the iPOS is incomplete. This audit aims to quantify the compliance.

**Methods** This is a retrospective audit, aiming to capture all patients in a one month period who were admitted to the IPU or who attended the day hospice for assessment. The standards (all with 100% targets) will include:

- iPOS offered to patients on admission (IPU) or at first assessment (day hospice)
- iPOS offered weekly thereafter – Reason for non-compliance documented when iPOS not completed
- AKPS and Phase of Illness discussed weekly at the MDT meeting (both IPU and day hospice).
- A secondary project will involve documenting baseline scores and changes in scores during admission or time attending the day hospice.

**Results** Full results awaited.

**Conclusion** This project encompasses an audit to assess compliance and a secondary project to explore changes in outcome measures during an episode of care. We hope this information will help to further promote the use of outcome measures in clinical practice throughout the hospice.

#### P-78 PATIENT-REPORTED OUTCOME MEASURES: HOW FREQUENTLY ARE THEY COMPLETED BY PATIENTS IN HOSPICES?

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**Background** Patient-Reported Outcome Measures (PROMs) are fundamental in any care setting to determine the perspective of those receiving the care. A recent systematic review