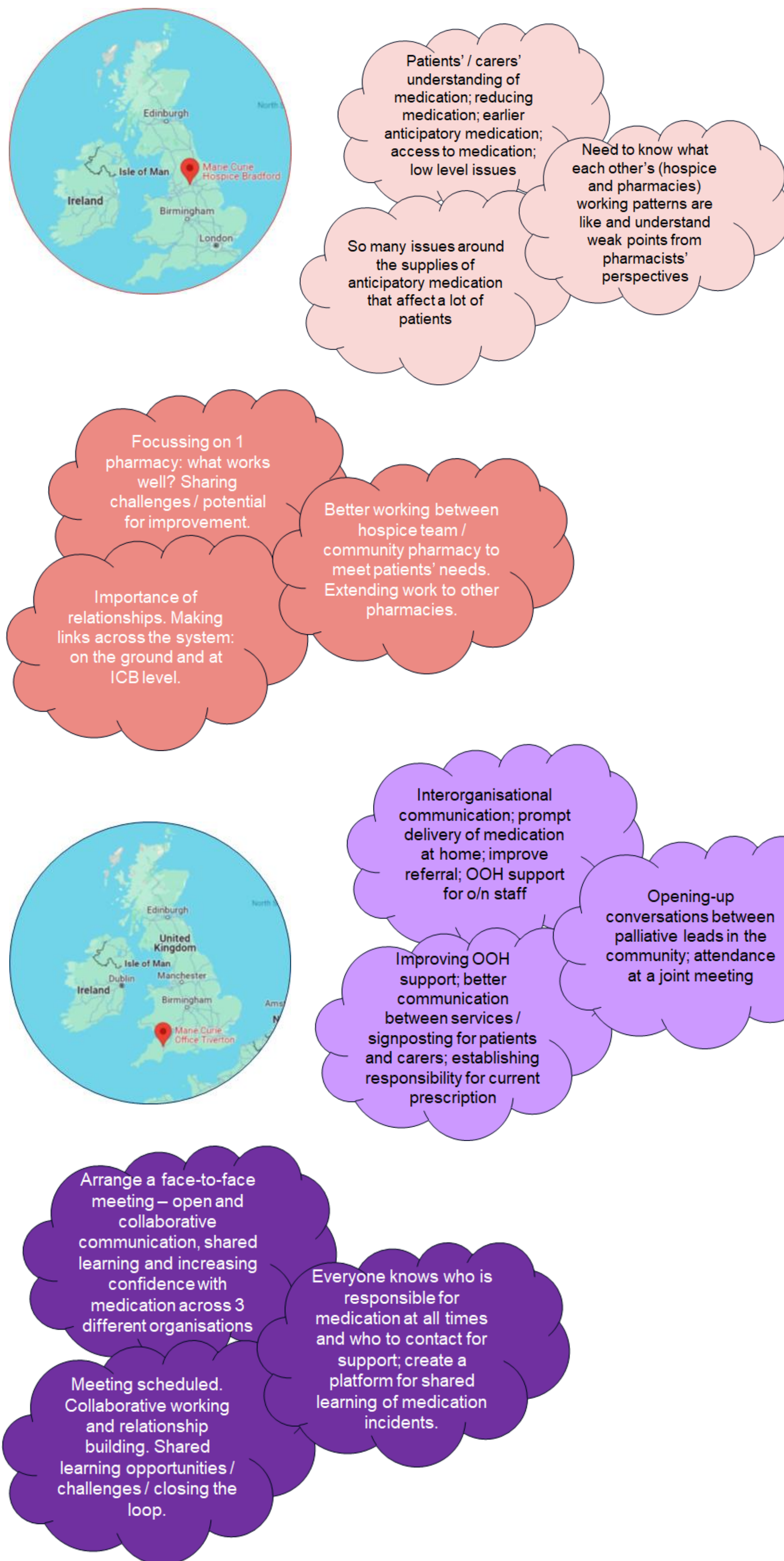


Getting palliative medications right: a multicentre impact project translating research into practice



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In Summary

Using the 'Getting palliative medications right' Toolkit, four different Marie Curie places co-produced a customised list of priorities to improve local medication management systems. Each place co-designed an improvement project. Approaches to identifying problems and implementing change at a local level were shared across the four teams and re-applied to enable continuous improvement to projects.



Background

Our research study 'Getting prescription medications right at home, in hospital & hospice'¹ used Activity Theory – a whole system method to understand the experiences of everyone involved in managing palliative medications. Hidden work (unaccounted for in policies/service specifications) is widespread and burdensome for patients, carers and professionals, and problematic when moving between care settings.

We created an evidence-based toolkit to provoke examination of palliative medication management systems and steer bespoke improvements for individual teams working in different contexts.

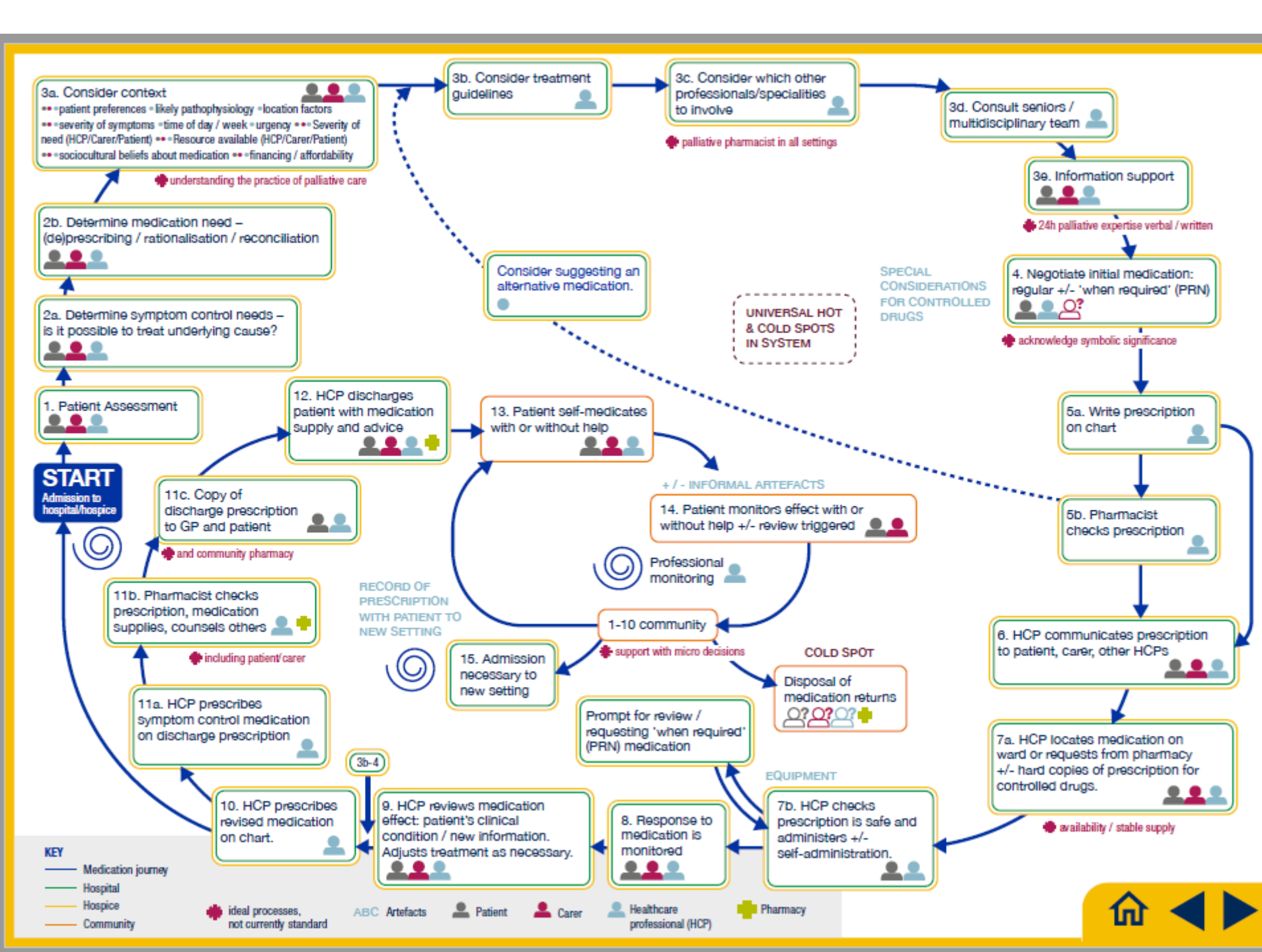
Method

Local hospice teams comprising staff and service users partnered with the research team.

We applied the toolkit over 6 workshops, using a rapid participative approach guided by the Activity System Evaluation Framework (ASEF)² to identify 'pain-points' and opportunities for improvement in local palliative medication management systems.

- Aims**
1. Implement the Getting Palliative Medications Right Toolkit into practice.
 2. Explore if a multicentre impact project, comprising a joint team of researchers, healthcare professionals and people with lived experience, can accelerate improvement.

Getting Palliative Medications Right Toolkit



Results and discussion

Bradford, Devon, Glasgow and West Midlands Marie Curie places participated.

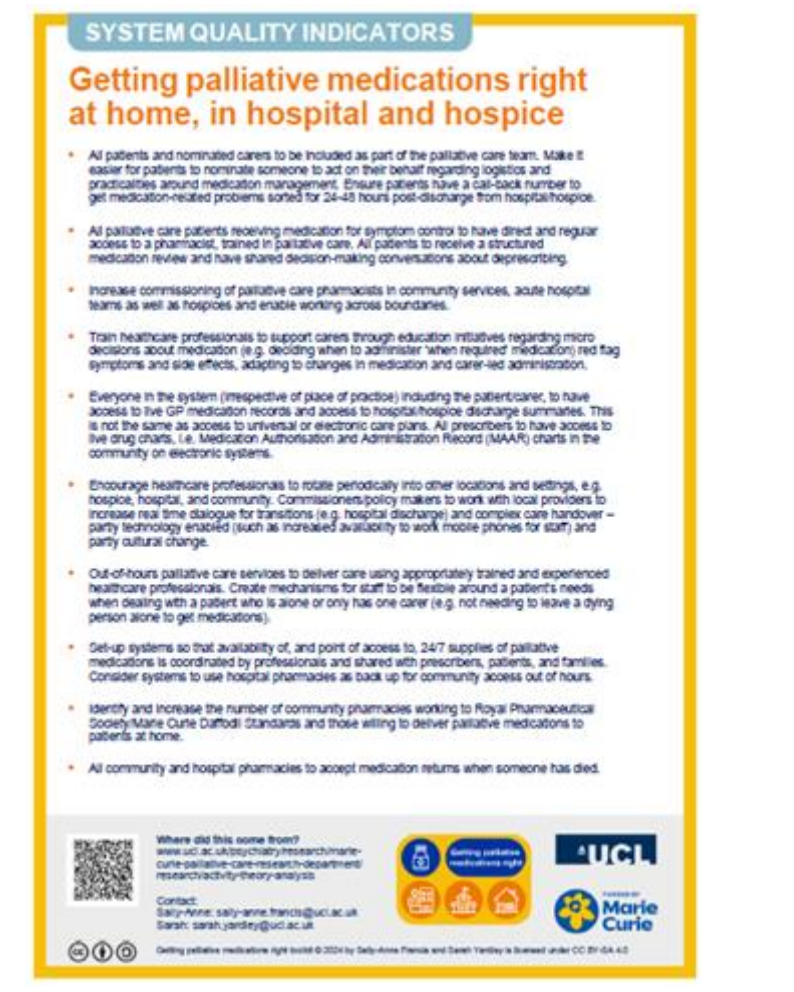
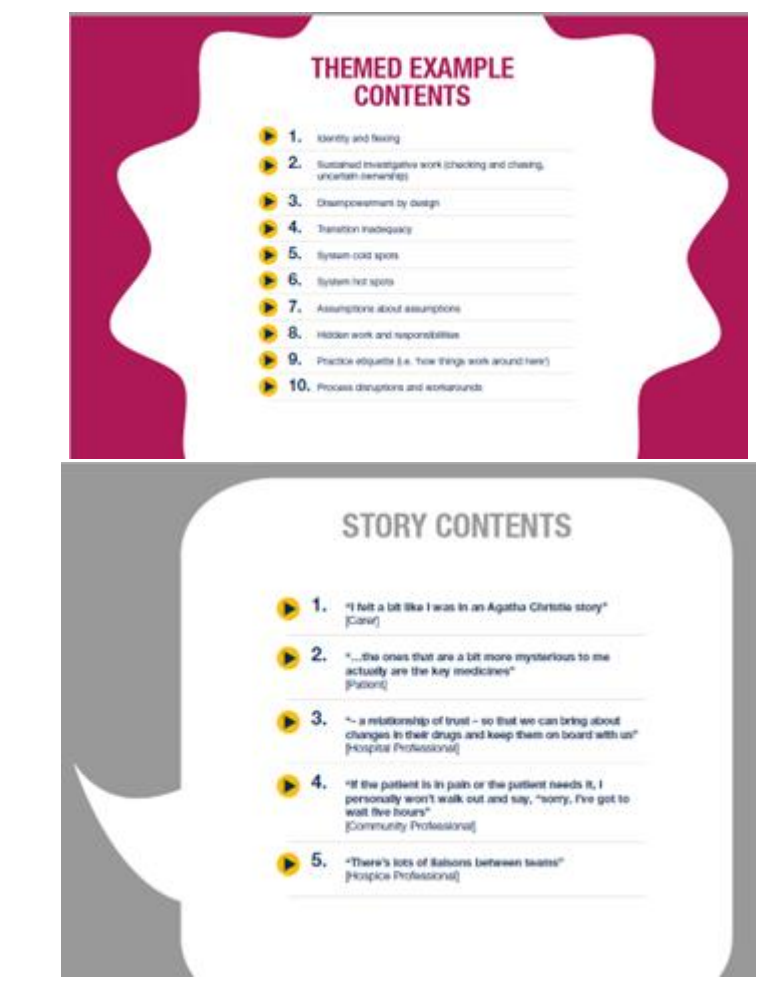
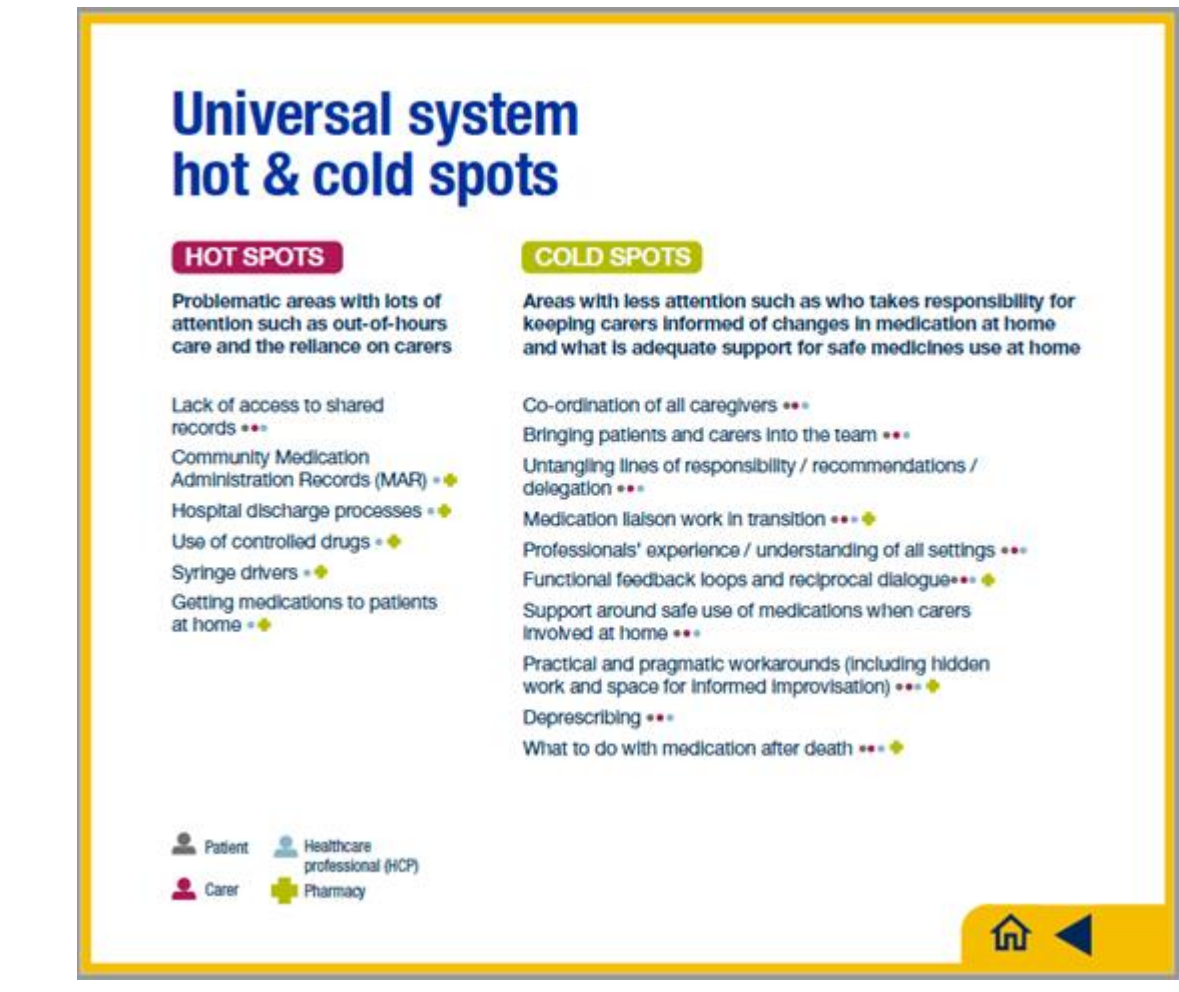
Using the toolkit, each place designed quality improvement work that focused on one aspect of medication management.

Monthly workshops were used to identify pain points in existing processes where the system did not function or was problematic. Frequent meetings encouraged continuity and powered progress through improvement objectives.

Being a multicentre team allowed an exchange of experience, leading to shared solutions in a supportive environment, and lessened feelings of isolation.

Understanding tensions and resistance in systems promoted continuous cycles of improvement to foster change and innovation.

- References**
1. Francis SA, Yardley S, Franklin BD, Ogden M, Kajamaa A, Mattick K. (2024) Getting palliative medications right: an activity theory analysis to improve patient safety and carer confidence. Marie Curie Palliative Care Research Department, University College London (UCL), London, UK. <https://discovery.ucl.ac.uk/id/eprint/10192049/>
 2. Allen D, Norman A. A Guide to the Activity Systems Evaluation Framework. Leeds: Leeds University Business School; 2020.



Please scan the link for the Getting palliative medications right Toolkit or contact: sally-anne.francis@ucl.ac.uk @sally_anne_fran @MCPCRD



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