

their local areas to enable future access to shared care record systems as the benefits to hospices are considerable.

P-101 IMPLEMENTING THE THERAPY OUTCOME MEASURE (TOM) IN A DAY HOSPICE

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10.1136/bmjspcare-2019-HUKNC.124

Background Hospice Day Services provide support to people to enable them to live with life limiting illness. The focus is on enhancing well-being and supporting people to continue to participate in activities that are important to them. Commonly used palliative care outcome measures tend to focus on problems and symptoms rather than well-being, activity and participation. The Therapy Outcome Measure (TOM) has been developed using the World Health Organization's *International Classification of Functioning, Disability and Health* and allows professionals to rate the person against descriptors which relate to four different domains: Impairment, Activity, Participation and Well-being.

Aim We aimed to find out if the TOM Palliative Care Scale could be used reliably and on a routine basis in Day Hospice by the multidisciplinary team to measure the impact of their interventions.

Methods Staff working in Day Hospice received training to become familiar with the TOM scales and use the scales reliably.

TOM was used with every patient referred to Day Hospice at two points during their episode of care; within the first two weeks and 12 weeks later. Patients were also assessed using the Australian Karnofsky Performance Status (AKPS), which provided information about functional status.

Findings Over a 22 week period, initial TOMs were used with 70 patients. Thirteen patients had TOM scores at 1 and 12 weeks as many patients deteriorated or stopped attending before the 12 week review. Changes in TOMs scores at these time points showed improvements in patients' well-being, activity and participation whilst impairment stayed the same. No changes were seen in AKPS level for this group.

Conclusions TOM scoring was readily adopted by those who received training. It was relatively quick to complete and provided meaningful information that reflected the impact of the interventions. Reducing the length of time between scores may enable collection of comparative scores for more patients.

P-102 USING OUTCOME ASSESSMENT AND COMPLEXITY COLLABORATIVE MEASURES TO REDESIGN HOSPICE COMMUNITY TEAM

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10.1136/bmjspcare-2019-HUKNC.125

Previous team composed of static level of Clinical Nurse Specialists (CNSs), increasing caseloads, limited prioritisation, silo working, resistance to change/new opportunities, and static budget. This led to high demand and high pressures with a rigid workforce. The need for change was identified to make the service fit for the present and incorporate future-proofing.

OACC was identified and developed as a means to achieve a skill mix team: right person, right place, right time, to

improve caseload management. The existing team were put at risk of redundancy and given the opportunity to apply for a position with the new structure.

March 2018 – the majority of the existing team decided to take redundancy reducing the Hospice Community Team (HCT) to a few remaining team members along with some agency and bank staff during the recruitment phase. HCT were not fully staffed until October/November 2018 with geographical 'zones' and 'urgent response' teams introduced in December 2018.

Three OACC tools (IPOS, AKPS, Phase of Illness) are being used with Views On Care due to be introduced shortly.

OACC impacts:

- Re-design of the hospice referral form;
- Using OACC as part of admissions and discharges from IPU and clinical assessment process;
- Development of Clinical Drop-In Day;
- New MDT process focussed around 'unstable' and inactivating;
- Prioritisation of assessments in zones between Registered Nurses and Clinical Nurse Specialists/Advance Nurse Practitioners;
- Utilisation of Paramedic role in 'urgent response' team to assess unstable/crisis situations;
- HCA role to manage more 'stable' patients and support carers at end of life;
- Good communication essential between roles, zones and urgent response teams.

Abstract P-102 Table 1

| | February 2018 | February 2019 |
|---|---------------|---------------|
| Improved caseload management (total caseload) | 392 | 367 |
| Improved caseload management (average duration on caseload) | 382 days | 274 days |
| Improved patient management (face to face assessments) | 233 | 291 |
| Improved speed of response (referral to 1st assessment) | 6 days | 4.5 days |

P-103 IMPLEMENTING THE INTEGRATED PALLIATIVE OUTCOME SCALE (IPOS) IN A SPECIALIST PALLIATIVE CARE SERVICE

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10.1136/bmjspcare-2019-HUKNC.126

Background Evidence shows that routine measurement of patient-reported outcomes (PROMs) is important in palliative care (Bausewein, Daveson, Currow, Downing *et al.*, 2016; Collins, Witt, Bausewein, Daveson *et al.*, 2015). Increasing emphasis is placed on PROMs by those who commission services (Bausewein, Schildmann, Rosenbruch, Haberland *et al.*, 2018).

IPOS is a patient-reported outcome questionnaire in a suite of six palliative care-specific measures developed by the Outcome Assessment and Complexity Collaborative (OACC). OACC recommend a phased implementation (Witt, de Wolf-Linder, Dawkins, Daveson *et al.*, 2015; Dawkins & de Wolf-Linder, 2015).