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.

Abstracts

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


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 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-98 EMBRACING ELECTRONIC PRESCRIBING IN A HOSPICE SETTING

Duncan Fleming. Mountbatten Hospice Group, Newport, UK

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 SystmOne, previously this had always been done on paper. The Isle of Wight is unique in that as well as Mountbatten using SystmOne, all GPs and Community Nurses also use SystmOne. Last year the acute trust on the Isle of Wight also decided to move to SystmOne.

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 SystmOne’s medication administration module before, a SystmOne 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-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

**Aims** To improve compliance by:

1. Minimising ‘response burden’ by creating a quick, accessible and easy to navigate data entry process (Cunningham et al., 2015; Haas et al., 2021)

**Methods** We built a questionnaire on Microsoft Forms, a free, web-based platform that can be accessed on any device. Questions were kept to a minimum and we used the platform’s ‘branching’ feature to streamline navigation. Pre-populated answer choices helped ensure consistent datasets, as well as minimising the need to type. Doctors were involved in questionnaire design, and feedback was sought for evaluation (Hospice On-call Audit User Feedback Questionnaire).

**Outcome/results** At 8 weeks.

- **Compliance**
  - Data recorded by at least one hospice on 54/56 days (96.43%).
  - Compliance for Hospice A – 77% (previous audit, 2020 – 27%).
  - Compliance for Hospice B – 75% (previous audit, 2018 – 68%).

- **Time to complete:**
  - Average call completion time – 1.18 minutes.
  - 38% of entries completed < 1 minute.
  - 68% < 2 minutes.

- **User feedback:**
  - 100% Microsoft Forms is preferred method for recording on-call activity.
  - 100% would recommend Microsoft Forms for future audits.

**Conclusion** Results to date show Microsoft Forms to be more effective than spreadsheets or paper for collecting audit data. Compliance has improved, and user feedback is 100% positive. However, there are occasional instances of non-compliance which the doctors attribute to forgetfulness so the response rate could further improve with regular reminders and incentives (Cook, Wittich, Daniels, et al. J Med Internet Res. 2016; 18(9):e244).

**P-101** **EMPOWERING CLINICIANS TO BE DIGITALLY LITERATE**
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10.1136/spcare-2023-HUNC.122

**Background** Technology is evolving at pace and the health and care sector need to invest in both IT and their staff, to be able to deliver on high quality care in a digital age. There are recognised barriers to adoption of IT including negative attitudes, capabilities and time pressures (Booth, Strudwick, McBride, et al. BMJ. 2021; 373), however, improving digital knowledge and literacy is key to building an empowered and forward-thinking workforce (Health Education England. Improving the digital literacy of the workforce [internet]; Royal College of Nursing. Every nurse an e-nurse: Insights from a consultation on the digital future of nursing. 2018). After securing funding from The Burdett Trust for a nurse-led IT project, our hospice recruited a Digital Health Project Lead, in post for one year, which we subsequently extended into a second year.

**Aim(s)** The project goals were to support and train clinical staff in our inpatient and community services with IT systems; champion ideas and innovation; and to investigate apps/technology which could improve both patient and staff experience.

**Method** An initial survey was sent to clinical staff to gain insight into attitudes towards IT, personal challenges and insights into training needs. This survey was repeated after nine months to gain insight into improvements or where further focus was needed. The Lead then delivered a training programme including one-hour sessions on mandatory clinical skills days (12 in total); drop-in workshops; and one-to-one sessions, in order to increase awareness of digital health, engage with staff; and plan further initiatives. Eight digital champions were recruited who received one-to-one support from the Lead in order to engage further with staff with day-to-day queries and to provide opportunities for empowerment. A set of Digital IT competencies was created, adapted from the Health and Care Digital Capabilities Framework (2018) and to date 65% of 120 staff have completed this.

Further funding has been secured to purchase a virtual reality headset, plus apps, which will aim to provide ‘bucket list’ experiences to patients. This will be supported by a task/finish group to include clinicians and digital champions. As a hospice, we recognise the importance of digital inclusion and year two will focus on more direct patient and carer contact through the development of a digital drop-in as well as supporting our virtual ward patients to use their own or loaned devices in order to have daily virtual consultations.

**P-102** **EDUCATION INNOVATION TO IMPROVE ACCESS, QUALITY, AND SUSTAINABILITY FOR PALLIATIVE AND END OF LIFE CARE IN THE MIDLANDS**
Philippa Sheeve, Sharan Hants-Christensen. Treetops Hospice, Derby, UK
10.1136/spcare-2023-HUNC.123

**Background** Integrated Care Systems (ICS) represent a radical overhaul in health and social care design and delivery (Health and Care Act 2022). As systems we aim to develop healthy places to live and work, driving equity in life chances and health outcomes for everyone. A cornerstone of this is education and development, not just for staff, but for those forming grassroots support to those at the end of their lives. Three large systems in the Midlands have combined to create an interactive, intuitive education and training platform to support this delivery.

**Aim(s)** Development of a portal for education, ensuring equity to all, mapped to national educational core competencies, regional and local ICS workforce strategic plans, signposting to high quality education, training resources QoF, QI training, e-ELCA and Personalised Care Institute plus best practice information, based on a blended approach.