impacts of ACT on anxiety, depression, distress, pain and sleep interference. However, the sample sizes were often small and consequently not all improvements were statistically significant. The majority of the interventions were delivered in person (n=6) and were delivered by a specialist such as a clinical psychologist (n=10). The observational studies (n=10) revealed a positive relationship between acceptance and adjustment to loss, physical function, low levels of stress and burnout and increased valued living.

Conclusion ACT may improve anxiety, depression, sleep, physical symptoms and quality of life for people with advanced progressive illness; and is beneficial for informal caregivers and professionals. Greater methodological rigour is needed to strengthen the evidence base.

P-165 USING SIMULATION TRAINING TO IMPROVE MANAGEMENT OF OPIOID INDUCED RESPIRATORY DEPRESSION IN THE HOSPICE SETTING

Ben Anderson, Rachel Taylor, Paula Taylor, Zoe Rose, Hannah Claxton. *St Ann's Hospice, Salford, UK*

10.1136/spcare-2022-HUNC.181

Background Hospice in-patients taking opioids are at risk of life-threatening opioid induced respiratory depression (OIRD). Time-critical naloxone administration can be life-saving. Simulation is used in medical training (Herron, Harbit & Dunbar, 2018. BMJ Evid Based Med. Jul 27; Saunsbury & Allison, 2015. BMJ Open Qual. 4,1), but in palliative care typically focuses on communication (Evans & Taubert, 2019. BMJ Support Palliat Care. 9:117) or terminal symptoms (Sooby, Tarmal & Townsley, 2020. BMJ Open Qual. 9,4; Kozhevnikov, Morrison & Ellman, 2018. Adv Med Educ Pract. 9:915).

Aims Following a difficult OIRD case, we used simulation to improve in-hospice OIRD management. Our SMART objective was 'to reduce time to administer naloxone from 11 to 5 minutes within 4 months' whilst ensuring practice was consistent and following guidance.

Methods Quality-improvement methodology was used, and interventions tested in 'plan-do-study-act' cycles. Four pilot studies refined the simulation and produced a baseline time: 11 minutes.

Cycle 1: Three repeated simulations by one doctor-nurse pair.

Cycle 2: New pair completed three simulations, grab-box containing required equipment introduced and further 3 simulations undertaken.

Cycle 3: Ongoing with amendment of hospice opioid toxicity guidelines to ensure consistent prescriptions and medication administration.

Results Cycle 1: repeated simulation consistently reduced the time to prepare equipment (8:19 to 3:36) and time to administer naloxone (14:30 to 8:25).

Cycle 2: reproduced similar results from Cycle 1 confirming repetition was effective; time to prepare equipment (4:58 to 2:05) and time to administer naloxone (12:00 to 6:31). Grab box introduction demonstrated further reduction in time to prepare equipment to 00:55 and time to administer naloxone to 5:15.

Grab box contents were amended according to simulation observations to lead to finalised format.

Both cycles identified inconsistent prescriptions, medication administration and use of guidelines prompting Cycle 3.

Conclusion This novel use of simulation reduced total time to naloxone administration improving hospice management of OIRD. Simulation gave us the ability to problem solve in real time to improve our interventions (the grab bag and guidelines). Simulation training could be implemented within the hospice to improve management of other medical emergencies or as mandatory training.

P-166 ANAEMIA; ARE WE REVERSING THE REVERSIBLE?

Alex Maslen, Claire Stark-Toller. *Mountbatten Hampshire and UHS NHS Trust, Southampton, UK*

10.1136/spcare-2022-HUNC.182

Background Anaemia is common amongst patients receiving specialist palliative care. A 2003 study of palliative care patients found that 77% of men and 68.2% of women were anaemic (Dunn, Carter & Carter, 2003. J Pain Symptom Manag. 26: 1132). This study identified that patients with both malignant and non-malignant disease were found to have moderate-severe anaemia (Dunn, Carter & Carter, 2003). In addition, a national audit performed in 2019 found that 12% of cancer patients receiving blood transfusions may have benefitted from B12 injections and 41% may have benefitted from folate (Neoh, Gray, Grant-Casey, et al., 2019. Palliat Med. 33: 102). An initial audit at Mountbatten in November 2021 demonstrated that 53% of patients receiving blood transfusions had anaemia with an identifiable reversible cause.

Method Retrospective data was collected from patients for whom a full blood count blood (FBC) sample was sent to the local pathology laboratory over a 6 month period. Results for FBC and haematinics were reviewed along with the clinical notes to review actions taken.

Results A total of 171 FBC requests were made in a 6 month period, 129 results returned an abnormal Hb result. A random sample of 18 patients was evaluated; all with a haemoglobin (Hb) less than normal for gender but greater than 80g/L. 50% of these patients had a Hb between 80-100g/L. Of these patients 44% had a full haematinic profile available (taken 3 months prior or 4 weeks after low Hb result). But of the total patients reviewed (Hb <normal for gender) only 25% of patients had a full haematinic profile available. Of the four patients with full haematinics available three required no further action and one had appropriate prescriptions issued.

Conclusion Only investigating 25% of cases means we are likely missing a group of patients for whom reversible causes of anaemia can be treated. This audit has changed our practice at Mountbatten Hampshire. We will now be requesting full haematinics for all patients requiring an FBC.

P-167 LOW SERUM CR, AS WELL AS HIGH SERUM CR, IS ASSOCIATED WITH SURVIVAL TIME OF PATIENTS WITH CANCER IN END-OF-LIFE

Yoo Jeong Lee, Youn Seon Choi. *Korea University Guro Hospital, Seoul, South Korea*

10.1136/spcare-2022-HUNC.183

Objectives The quality of end-of-life care based on advance care planning is very important, but it is still unclear which