

P-69 HOW TO DO RESEARCH: THE CASE STUDY APPROACH

^{1,2}Zana Saunders. ¹Willen Hospice, Milton Keynes, UK; ²The Open University, Milton Keynes, UK

10.1136/bmjspcare-2018-hospiceabs.94

Palliative care providers are increasingly getting involved in research as a means to improve and transform the services they provide. This can be through participation in external projects, partnering with research institutions or designing and undertaking their own research independently. For a hospice wanting to establish itself as a research active environment, the case study research method can be very beneficial for the organisation, as well as the local community and the wider hospice and palliative care movement. Whilst case studies are seen in clinical research this is often focused on a single patient – organisational and community case studies are rarely seen within health and social care.

This presentation aims to explain what case study research is, the different types of case study and why it is an excellent method for investigating various aspects of hospice and palliative care provision. Using our own case study project as an example it will highlight some of the challenges and successes we have experienced so far. This will include:

- Getting started in research
- Building relationships between hospice and researchers
- Engaging local communities and organisations
- The practicalities of collecting data
- Early findings from our research.

It is hoped this presentation can promote case studies as a valid alternative to other more traditional forms of research. It will also break down some of the myths and barriers to getting started in research, and demonstrate case study as a possible method for other hospices and palliative care providers and researchers to adopt, if they wish to get research active and transform their care.

P-70 CAPTURING THE END OF LIFE EXPERIENCE: A METHOD TO IMPROVE CASE-STUDIES TO IDENTIFY UNMET NEED

Giovanna Cruz, Hollie Quaye, Diane Corrin, Cheryl Young, Sarah McGhee. *Hospice Isle of Man, Strang, Isle of Man*

10.1136/bmjspcare-2018-hospiceabs.95

Background To deliver person-centred integrated end of life care, providers need to understand the experience of patients and carers. Real-time experience may differ from retrospective accounts of experience which may have implications for initiatives to improve care.

Aims To explore the benefits of using a combination of prospective and retrospective data collection methods from multiple sources to understand the experience of care of a patient and carer.

Methods The carer of a patient with progressive supranuclear palsy was approached six months after death for an interview. Using personal diaries, we extracted data on face-to-face contacts with Department of Health and Social Care (DHSC), charities and private care providers for the last 18 months of life. Numbers of contacts were plotted by month and sector. A timeline from pre-diagnosis to after death was created using

details provided by the carer and verified by correspondence generated at the time of care.

Results In the last 18 months of life, the patient received care from 25 DHSC providers, four charities, six private providers, plus family and friends. The patient had an average of 24±8 encounters per month. DHSC activity declined in April, September and December (1st 12 months). The main providers of care in the last months of life were from the voluntary and private sector. The carer developed a system for organising documentation, appointments, medications and outside services. The carer reported that the long-term conditions coordinator was invaluable for coordinating DHSC care. However, the carer remained the overall coordinator. Correspondence was critical in constructing an accurate and unbiased timeline. The results surprised the carer when compared to their recollection of events.

Conclusions A combined approach to data collection is a promising method to capture user experience to inform service design and delivery. Further cases studies in different conditions are planned.

P-71 HOW CAN WE BE RESEARCH ACTIVE? 'SPOTLIGHT ON PRACTICE' TO SHOWCASE AUDIT AND SERVICE EVALUATION

Jill Short, Erika Lipscombe, PJ Morey. *Rowans Hospice, Hampshire, UK*

10.1136/bmjspcare-2018-hospiceabs.96

Audit and evaluation has been a cornerstone of research activity at the Rowans Hospice since opening in 1994. In 2007 following a review of its audit monitoring structure, the Clinical Quality Strategy Group (CQSG) was developed to lead, coordinate and direct all clinical quality assurance activity.

A key task for the CQSG was to ensure that audit results, outcomes, feedback and proposed new ways of working were actioned, as communication of these outcomes had been identified as minimally effective in changing practice. The CQSG implemented three actions aimed at improving the communication of project outcomes across the hospice:

Action 1: An audit template with associated guide designed to help staff members develop robust proposals.

Action 2: A requirement for staff to discuss proposal ideas with their line manager and a member of the CQSG to ensure work planned fits with the clinical strategy of the hospice.

Action 3: The initiation of an 'executive summary' document aimed at facilitating a rigorous evaluation of the completed project and readable message/s for dissemination across the clinical teams.

Rather than stopping there, to consolidate communication and dissemination of audit outcomes an in-house conference (Clinical Showcase): Spotlight on Practice was created in 2009, this is now an annual event. The conference showcases completed and ongoing service evaluations, audits or research projects to hospice staff, volunteers and trustees, and invited commissioners. The posters are displayed for a month, and the conference includes oral presentations and the award of prizes for best posters in specified categories. In this way outcomes are visible and both confidence and interest in involvement generated.