

happier during their stay. With non-communicative children, even the smallest of familiarity they can get from Acorns will help them to feel more relaxed. In the first 9 months there were 247 log-ins to the Family Portal, 47 families accessing online booking and information sharing.

Conclusions Whilst there are relatively small numbers of families who are accessing the portal, those that are using the portal are doing so consistently as a preferred choice of communication.

How innovative or of interest is the abstract? We hope that sharing our learning will benefit colleagues from across the wider palliative care sector.

P-95 INTRODUCING VIRTUAL REALITY TO AID SYMPTOM CONTROL IN A DAY PATIENT SETTING

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Background Virtual Reality (VR) is a computer generated environment with scenes and objects that make you feel that you are immersed in the surroundings. Studies into VR to aid symptom control have been widespread in recent years, with over 8,000 studies published to date.

Aims To trial VR alongside traditional medicines and therapies in a day patient setting to help with pain and/or anxiety, prior to roll-out to the wider hospice community and inpatient setting.

Methods All patients are routinely screened using the Integrated Palliative Care Outcome Scale (IPOS). Those scoring highly in either pain or anxiety are offered VR, given an information leaflet, and asked to sign a consent form. They have the option to stop the experience at any time. In each session, patients can choose from a menu of experiences ranging from a trip to space, to underwater or a relaxation session. Pain and anxiety are assessed pre- and post- each session using a visual analogue 0–10 scale. Comments are also captured.

Results Eight patients have used VR to date. Preliminary data show reductions in pain and anxiety scores after use of the VR system (median pain score pre-session = 5, median pain score post-session = 3.5; median anxiety score pre-session = 5, median anxiety score post-session = 2). Only one incidence of an increased score (pain by +1) has been reported. Comments include: “*This is the most relaxed I have felt in weeks*”; “*If I could buy one right now I would*”; “*These are the things I’m missing out on in my life*”.

Conclusions We recognise this trial is in its early stages, however, early signs suggest its use is associated with a reduction in pain and/or anxiety levels in our patients. Data from a larger number of patients will be available for presentation at the Hospice UK Conference.

P-96 TRAINED VOLUNTEERS HELP TO CREATE ADVANCE CARE PLANS WHICH ARE UPLOADED TO A SHARED DIGITAL SYSTEM

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Background Evidence shows advance care planning (ACP) positively impacts the quality of end of life care (EOLC) (Brinkman-Stoppelenburg, Rietjens, Van Der Heide. *Palliat Med.* 2014; 28(8): 1000–1025). Our county recognised the need to improve how an advance statement is created, accessed, and stored.

Aim A project commenced in April 2021, stakeholders involved included NHS, Social Finance, and a charity. Partnership working aimed to find an effective way to provide consistent and accessible ways for all adults (18+) with a county GP to develop their ACP.

Methods The charity provides training and support to volunteers who help people complete their ACPs. Referrals are received by telephone, email, self-referral or from someone else. The Volunteer Coordinator contacts the person, and a visit is made. Once created and uploaded to a county-wide digital system, they can be accessed and updated by the health or social care staff looking after them. The person receives their own copy to share with others.

The ACP Lead, EOLC Education team and charity provide ACP training and attend public engagement events, such as death cafes, social media, library presence, creation of an upcoming ACP week, the End of life care county-wide website. Leaflets and information packs sent to GP surgeries, care homes and hospitals. Education is key to understand the importance of ACP. Numbers of referrals received, completed ACPs and those declining the service are counted and statistics updated.

Results ACPs are being created and saved on the county-wide system. Year 1 – high referral, low conversion (3.5%). Year 2 – low referral (22%), high conversion (51%). Reflection during the first year noted ‘warm’ referrals were more likely to result in a completed ACP. Currently, we are monitoring the number of referrals received and the conversion rate, aiming for this to increase. Data and learning are being captured each year and will be able to determine the outcomes and recommendations for the future.

P-97 HPAL – A UNIQUE WEB-BASED CLINICAL DECISION TOOL, COMBINED WITH A PLACE-BASED SERVICE DIRECTORY, TO SUPPORT HOSPICE COORDINATION HUBS

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Aim To provide a web-based clinical decision tool, aligned to national and local ICS guidelines and services, to support the frontline triage staff in the new Hillingdon Palliative Coordination Hub.

Background Recent national guidance has emphasised the need for less fragmented care, coordination of support, together with more accessible palliative information for clinicians and family carers. HPAL (<https://hpal.medindex.co.uk>) was initially developed as an innovative clinical information tool for the London Borough of Hillingdon and has now expanded to support the eight boroughs in the North West London Integrated Care System (ICS). It is a unique website, providing trusted curated clinical expertise (2 minute read time) linked to a place-based service directory for each borough.

Method 157 local palliative care services, including hospice teams, pharmacies stocking palliative medicines, carers and bereavement organisations have now been linked to relevant clinical topics.

Clinical topics have been chosen based on analysis of common advice questions from clinicians and patients and all clinical guidance is aligned with local ICS guidelines. The Coordination Hub is being launched imminently with trained Band 4 compassionate communicators who will use HPAL as a clinical decision tool with intelligent access to relevant local services.

Results HPAL has been extremely well received by patients, families and clinicians. It is seen as accessible, easy to navigate and has become a one-stop site for our community palliative teams and is embedded in the service specification for the new Hillingdon Coordination Hub.

Next steps and conclusions Continually develop the Coordination Hub interface with the website. Feedback and analytics will constantly enhance the site. An Out Of Hours chat function will be added. HPAL will underpin two further Coordination Hubs planned for North West London, supporting a population of 2.5 million. Its uniqueness lies in its clinical content linked to a local place-based service directory – it can be easily scaled to any area in the UK.

P-98 EMBRACING ELECTRONIC PRESCRIBING IN A HOSPICE SETTING

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10.1136/spcare-2023-HUNC.119

Background It was agreed in May 2022 that the hospice would move their Inpatient Unit medication recording electronically onto SystemOne, previously this had always been done on paper. The Isle of Wight is unique in that as well as Mountbatten using SystemOne, all GPs and Community Nurses also use SystemOne. Last year the acute trust on the Isle of Wight also decided to move to SystemOne.

Aims The aims of the project were not only to increase efficiency and effectiveness of the medication administration on the Inpatient Unit at the hospice but also to improve the continuity of care with other organisations, be able to see what has been prescribed by the hospice and easily identify the 'to take out' medications.

Method A small working party was created including, a Consultant, two Pharmacists, one of whom had worked on another roll-out of SystemOne's medication administration module before, a SystemOne Specialist and the Head of Quality as project manager. The group met fortnightly and had actions assigned to ensure the project stayed on track. A key element of the roll-out was the on the ground support during roll-out and the weeks after 'go live' to ensure the new way of working was embedded correctly.

Results The feedback from the Inpatient Unit team has been overwhelmingly positive, with time saved on drugs rounds, information being more accessible and the ability to remote prescribe medications extremely beneficial to patient care.

Conclusion The project has been a success, the project 'go live' date was achieved and the new way of working is now embedded within the Inpatient Unit. Electronic prescribing has helped to improve efficiencies on drug rounds, reduced errors and allowed for more timely remote prescribing.

P-99 CHANGE ISN'T E-ASY – INTRODUCING E-PRESCRIBING OF SYRINGE DRIVERS (SD) TO THE HOSPICE SETTING

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10.1136/spcare-2023-HUNC.120

Background Electronic prescribing can reduce serious medication errors and improve the efficiency and quality of prescribing decisions (Hindmarsh, Holden. *Int J Med Inform.* 2022; 163:104777). E-prescribing was introduced for inpatients at our hospices in 2021, reducing Prescribing Safety Incidents (PSI). Paper charts continue to be used for SD prescribing, with concerns about the safety and flexibility of prescribing electronically. Case studies suggest e-prescribing of SD may reduce PSI (Au, Baker, Hindmarsh. *Pharmacy.* 2022; 10 (5):112; Williams, Bates, Sheikh. *BMJ Health Care Inform.* 2020; 27(1): e100117).

Aims Assess the feasibility of prescribing SD electronically. Develop an electronic protocol for SD prescribing. Review the safety and acceptability of e-prescribing SD.

Methods Prospective review of 25 consecutive SD prescriptions and use of dose ranges. Twice-monthly meetings with digital pharmacy and nursing teams to review PSI and develop e-prescribing protocol. Initial 3-month trial period (February-May 2023). Monitoring of PSI and recording errors. Qualitative questionnaire to consider acceptability to staff.

Results

- 1/61 (1.6%) prescription changes utilised dose ranges.
- 19/213 (8.92%) administrations incorrectly recorded in paper notes rather than electronically.
- 4 PSI in 3 months prior to trial (Nov 21-Feb 22), zero in trial period.
- 100% (8 of 8) clinical staff found e-prescribing of SD to be safe.
- 75% (6 of 8) wished to continue with e-prescribing, 25% (2 of 8) were uncertain.
- Staff identified benefits including remote and centralised prescribing; reduced transcription errors; and ease of monitoring prescription changes.
- Staff suggested further development of protocol software and formatting is necessary to ensure clarity of prescriptions and accurate administration records.

Conclusion Introducing e-prescribing of syringe drivers has been challenging, although it has provided an opportunity to review and develop current practice. E-prescribing syringe drivers is acceptable to staff and has reduced PSI, appearing to be a safe and ergonomic prescribing method. Further staff training and development of this e-prescribing protocol is required to facilitate safe and efficient prescribing and administration of syringe drivers.

P-100 TO WHAT EXTENT DOES THE USE OF MICROSOFT FORMS IMPROVE COMPLIANCE WHEN AUDITING MEDICAL ON-CALL ACTIVITY?

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Background As part of a collaborative project, two hospices agreed to audit medical on-call activity for 12 weeks. Previous on-call audits had required doctors to record activity on a