

P-162 NATIONAL MEDICATION RELATED BENCHMARKING OF INCIDENTS – ARE WE ALL GRADING THE SAME THINGS?

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Background Within healthcare, good clinical governance processes within all aspects of medicines management are essential for safe and effective care. The focus of enquiry was driven by the organisation being consistently an outlier within the Hospice UK medication related benchmarking exercise. This piece of work aimed at critically challenging the data with a very clear emphasis on patient related harm incidents. A cornerstone of the discipline is continuous improvement and patient safety is based on learning from errors and adverse events.

Method Medicine related incidents within the hospice incident reporting system were reviewed for the entirety of 2020. The Hospice UK definition of a 'Medication-related patient safety incident' was used along with the risk matrix of the actual incident itself.

Results In 2020, a total of 86 medicines related incidents were reported.

Level 0	Level 1	Level 2	Level 3
29	33	19	5

All 86 Incidents were reviewed by the Hospice Pharmacist initially using the Hospice UK metrics and then subsequently reviewed by the Medical Director. 42 (49%) Vantage Sentinel reports were discounted as they were not considered a 'Medication-related patient harm incidents'.

44 incidents, i.e. 51% of the reported errors, were actual medication-related patient safety incidents.

Level 0	Level 1	Level 2	Level 3
7	15	17	5

Out of the 44 medication-related patient safety incidents, 18 (41%) were graded correctly and 26 (59%) required re-grading.

Conclusions The need for standardised operational definitions of incidents is critical, both to those reporting and those investigating. Education and prompts within the incident reporting system, have helped employees differentiate what a medication incident is, what a patient safety incident is and what a medication-related patient harm incident is. The organisation convened a pre-meeting called Mini- MOG (Medicines Optimisation Group), which sought to bring multi-professional hospice representation with the aim of consensus with grading but also scrutiny with the investigation. This has led to the organisation being able to prioritise and to share the learning in the spirit of continuous improvement.

P-163 THERE IS MORE TO FALLS THAN FALLING: A COLLABORATIVE APPROACH TO PSYCHOLOGICAL FALLS PREVENTION STRATEGIES

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As a hospice MDT we have explored our falls data continually to identify and mitigate risk of falls in our patients on our 16-bedded in-patient unit. With robust systems and interventions in place, we identified new patterns in data indicating

psychological causes of falls as a significant contributing factor, which were not addressed by existing research or literature.

Having noticed a correlation between Karnofsky scores, loss of function, and patient narratives associated with falls incidents, it was possible to explore falls interventions that address psychosocial needs in addition to existing strategies. Utilising the skills of the MDT, specifically combining approaches of Occupational Therapy and Psychotherapy it has been possible to explore interventions that support psychological needs related to loss of function that impact on the risk of falling. With the lack of existing research in this area it has been possible to drive innovation in falls management approaches within our organisation.

The aim of the collaboration has been to:

- Enhance patient care and increase patient safety.
- Empower patients to enhance confidence altering perceptions by challenging self-concept.
- Provide support developed through understanding of the person, therapeutic relationships, and person centredness.

True collaboration of professional approaches enabled exploration and development of a process to identify influencing factors in relation to the person and the risk of falling. Moving away from the traditional model of falls interventions it has been possible to explore cognitive, social and personal influences associated with falls using a truly holistic approach, acknowledging and responding to psychosocial falls factors. By developing a process of screening patients and identifying those in need of a whole person approach it is possible to utilise these strategies with the aim of preventing falls.

P-164 ACCEPTANCE AND COMMITMENT THERAPY (ACT) FOR PEOPLE WITH PALLIATIVE CARE NEEDS, THEIR CAREGIVERS AND STAFF INVOLVED IN THEIR CARE: A SYSTEMATIC SCOPING REVIEW

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Background/Introduction People with advanced progressive illness frequently experience psychological challenges, such as fear of dying, being a burden, and existential distress. Acceptance and Commitment Therapy (ACT) is a mindfulness-based behavioural therapy aimed at improving wellbeing and promoting valued living by cultivating flexible responding to these challenges. There is evidence for its effectiveness across a range of health problems. Evidence in palliative care settings is emerging.

Objectives To synthesise the evidence for Acceptance and Commitment Therapy for people with palliative care needs, their informal caregivers, and staff involved in their care.

Methods A systematic scoping review was undertaken using four databases (Medline, PsychInfo, Embase and AMED), with relevant MeSH terms and key words from January 1999 to February 2022. Three research registries were also searched.

Results 1,636 records were identified, 86 articles underwent full text review and 25 papers were included in the final set. Of these, 14 studies examined people with advanced progressive illness, four were focused on informal caregivers, three on staff and four on bereaved populations. The interventional studies (n=15) showed preliminary evidence for the positive