screening discussed, suggesting there is a key role for palliative care in this aspect of patient and family support. Further work will now be undertaken with the regional genetics team related to referral criteria and process.

132 IMPLEMENTATION AND EVALUATION OF A PALLIATIVE CARE INPATIENT UNIT’S DELIRIUM GUIDELINES: A SERVICE IMPROVEMENT PROJECT

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Background Delirium is characterised by acute onset of fluctuating confusion and altered conscious level. It is common in palliative care patients and associated with worse outcomes. Recognition and management of delirium is poorly supported in palliative care inpatient units.

Aim To produce a sustainable improvement in prevention, recognition and management of delirium in St. Gemma’s Hospice Inpatient Unit, Leeds.

Methods This mixed-method service improvement project uses a behaviour change and normalisation-process theory based approach formed of three evaluation and two implementation stages. The evaluation stages use a mixed-methods approach to gather data from several sources:

- Retrospective case note audit
- Staff survey
- Staff interviews

The first implementation stage modified the delirium guidelines including:

- Introduction of the 4AT rapid clinical test for delirium.
- Delirium severity assessment replaced by agitation assessment, using the Richmond Agitation–Sedation Scale for palliative care inpatients (RASS–PAL).

Members of staff were appointed as ‘delirium champions’ to address sustainability and ongoing training. The second implementation stage will design and implement a behaviour change intervention:

- Data from evaluation sources will be collated to identify behaviours to be targeted.
- The delirium guidelines and strategies for its implementation will be modified using behaviour change techniques.

Results In the first evaluation stage 77 patient admissions were audited. 58 delirium episodes were retrospectively identified, of which 19% were diagnosed during admission. 27% of admitted patients were screened for delirium. No patients were risk assessed for delirium and no delirium prevention measures were taken. 17% of delirium episodes had appropriate non-pharmacological management while 88% received pharmacological management as per guideline.

Conclusion This baseline audit shows that prevention, recognition and management of delirium is poorly conducted. The first implementation phase has completed, and the second evaluation stage is in progress. I anticipate results from this phase will be available to present at The Palliative Care Congress.
Methods Retrospective data analysis over a 12-month period for in-patients receiving care in a hospital palliative care unit. The primary outcome of this project was to determine the change in frequency of spontaneous bowel movements in the week following the use of naloxegol.

Results Naloxegol was used in 13 people. Nine males (69%) and 4 females (31%), mean age 58 (range 47–56). Twelve (93%) had cancer, 1 (7%) patient had a diagnosis of COPD. The majority (n=11, 84%) received two or more laxatives prior to commence naloxegol. Naloxegol was effective in 8 (62%) of people, which was demonstrated by an increase in spontaneous bowel movements. There were no side effects documented for 12 (92%) individuals. One person (8%) developed diarrhoea, which resolved with a dose reduction.

Conclusion Naloxegol was well tolerated and effective in the management of OIC in the majority of this palliative care cohort. This will inform further development of regional guidelines for the management of OIC. Future work is needed to evaluate efficacy and to better understand how naloxegol affects quality of life for people with serious illness.

DEVELOPMENT OF A MORBIDITY AND MORTALITY PROCESS IN A HOSPITAL SPECIALIST PALLIATIVE CARE TEAM
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Background Morbidity and mortality (M&M) meetings are a recognised tool for improving quality of care. We have developed an M&M process within the HSPCT at University Hospitals of Leicester (UHL). Before this the HSPCT contributed to other specialty M&Ms but did not independently review team involvement in cases using Structured Judgement Review (SJR) methodology.

Aim The aim was to develop our own practice within the team, and to identify areas to improve end of life care across the Trust, by providing feedback into the local Learning from Deaths framework at Trust level.

Methods A quarterly meeting was established with Palliative Medicine Consultant and CNS leads. Referrals were to an electronic mailbox and the leads jointly completed the Structured Judgement Reviews using the Trust template. Cases were presented by the leads who facilitated discussion, concluding with agreed judgements and actions. The finalised SJRs were used as minutes.

Results Over the first three meetings 10 patients were discussed. Referrals increased with 2, 3 and 5 cases discussed in the first, second and third meeting respectively. Referrals were from a variety of sources: 2 from Medical Examiners, 5 by other specialty M&Ms or consultants and 3 from HSPCT consultants or CNSs. Learning identified was varied and has been grouped into themes: improving outward communication from the HSPCT to specialty teams, areas for changes to current Trust guidelines/policies, areas for education and development.

Conclusions The M&M has provided a formal way to report back, with case-based evidence, at Trust level and allowed greater communication with other specialties. Doctors and specialist nurses value the time to reflect on clinical aspects of their work. Prioritising protected time for the meeting and enabling clear plans to improve care were key. The meeting has become an established part of the team culture.

WHAT IS THE VIRTUE OFVIRTUAL REALITY
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Introduction Our approach to care is to enable those who need our help to live as well as they can within the constraints of a life-limiting illness. How we care for them is personal and ensures we take account of someone’s whole well-being. The virtual reality project forms a novel yet integral part of our service delivery.

Method The grant from APDS, enabled Severn Hospice to introduce regular VR sessions to patients attending our services. Sessions focused on the needs of the individual within the defined, safe boundaries of Greener Games App - Nature