

P-57 PANDEMIC POSTER PARADE – TAKING POSTER PRESENTATIONS INTO THE VIRTUAL DOMAIN

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Background Historically Scottish Partnership for Palliative Care (SPPC) organised a poster display at its annual conference. The pandemic led to the cancellation of the conference, yet there remained an urgent need across many domains to share learning and innovation (Kudchadkar & Carroll, 2020. *Pediatr Crit Care Med*.21:e538).

Aims To create opportunities for sharing and learning from posters using three virtual elements.

Methods We reviewed potential modes for online dissemination (Reshef, Aharonovich, Armani, et al., 2020. *Nat Rev Mater*. 5:253). A call for abstracts was made via email. Accepted abstract authors were supplied with a template designed for display both on SPPC's website and also to optimise display via Twitter. The posters were disseminated in three ways. Firstly, abstracts were displayed in an exhibition on the SPPC website - <https://www.palliativecarescotland.org.uk/content/autumn-season-posters-2020/> Secondly, over a one-week period, all posters were tweeted sequentially with the hashtag #SPPCPosterParade. Finally the best posters were presented 'in person' at plenary on Zoom, with delegates having the chance to chat with authors in break-out rooms afterwards. To evaluate our approach Twitter data was derived from Twitter Analytics and website data was derived from SPPC's site content management system.

Results A record number of abstracts was received and 64 posters presented. Posters on the SPPC website were accessed 57, 816 times. From 12-16 October 2020 #SPPCPosterParade tweets by SPPC gained 78871 impressions (the number of times a user is served a Tweet in timeline or search results) and 2637 media views (the number of times the poster images were clicked on). The Zoom plenary had around 100 participants. Participants were enthusiastic and the approach was repeated in 2021. The carbon footprint was lower than conference.

Conclusions The format was acceptable to authors. The reach secured by website and Twitter far exceeded 220 people who normally attend SPPC's conference, and achieved a wider geographical spread.

P-58 ARTIFICIAL INTELLIGENCE (AI) IN PALLIATIVE CARE: THE VIEWS OF PALLIATIVE CARE HEALTHCARE PROFESSIONALS ON THE ROLE OF NEW TECHNOLOGY IN THE ANALYSIS OF HEALTHCARE DATA OF PEOPLE WITH SERIOUS ILLNESS

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Background The use of artificial intelligence (AI) methods in palliative care research is increasing; most AI-related palliative care research involves the use of routinely collected patient data from Electronic Healthcare Record (EHR) systems. However, there is little known about the views of specialist palliative care healthcare professionals (SPC-HP) on the role of AI in palliative care practice. Determining the views of SPC-HPs

of the role of AI in palliative care may help to determine facilitators and barriers to the use of AI in practice.

Aim To explore the opinions of SPC-HPs on the use of AI to analyse patient data in palliative care settings.

Methods Qualitative research using semi-structured interviews of SPC-HPs in a hospice in the North-West of England. Data were analysed using thematic analysis.

Results We interviewed seven SPC-HPs from a range of professions and grades. AI was viewed positively, although most participants reported they had not used it in practice. No participants had received training in AI, and all participants commented that relevant formal education in AI would be beneficial. Staff identified that useful applications of AI could include the identification of individuals with the potential to benefit from palliative care interventions, and the evaluation of individual patient experience. Participants highlighted several security and ethical concerns related to data governance, patient confidentiality, psychological harm to patients, accuracy of AI decisions and consent.

Conclusions AI offers the potential of use in innovative data analysis methods in palliative care research and practice. Overall, AI was viewed positively by SPC-HPs, although staff highlighted concerns about data security and patient safety. Future research should study methodological, ethical and practical issues to determine how AI technology can best support delivery palliative care to those with serious illness.

P-59 LOCAL PAEDIATRIC DEATH DATA FOR BARNET 2015–2021: WHICH CHILDREN ARE POTENTIALLY ELIGIBLE FOR HOSPICE CARE?

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Background Estimating the local population needs for children's palliative care services can prove challenging. Data has shown that most children die in hospital and not all children with life-limiting conditions (LLC) are known to local hospices at their time of death (Williams & Horsley, 2015). A recent survey conducted by Noah's Ark of North London Paediatric teams, showed that 90% of those surveyed had looked after patients with LLC and not referred them on to their local hospice (Opstad, 2021).

Epidemiological studies have sought to estimate the prevalence within local populations (Williams & Horsley, 2015) of children with LLC, looking at NHS digital data (Fraser, Gibson-Smith, Jarvis, et al., 2020. *Palliat Med*.) from hospital admissions (Health & Social Care Information Centre, 2015). These estimations, however, come with limitations.

Aims

1. Identify the causes and locations of child deaths in the local population.
2. Determine which children would have potentially met criteria for hospice referral.

Design Records of local death data were analysed, with specific reference to cause and location of death and past medical history which would have made them eligible for hospice care.

Results Over the six-year period analysed there were an average of 26 deaths per year from all causes.

Between 5 and 18 children were found to meet hospice referral criteria each year (an average of 10 per year). 139 of