P-60    OPTIMISING HOW DIFFERENT HOSPICE TEAMS USE AN ELECTRONIC PATIENT RECORD (SYSTMONE): THE HOLISTIC TEMPLATE

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**Background** Our organisation has been using SystmOne as our electronic patient record since 2012. In 2014, a comprehensive review of how different teams were using the system identified that data was inconsistently recorded and key information was difficult to locate, proving frustrating and time-consuming.

Our goal was to standardise data entry, to improve accuracy and reduce duplication of data within the patient record.

**Aims** To improve the use of an electronic patient record so that clinicians can view previous entries more clearly, reduce duplication, avoid missing data and facilitate reporting measures to enhance patient care.

**Methods** The organisation worked as a collective to create a bespoke and comprehensible holistic template that could meet the needs of all teams (excluding Lymphoedema). The new template included sections around 'patient insight and information needs', 'carer needs' and 'family bereavement issues', responding to the suggested National Dataset Outcome Measures (MDS) and a local audit on bereavement needs.

An agreed 'Go live' date was publicised, training was provided and staff supported through the transition.

**Results**
- Improved quality of the shared patient record
- Key information more accessible
- Comprehensive demographic and geographic information as per MDS requirements
- Provides detailed clinical information to the senior management team and the board to make strategic decisions on the future development of the care provision
- Helps to deliver coordinated care across the multi-disciplinary teams
- Integrated advance care planning via the use of agreed coding with external health and social care providers
- New way of recording patient measure (Phase of illness, Australian Karnofsky Performance Status and Integrated Palliative Outcome Score) supporting clinical staff to provide more personalised care
- New assessment domains allowing key areas to be covered
- Incorporation of built-in views to avoid duplication and to identify missing information.

**Conclusion** The new holistic template is viewed as an example of best practice and our organisation is now sharing the template with other providers.

P-61    INCORPORATING THE INTEGRATED PALLIATIVE OUTCOME SCORE IN TPP SYSTMONE

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**Background** During 2015, our organisation started using the Integrated Palliative Outcome Score (IPOS) questionnaire in the Day Therapy environment as part of a three-month pilot. Efforts were made to manage the IPOS data within SystmOne, but the lack of specific read-coding prevented the development of a template. Various other solutions including bespoke IT systems were investigated.

In 2016, our organisation's Clinical Systems Lead worked with TPP (creators of SystmOne) to develop unique local (Y) codes for the IPOS, which has enabled data to be directly captured and compared within SystmOne.

**Aim** To record IPOS data directly within SystmOne, to help deliver and evaluate high quality patient care as set out by the Cicely Saunders Institute (OACC Project).

**Methods** After IPOS codes were published, the Clinical Systems Lead worked collaboratively with other professionals, both internal and external, to create a functional SystmOne IPOS clinical template, which could be used across all clinical services and shared with other Healthcare organisations.

**Results**
- Able to capture individual patient symptoms and concerns, and display the outcomes over time, for example at multi-disciplinary meetings
- Outcome measures can be used for clinical care, audit and research; enhancing information sharing
- Enable the improvement of individual patient care and easier evaluation of outcomes across different care services
- Enable compliance with the new national dataset for specialist palliative care
- Support informed strategic decisions around service outcomes and developments, including training needs for staff
- Electronic record of outcome measures enables improved access to accurate patient data
- Changes in patients' health status can be monitored and themes identified.

**Conclusion** Collaboration between palliative organisations and direct engagement with the developers of an electronic care record has enabled better recording and data handling for patient outcome measures within the existing clinical system. This work is being shared nationally.

P-62    EPACCS IMPLEMENTATION: ACHIEVING CLINICAL ENGAGEMENT THROUGH BOTTOM-UP TRANSFORMATIONAL CHANGE

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Electronic Palliative Care Co-ordination Systems (EPaCCS) are an electronic means of communication and coordination at end-of-life. Arguably implementation of EPaCCS should now be a high priority for all, it will contribute significantly to achieving Ambitions 2015–2020, it is an outcome for end-of-life care in NHS England's Sustainability Transformational Plans (STPs) and supports general practice now that CQC are inspecting against the end-of-life domain.

Information technology (IT) enables the EPaCCS outcomes and anticipated benefits to be achieved; but it is not in isolation. Implementation requires multiple interdependent factors to ensure utilisation of EPaCCS and realise patient benefits. These include, but are not isolated to, engagement and training, change