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Background

Implementation of clinical outcome measures in routine palliative care has rarely been researched. Evidence from the literature recommends a 'bottom-up' approach when implementing new tools or interventions in clinical services. A 'bottom-up' approach provides each team member the same voice regardless of their rank. Facilitating teams to maintain ownership throughout implementation is a key characteristic of a 'bottom-up' approach. However, it is unclear what such an approach means in practice. The Outcome Assessment and Complexity Collaborative (OACC) is implementing routine outcome measurement in palliative care and is researching the best ways to undertake this.

Quality Improvement Facilitator (QIF)

The novel role of the QIF is to establish, develop and promote the project within teams.

Table 1 - QIF role

Provision of training to staff
Being available for advice and support during implementation
Monitoring progress within services
Collating data and delivering feedback sessions for staff
Being responsive to services' needs

Aim

To develop the complex intervention of implementing outcome measures, using Quality Improvement Facilitators (see Table 1) and a 'bottom-up' approach with clinical teams, and to determine the key components of this approach.

Methods

The QIFs collected field notes during implementation of outcome measurements in different services participating in OACC. These were then analysed using content analysis with review of emerging themes by clinical stakeholders and the implementation team in order to establish consensus regarding the key components of the implementation approach.

Results

The OACC project is running in six organisations delivering specialist palliative care. We determined that a successful 'bottom-up' approach should have the following characteristics: empathic attitude, balancing project and clinical priorities, and an emphasis on practical applications to aid clinical work and outcomes (see Table 2).

Results Table 2 – Characteristics of 'Bottom-Up' approach Implementation



Measuring outcomes
to improve care

Characteristics	Why
Empathic attitude between implementation team and clinical team	It is essential for the Quality Improvement Facilitator to understand the clinical workload of each team in order to demonstrate credibility and approachability
Teams have to balance the OACC project and clinical priorities at the same time	Strict timelines mean each clinical team must balance time requirements to avoid jeopardising implementation
Emphasis on practical applications to aid clinical work and outcomes	The teams created and tailored solutions for implementation to address clinician concerns together with the Quality Improvement Facilitator

Quality Improvement Facilitator has been very empathic and real

Due to staff attrition, completing outcome measures isn't the highest priority

Can we avoid double data entry

We integrate the outcome measures into our routine assessment

Conclusion

A flexible and responsive 'bottom-up' approach that integrates innovative ideas from clinical teams is essential when implementing outcome measures. The QIF role is important to make the 'bottom up' approach a reality. Qualitative research is required to further develop the complex outcome implementation intervention.

Acknowledgements

We would like to thank all the palliative care teams who are part of OACC for their outstanding work and efforts to implement outcome measures in their services.



For more info about OACC

The Outcome Assessment and Complexity Collaborative is funded by the Guy's and St Thomas' Charity.

The OACC team is also working in collaboration with the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Palliative and End of Life Care Theme. The Collaboration for Leadership in Applied Health Research and Care (CLAHRC) South London is part of the National Institute for Health Research (NIHR), and is a partnership between King's Health Partners, St. George's, University London, and St George's Healthcare NHS Trust.

