

**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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10.1136/spcare-2023-HUNC.121

**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