P-63 OACC ONE YEAR ON
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Background The Outcome Assessment Complexity Collaborative (OACC) is a validated suite of outcome measures that is aimed to measure, demonstrate and improve patients’ and caregivers’ outcomes. Following the initial phase of its implementation at Saint Francis Hospice utilising Kotter (2007) eight step model of change, the established Steering Group continues to sustain and institute change, with a focus on providing effective leadership to oversee the embedding and anchoring of the measures within all clinical services.

Aim To embed and anchor the OACC Suite of Outcome Measures within all clinical services at Saint Francis Hospice.

Method The project lead from each service provides support and any problems identified are reported to and addressed by the Steering Group. Compliance has been monitored through audit. Relevant policies, standards of practice and assessment documentation have been reviewed and revised. Training is incorporated within the clinical induction programme for new staff. Constant feedback from clinical staff and updates on IT reporting developments continue to be sought, recorded and brought to the Steering Group.

Results Some challenges have been identified relating to IT reporting, one measure has required review to ensure it fits and supports the demand of the workload within a team and compliance with the timing of the use of the measures is also under review for another individual team. All clinical teams are incorporating the use of OACC within their practice and this is leading to a transformational change in both the delivery of service for individual teams and for the organisation as a whole.

Conclusion By displaying effective leadership, supporting review and development of processes and reinforcing change, OACC is being successfully used at Saint Francis Hospice and is playing a crucial role in further improving the quality, efficiency and availability of palliative care for our service users.

P-64 WITH US NOT TO US
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In response to CHiSP (Fraser, Jarvis, Moran et al., 2015) an integral part of CHAS’ strategy is to offer practical help and sibling support to families caring for a child with a life-shortening condition in their own homes. We embedded an outcome measurement approach to the pilot from planning through management to reporting as understanding the impact of the support offered was a crucial underpinning of the project.

In developing our impact measurement approach we identified key stakeholders. We listened to what families and volunteers were telling us at pre-planning stage and developed outcomes. We designed a monitoring system using indicators from the Getting It Right For Every Child (GIRFEC) wellbeing framework. This framework, designed by the Scottish Government – a major funder of CHAS - is widely recognised allowing us to easily disseminate findings and communicate with a significant investor. Indicators informed outcome ‘webs’, bespoke data collection tools applied through semi-structured interviews with stakeholders throughout the pilot. A variety of activities, including Lego and board games, were used to support the interview process with siblings supported by the pilot, while completing an easy to understand child’s web. Interviews were used as a volunteer management tool, helping with supervision, identifying challenges and developing the pilot.

The pilot has been recommissioned as we have proved demonstrable value to the families and volunteers, whose involvement in the planning and decision making process developed a service that really works. A service provided ‘with us, not to us’ was important to families who had a real say in their care. We were able to effectively communicate our success to wider audience in terms that were recognisable and familiar and are now in discussions with a potential funder to scale up this project from the pilot phase, initially in four local authority areas, to cover the whole of Scotland.