

Improving patient experience, safety, continuity and communication

Conclusion The role of the ANP in hospices is a developing field, but in the context of changes to the workforce, we think they have a valuable role to play at the centre of the hospice Medical Team. Having previously considered options such as nurse-led end of life beds, we believe this underestimates their value in contributing to care of all hospice IPU patients.

P-118 HOW CAN TECHNOLOGY BE USED TO SUPPORT COMMUNICATION IN PALLIATIVE CARE BEYOND THE COVID-19 PANDEMIC?

Sarah Stanley, Amara Nwosu, Laura Chapman. *Marie Curie Hospice Liverpool, UK; International Observatory on End of Life Care, Lancaster University; Royal Liverpool University Hospital, Liverpool University Hospitals NHS Foundation Trust*

10.1136/spcare-2022-SCPSC.139

Background Developments in digital health have the potential to transform the delivery of health and social care by creating new opportunities for healthcare professionals to deliver care. For example, during the COVID19 pandemic, palliative care services have used digital health to support communication with staff, patients and caregivers. However, there is limited data on staff perspectives of using digital health for communication during the pandemic, which limits our ability to learn how digital health tools can be used beyond the pandemic to support palliative care communication in clinical practice.

Method(s) We developed an electronic questionnaire (requiring multiple choice and free text responses), for UK based palliative care healthcare professionals, to identify how they have used digital health to support communication in clinical care during the COVID19 pandemic. We circulated the questionnaire through professional networks and through social media. The questions involved: (1) communication within the multidisciplinary team (MDT), (2) education and (3) to support communication with patients and carers. We used thematic analysis to analyse free text responses and identify themes.

Results Two hundred and thirty-four palliative care professionals participated. Most (n= 227, 97%) had increased their use of digital health, to support communication, since the pandemic started. We identified benefits and challenges for digital health communication, which we summarised into themes to identify facilitators and barriers for future use of this technology in clinical practice.

Conclusion(s) Since the pandemic, palliative care professionals described increased use of digital health to support communication. We have identified facilitators and barriers for future practice. We believe that should work should identify support to enable organisations to implement the models of care needed to improve access and quality of palliative care services.

REFERENCES

1. Nwosu AC, Collins B, Mason S. Big Data analysis to improve care for people living with serious illness: The potential to use new emerging technology in palliative care. *Palliative Medicine* 2018;**32**(1):164–66. doi: 10.1177/0269216317726250
2. Bone AE, Gomes B, Etkind SN, et al. What is the impact of population ageing on the future provision of end-of-life care? Population-based projections of place of death. *Palliative Medicine* 2017;**32**(2):329–36. doi: 10.1177/0269216317734435

P-119 EARLY SPECIALIST PALLIATIVE CARE INTERVENTION FOR GASTRIC AND PANCREATIC CANCER PATIENTS ON SECOND LINE CHEMOTHERAPY

Shan Shan Susan Vijeratnam, Kulveer Reshi, Valerie Potter, David Feuer. *St Bartholomew's Hospital*

10.1136/spcare-2022-SCPSC.140

Background It is well established that patients with advanced gastric and pancreatic carcinoma on second line chemotherapy have a poor prognosis. Studies have shown that early Specialist Palliative Care (SPC) input can improve symptom burden and quality of life. The aims of this project are to improve earlier access to SPC services, assess symptom for patients with advanced gastric and pancreatic cancer and to establish earlier Advance Care Planning (ACP) discussions with patients.

Method All patients who failed to respond to first line treatment and progressed to second line chemotherapy, with above cancers were selected for SPC consultations at the chemotherapy centre in a tertiary oncology centre. Data collected between September 2020 to September 2021. Audit cycles were repeated in February 2021 with implementations of ACP leaflets and they were all given follow-up consultations.

Results 14 patients were assessed in first cycle. 50% had symptoms and received medical interventions by SPC team. 93% of patients were discharged from SPC after first visit as 60% already known to community SPC team and 50% were asymptomatic. Only 43% patients were introduced to ACP, 7% had Preferred Place of Death (PPD) and 14% had Preferred Place of Care (PPC) discussions. 7 patients were seen in second cycle. With ACP leaflets' implementation, this led to a significant improvement of PPD (56%) and PPC (86%) discussions. 86% of patients had symptoms and received medical interventions by SPC team, of which 33% already reported improved symptoms at first follow-up consultations.

Conclusion This project demonstrated that proactive SPC involvement can enable earlier ACP discussions and improve symptom burden. With the above interventions, this has led to an increase of ACP conversations. Results have shown that increased collaboration between upper gastrointestinal cancer and SPC services in the future would be beneficial for this group of patients.

Posters 120–124 | supportive care

P-120 'STEROID EMERGENCY CARDS' – AN OPPORTUNITY FOR A COMMON PROBLEM TO HAVE A CO-CREATED SOLUTION

Jonathan Brown, Jane Lewington, Declan Cawley. *St Michael's Hospice, Hastings and Rother*

10.1136/spcare-2022-SCPSC.141

Background Patients taking exogenous steroids are at risk of adrenal crisis due to secondary adrenal insufficiency. A recent National Patient Safety Alert has mandated that all organisations initiating steroids should issue a Steroid Emergency Card to eligible patients.^{1 2} This card is designed to alert healthcare staff reviewing a patient to the risk of adrenal crisis. The card outlines emergency treatment of adrenal crisis, including IV or IM hydrocortisone, which would require hospital admission. Admission is not always appropriate for hospice patients, but